CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS: 2 negative Rolls

C P Force Records Management Officer 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

M. D. B. 1268-9

F 21041

F 21041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2023 Walbrook St., 15 Ward.

Registered No. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Louisa Fogle

(a) Residence: No. 2023 Walbrook Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Wht.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maynard Fogle Not Known

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) Dec. 1935

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Pennsylvania Md

FATHER

13. NAME Rudmyer

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT From my memory (Address) 1 Lab with Lee

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem. Date Feb 25 1936

19. UNDERTAKER Josiah Lyter (Address) 1800 W. North Ave

FILED FEB 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jany 15, 1936 to Feby 22, 1936

I last saw her alive on Feby 21, 1936 Death is said to have occurred on the date stated above, at 4A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cong. of lungs	2 days
Obstruction of Pyloric Valve	over
Prob Neoplasm	

Other contributory causes of importance:

Complete obstruction Pyloric Valve, Neoplasm, with failing heart — 2 days

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Elefranta Fox M. D.

(Address) 1605 W. North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 24 1936

M. D. B 1268-9

F 21042

F 21042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 15-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 4 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Vivienne Anne Engelman

If U. S. Veteran specify WAR .....

(a) Residence: No. 3026 Garrison Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 29, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John E. Engelman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anne Robertson

16. BIRTHPLACE (city or town) (State or country) Cheffield Ala.

17. INFORMANT Anne Engelman

(Address) 3026 Garrison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 24 1936

19. UNDERTAKER Wm Turner & Sons

(Address) Yonit & Penna Aves

20. FILED FEB 24 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1936

22. I HEREBY CERTIFY, That I last charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an aut Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. O'Donnell M. D.
Coroner

(Address) 2757 N. Rose

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21043

F 21043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1032 N. Fulton ave. St. 16-4 (Ward)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME J. Gregg Beecher

(a) Residence: No. 1032 N. Fulton ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Annie H. M. Beecher.

6. DATE OF BIRTH (month, day, year) March 30, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " Company

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation 40 ?

12. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

FATHER

13. NAME William Beecher

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Maria Guthrie

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Mrs Horace Klemfelder

(Address) 145 Highhill Rd. Ardsley Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 25, 1936

19. UNDERTAKER Wm J. Tukner & Sons

(Address) Norfolk & Penna ave.

24 1936 ~~Huntington, West Virginia~~ Balto Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1935, to Feb 23, 1936.

I last saw ~~him~~ alive on Feb. 23, 1936. Death is said to have occurred on the date stated above, at 6.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Arteriosclerosis	?
Cardiac Decompensation	?

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) John C. Dunler, M. D.

(Address) 108 S. Athol ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21044

F 21044 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2916 E Monument St Ward) 7-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Dorothea M. Jaeckel

(a) Residence: No. 2916 E. Monument St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anthony Jaeckel

6. DATE OF BIRTH (month, day, year) 4/24/1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore MD.

FATHER

13. NAME Geo Dasse

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Fleckenstein

16. BIRTHPLACE (city or town) (State or country) Alsace. Lorraine

17. INFORMANT Mrs Vaeth

(Address) 2916 E Monument

18. BURIAL, CREMATION, OR REMOVAL

Place Foley Cemetery Date 2/26/36, 19

19. UNDERTAKER John J Foley Sons

(Address) 318 Light St.

FEB 29 1936

Burlington Billings, Mont.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 20, 1936, to Feb. 22, 1936

I last saw h[illegible] alive on Feb. 22, 1936. Death is said to have occurred on the date stated above, at 9 A.M. m.

The principal cause of death and related causes of importance were as follows:

Arterial hemorrhage. — Date of onset 2/20/36

Other contributory causes of importance: Hyper Nephritis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm J Schaefer M. D.

(Address) 701 N. Eutaw St.

OCCUPATION is very important. See instructions on back of certificate.

✓ F 21045

M. D. B 1268-9

21045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 16-2 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S Veteran specify WAR .....

2. FULL NAME Joseph White

(a) Residence: No. 1032 n Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb - 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME Emma Perkins

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Mary Taylor
(Address) 1039 N Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 2/27/36

19. UNDERTAKER Robert Williams
(Address) 1515 McCulloh St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day and date above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	2/24

Other contributory causes of importance:

Was an operation performed? none Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George L. Allen M. D.
Coroner

(Address) 509 Augusta St

Use B 2 1936

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

21046

F 21046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 N Eden St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca E Smith

(a) Residence: No. 426 N Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Pd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Alleghany County
(State or country) Va

FATHER

13. NAME Alex Smith

14. BIRTHPLACE (city or town) Va
(State or country)

MOTHER

15. MAIDEN NAME Franky Smith

16. BIRTHPLACE (city or town) Va
(State or country)

17. INFORMANT Alfred Chapman
(Address) 426 N Eden St

18. BURIAL, CREMATION, OR REMOVAL
Place Clover Va Date 2/26/36

19. UNDERTAKER Robert E Williams
(Address) 1515 McCulloh St

2-24-1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-22 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-14 1936 to 2-22 1936

I last saw h alive on 2-22 1936 Death is said to have occurred on the date stated above, at 11:10 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	2/21/36
Other contributory causes of importance:	
Chronic Nephritis	1935
Chronic Arteritis	

Name of operation — Date of —

What test confirmed diagnosis — Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo E Allen M. D.

(Address) 508 Augusta St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21047

F 21047 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 N. Central Ave St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Lake Fillman

(a) Residence: No. 913 N. Central Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE of~~: Ulabelle Fillman

6. DATE OF BIRTH (month, day, year): November 26, 1888

7. AGE: Years 47 | Months 2 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Grading Lumber

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Vanwyck S.C.

FATHER

13. NAME: Edward Fillman

14. BIRTHPLACE (city or town) (State or country): Vanwyck S.C.

MOTHER

15. MAIDEN NAME: Frances Vanwyck

16. BIRTHPLACE (city or town) (State or country): Vanwyck S.C.

17. INFORMANT (Address): Ulabelle Fillman 913 N. Central Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Vanwyck S.C. Date Feb. 25 19 36

19. UNDERTAKER (Address): Albert L. Young 804 N. Carrollton Ave. ~~Huntington Williams, W. Va.~~

20. FILED Registrar.

B 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 22 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/23 1935 to 2/22 1936

I last saw him alive on 2/22 1936 Death is said to have occurred on the date stated above, at 6:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec. 35
Other contributory causes of importance: Acute Myocarditis	Jan 36

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) 1500 E. Madison 14

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 21048

F 21048 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2178 E. Fayette St., 6-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby (boy) Lazzaro

(a) Residence: No. ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Infant.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant.

6. DATE OF BIRTH (month, day, year) Feb. 22, 1936.

7. AGE	Years	Months	Days	If LESS than 1 day 12 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant. Good

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Angelo. Lazzaro.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Rosalie. Buscemi

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Angelo. Lazzaro
(Address) 2128 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb. 24, 1936

19. UNDERTAKER Randall & Lapsley
(Address) 1605 E. Monument St.

FILED ... 19...

B 24 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/22, 1936 to 2/23, 1936

I last saw h[illegible] alive on 2/22, 1936. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Name of operation ~ Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ~

Manner of injury ...

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Hugo Wenstrand, M. D.

(Address) 1736 E. Monument

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1263-9

F 21049

21049

HEALTH DEPARTMENT—CITY OF BALTIMORE

8-2a

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 6-3 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME KARL FARB If U. S. Veteran specify WAR .....

(a) Residence: No. 2105 E. FAIRMOUNT AVE St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-28-1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Mfg.,
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Nathan Farb
14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Mary —
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Nathan Farb (father) 2105 E. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Date 2/24/36 19

19. UNDERTAKER
(Address) Jacob Levy Inc 1432 E. Baltimore St

20. FILED 2/24/1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/23, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Chas B. Wallace M. D.
Coroner

(Address) 1031 St. Paul St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 21050 HEALTH DEPARTMENT—CITY OF BALTIMORE F 21050

CERTIFICATE OF DEATH

164-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 38 S. Eden St., 3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Max Rubenstein

If U. S. Veteran specify WAR .....

(a) Residence: No. 38 S. Eden St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. meat 008 6

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Moses

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Katherine (?)

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Sarah Rubenstein

(Address) 38 S. Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 2/24/36 19

19. UNDERTAKER Fant & Lane - Gray

(Address) [illegible]

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia by illuminating gas	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or ho[illegible] Date of injury Feb 24 1936

Where did injury occur? Balt Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury gas range

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Coroner M. D.

(Address) 1010 S. Ellwood Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2/24/1936

M. D. B 1268-9

F 21051

F 21051 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SINAI HOSPITAL St., 15-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME GILBERT NEWFIELD GOODMAN

If U. S. Veteran specify WAR .....

(a) Residence: No. 4009 LIBERTY HGTS. AVE. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 22-1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D. C.

FATHER

13. NAME David Goodman

14. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

MOTHER

15. MAIDEN NAME Rose Newfield

16. BIRTHPLACE (city or town) (State or country) Brooklyn, N. Y.

17. INFORMANT David Goodman (Father)

(Address) 4009 Liberty Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place BETH ISRAEL CEM Date 2-24- 1936

19. UNDERTAKER Jack Lewis Inc.

(Address) 2119 Eutaw Place

Huntington Williams, Ky.

B 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 23. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by Inquest, Autopsy or Inquiry) first that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia - due to a foreign body in Larynx.	

Other contributory causes of importance: —

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb. 22 1936

Where did injury occur? 4009 Liberty Heights Ave Baltimore Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Swallowed foreign body.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Mhenley M. D.

Coroner

(Address) 1919 E. Ruth Ave

Please state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

21052

F 21052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

126

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Ray C. Levin

(a) Residence: No. 3617 Fairview Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac A. Levin

6. DATE OF BIRTH (month, day, year) April 15, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64 yrs.	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, saleswoman ~~housewife~~ Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) London, England

MOTHER FATHER

13. NAME David B. Goodman.

14. BIRTHPLACE (city or town) (State or country) Poland.

15. MAIDEN NAME Rebecca Falkowsky

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Dr Levin

(Address) 3617 Fairview ave

18. BURIAL, CREMATION, OR REMOVAL Place 2-24-36 Date Cemetery 19

19. UNDERTAKER Hurt Funeral Home

(Address) 1439 E. Baltimore St

~~Huntington Hillsboro~~

B 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12 1936 to Feb. 23 1936

I last saw h. alive on Feb. 23 1936. Death is said to have occurred on the date stated above, at 12:20 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Disease	
Chronic Cholecystitis & Gallstones	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Jan 20, 1936

For what disease or injury? Gallstones

Name of operation Cholecystectomy & Gall Bladder Date of Jan 20

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. Alessi M. D.

(Address) West Balto St Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 21053

21053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1030 W. Franklin St., 18-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Lane

(a) Residence: No. 1030 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Betty Lane

6. DATE OF BIRTH (month, day, year) 1.5.1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wharves

10. Date deceased last worked at this occupation (month and year) November 1935

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Essex County Virginia

FATHER

13. NAME Stephen Lane

14. BIRTHPLACE (city or town) (State or country) Essex County Virginia

MOTHER

15. MAIDEN NAME Fannie Lane

16. BIRTHPLACE (city or town) (State or country) Essex County Virginia

17. INFORMANT Lillian Stokes

(Address) 715 George

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Am Date Feb 27th 1936

19. UNDERTAKER Bernard P. Hemsley

(Address) 818 Druid Hill Ave.

~~Huntington Williams, M.D.~~

Registrar.

24 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2.23.36 19

22. I HEREBY CERTIFY, That I attended deceased from 12.15.35 19 to 2.23.36 19

I last saw him alive on 2.22.36 19 Death is said to have occurred on the date stated above, at 12:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2.20.36
Right Pleural Effusion	11.17.35
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Phy. Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James M. Parr M. D.

(Address) 865 W. Lexington St

F 21054 ✓ F 21054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 N. Curley St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary E. Gerlack

(a) Residence: No. 132 N Curley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Fredrick Gerlack

6. DATE OF BIRTH (month, day, year) Apr. 3/1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 0021

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Henry Wietzel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Dorreliser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William Gerlack

(Address) 1605 Hartford St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Feb. 26/36

19. UNDERTAKER Lilly & Fuller Inc.

(Address) 705 N. Eutaw St.

FEB 24 1936 Lilly & Fuller Inc. Funeral Directors

OCCUPATION is very important. See instructions on reverse side.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25/36

22. I HEREBY CERTIFY, That I attended deceased from February 12, 1936 to February 25, 1936

I last saw her alive on February 23, 1936. Death is said to have occurred on the date stated above, at 5/10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	Unknown
Other contributory causes of importance: Cerebral Hemorrhage	2/11/36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) Philibert Arlejouni M. D.

(Address) 2942 East Fayette St.

F 21055

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21055

CERTIFICATE OF DEATH

1107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6735 Youngstown Ave 26-6 Ward)

Length of residence in city or town where death occurred 2 yrs. 10 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME William O. Riggs

(a) Residence: No. 6735 Youngstown Ave St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) June 13 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tin Mill 1040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Wm. Riggs

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Jennie Lacy

16. BIRTHPLACE (city or town) (State or country) Alabama

17. INFORMANT Arthur D. Riggs Bro.
(Address) 6735 Youngstown Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Hunt Date Feb. 25 1936

19. UNDERTAKER H. M. Dorsey Gilby & Zeiler
(Address) 403 E. Monument

20. FILED Huntington Feb 24 1936
FEB 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22-d 1936

22. I HEREBY CERTIFY, That I attended deceased from February 17 1936 to February 22 1936

I last saw h[illegible] alive on February 22 1936 Death is said to have occurred on the date stated above, at 4:30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	5 days

Other contributory causes of importance:

Acute Lobar Pneumonia 5 hrs.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Wm. J. Sprenkle M. D.

(Address) 3209 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 21056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Jail St., 10-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Parker

If U. S. Veteran specify WAR

(a) Residence: No. Balto City Jail St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	unknown

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vagrant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place U. of M. Med. School Date Feb 24, 1936

19. UNDERTAKER

(Address)

21. FILED Feb 24 1936 Huntington Williams, M.D. Registrar

2130

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14th, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Bronchial	
Arteriosclerosis	
Myocarditis	2 yrs

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas B Statlar M. D.

(Address) 10 N Eutaw St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THE MORGUE

M. D. B 1268-9

F 21057 HEALTH DEPARTMENT—CITY OF BALTIMORE F 21057

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 48 Market Place St. 4-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John McCulloh

If U. S. Veteran specify WAR .....

(a) Residence: No. 48 Market Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Unknown

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J H Med School Date Feb 27 19 36

19. UNDERTAKER .....
(Address)

24 1936 Huntington Williams, Md.

2131

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	

Other contributory causes of importance: Pulmonary Tuberculosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Elmer B Wollam M. D.
Coroner

(Address) 1031 St Paul

If state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

21058

F 21058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Southern Home Hospital St., (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cyrus W. ~~Mc~~ Owing.
If U. S. Veteran specify WAR .....

(a) Residence: No. 3628 Paine St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced
HUSBAND (or) WIFE of Late Ella Owing.

6. DATE OF BIRTH (month, day, year) April 24, 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85.	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER
13. NAME John Owing.
14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER
15. MAIDEN NAME Nancy ?
16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Laura L. Allison.
(Address) 3628 Paine St.

18. BURIAL, CREMATION, OR REMOVAL New Freedom Pa. Date Feb. 26, 1936

19. UNDERTAKER Schenoweth & Son
(Address) 36 & Chestnut Ave.

Hampton Phillips
04 E. 25

24 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1936 to Feb 24, 1936
I last saw h/ alive on Feb 24, 1936 Death is said to have occurred on the date stated above, at 4037 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal Vascular disease	
Arteriosclerosis	
Other contributory causes of importance: Myocardial insufficiency	Yrs/L

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) H. H. Hulse M. D.
(Address) 348 W 36th St.

M. D. B 1268-9

F 21059

F 21059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH. CITY OF BALTIMORE: (No.) 2026 Parkden ave (Ward) 8. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S Veteran specify WAR

2. FULL NAME Mary Mullen

(a) Residence: No. 2026 Parkden ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Mullen

6. DATE OF BIRTH (month, day, year) Unknown about 80 yrs

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 80.	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Henry Storm

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Frank O. Storm

(Address) 1812 Rosedale st.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cem Date Feb. 25 / 36 19

19. UNDERTAKER Walter Davis

(Address) 3418 Chestnut ave.

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23. / 36

22. I HEREBY CERTIFY, That I [illegible] charge of the [illegible] above, held an [illegible] thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said [illegible] find that said deceased came to [illegible] death on the [illegible] above at 9 30 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/23/36

Other contributory causes of importance:
Arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

21060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 21060

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward) 305

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Roland (Bessie) Hood

(a) Residence: No. 822 West 32nd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced (HUSBAND of / WIFE of) Roland L. Hood.

6. DATE OF BIRTH (month, day, year) Aug 23 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26.	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Butte Mont

FATHER

13. NAME John Wesley Canapp.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Maggie Greig

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Roland L. Hood
(Address) 822 W. 32 St

18. BURIAL, CREMATION, OR REMOVAL Mary Hampton Date Feb 26/36

19. UNDERTAKER Walter Davis
(Address) 3418 Eastern Ave

20. PLACE OF BURIAL Washington Cemetery Baltimore, Md.

3/24/1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1936, to Feb 23, 1936.

I last saw her alive on Feb 23, 1936 Death is said to have occurred on the date stated above, at 8:12 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease, Chr	?
Mitral Stenosis & Decomp.	?
Aortic Decomp.	?

Other contributory causes of importance:

Septicemia, staphylococcus	2-21-36
Embolism, pulmonary	2-23-36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Blood Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard A. Lee, M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

21061

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21061

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3326 Chestnut Ave St., 12-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary C. Herrmann

(a) Residence: No. 3326 Chestnut Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Michael A Herrmann

6. DATE OF BIRTH (month, day, year) June 2 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Cornelius Lowry.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Clarence L. T Herrmann

(Address) 3326 Chestnut Ave

18. BURIAL, CREMATION, OR REMOVAL St. Mary's Cemetery Feb. 26/36

19. UNDERTAKER Walter Davis

(Address) 3418 Chestnut Ave.

20. FILED ..... 19 .....

OCCUPATION is very important. See instructions on back of certificate.

vs 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24 / 36

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 1936 to Feb 24 1936

I last saw h R.T alive on Feb 24 1936 Death is said to have occurred on the date stated above, at 1.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset ? ?
Cardio-Renal-Vascular disease	
Arteriosclerosis	1930
Diabetes Mellitus	1930
Other contributory causes of importance:	
Myocardial Insufficiency	2/19/36

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify .....

(Signed) J H Wilson M. D.

(Address) 648 W 36th St.

F 21062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 N. Mount St., 16-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carrie Wall

(a) Residence: No. 914 N. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Wall

6. DATE OF BIRTH (month, day, year) March 10 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 40 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hackensack N. J.

FATHER

13. NAME William Allen

14. BIRTHPLACE (city or town) (State or country) Hackensack N. J.

MOTHER

15. MAIDEN NAME Sarah Cahoon

16. BIRTHPLACE (city or town) (State or country) Hackensack N. J.

17. INFORMANT Ethel Tate
(Address) 914 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Feb. 25, 1936

19. UNDERTAKER Mrs Katie R Williams
(Address) 522 N Schroeder St.

FEB 24 1936 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hemiplegia	

Other contributory causes of importance: Senile

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) C. Gray Coroner, M. D.

(Address) 215 Fairway

M. D. D. 1268-9

F 21063

F 21063 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., 18-1 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Norman Cole

(a) Residence: No. 313 Poppleton St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 20, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Donald Cole

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Ella Brown

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Ella Cole

(Address) 313. N. Poppleland St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Feb-24 1936

19. UNDERTAKER Mrs Kate R Williams

(Address) 322 N. Schroeder St

Baltimore Md.

FEB 24 1936 19 Registrar

4

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Feb. 22, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcic Meningitis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. R. C. Teller M. D.

(Address) 1737 W. North Ave Attending Physician

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1955-2

F 21064

Dawn Dr ✓ F 21064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 N. Fremont ave Ward) 14th - 2

Length of residence in city or town where death occurred 14 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dawn Isaac R. Skelton

(a) Residence: No. 213 - N. Fremont ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie Handy Skelton

6. DATE OF BIRTH (month, day, year) 1.26.95

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41	—	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas + Elect. Co.

10. Date deceased last worked at this occupation (month and year) January 1925

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Anderson, South Carolina

FATHER

13. NAME allen skelton

14. BIRTHPLACE (city or town) (State or country) Anderson S. C.

MOTHER

15. MAIDEN NAME Martha Anderson

16. BIRTHPLACE (city or town) (State or country) Anderson S. C.

17. INFORMANT Nannie Handy Skelton

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Feb 24, 1936

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder Ste.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2.23.36

22. I HEREBY CERTIFY, That I attended deceased from February 16. 1936 to February 23 1936

I last saw him alive on February 23 1936 Death is said to have occurred on the date stated above, at 1:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2.13.36

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Phy. Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James M. Pair M. D.

(Address) 865 W. Lexington St.

OCCUPATION is very important. See instructions on back of certificate.

F 21065

21065 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

Registered No. 7-3

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2324 Milliman St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. 1 mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.
If U. S. Veteran specify WAR ...

2. FULL NAME Mary E Seitz
(a) Residence: No. 2324 Milliman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White.
5. ~~Single, Married~~ Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: the late Henry F Seitz
6. DATE OF BIRTH (month, day, year): Sept 7 059
7. AGE: Years 76. Months 5. Days 17. If LESS than 1 day, ... hrs. or ... min. 15
OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Balto Md.
FATHER
13. NAME: William Turner
14. BIRTHPLACE (city or town) (State or country): England
MOTHER
15. MAIDEN NAME: Susan Batchler
16. BIRTHPLACE (city or town) (State or country): Germany.
17. INFORMANT: Grace Seitz
(Address) 2324 Milliman St.
18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Carmel Date: Feb 25 1936
19. UNDERTAKER: Millard B Callender
(Address) 531 N Fulton Ave
FILED FEB 24 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 22 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1936 to Feb 22 1936
I last saw h~~er~~ alive on Feb 22 1936 Death is said to have occurred on the date stated above, at 9.20 PM

The principal cause of death and related causes of importance were as follows:
Rupture of cerebral vessel — Date of onset
Duration 5 days.
Other contributory causes of importance:
Arterio-sclerosis generalized Duration?
Was an operation performed? No Date of
For what disease or injury?
Name of operation none Date of
What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, homicide? None Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) B V Kelly M. D.
(Address) 105 N Linwood Ave

OCCUPATION is very important. See instructions on back of certificate.

F 21066

21066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 77-a

Registered No. .....

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, 25-4 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles L. Heil

(a) Residence: No. 6th St. Extended, Brooklyn, Md. St., ... Ward. A. A. Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Lentz Heil

6. DATE OF BIRTH (month, day, year) May 1, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 0050

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coast Guard Depot

10. Date deceased last worked at this occupation (month and year) 4-12-34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Philip Heil

14. BIRTHPLACE (city or town) (State or country) Schluecten Germany

MOTHER

15. MAIDEN NAME Marianna Foistel

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross [illegible] Date 2/21 1936

9. UNDERTAKER Miguel A. Flynn (Address) 1422 Light St

[illegible]

24 1936

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) February 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 17, 1936 to February 24, 1936

I last saw him alive on February 24, 1936 Death is said to have occurred on the date stated above, at 3:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lead Poisoning, chronic	2 yrs.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Find. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

Yes If so, specify Painter

(Signed) T. M. H. [illegible] M. D.

(Address) U.S. Marine Hospital

OCCUPATION is very important. See instructions on back of certificate.

21067 F 21067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 Williams St. 22-1 Ward)

Length of residence in city or town where death occurred 80 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James L Abbott

(a) Residence: No. 814 William St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mrs Ethel Schreck.
(Address) 447 E Grindall St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Feb 25 1936

19. UNDERTAKER John F Denny
(Address) 715 Light St

FILED 24 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1936 to Feb 22 1936

I last saw him alive on Feb 21 1936 Death is said to have occurred on the date stated above, at 10 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 mo

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H H Mellus M. D.

(Address) 1379 Williams St

M. D. B. 1268-0

21068

F 21068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 Clarkson St. 73-1 Ward)

Length of residence in city or town where death occurred 19 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Herman E. Griffith

(a) Residence: No. 1421 Clarkson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie V. Griffith

6. DATE OF BIRTH (month, day, year) Nov. 24, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Talbot Co Md

FATHER

13. NAME Greensbury Griffith

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

MOTHER

15. MAIDEN NAME Hennie Jones

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Annie V. Griffith

(Address) 1421 Clarkson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Feb. 26 1936

19. UNDERTAKER A. Howard Evans

(Address) 1910-12 Harlem Ave Baltimore Md

Registrar.

24 1936

JCF N

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1935 to Feb. 24, 1936

I last saw h/M alive on Feb. 23, 1936 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus Prof.	
Other contributory causes of importance: Diabetic Coma	2/24/36

Name of operation none Date of —

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

2/24/36 (Signed) T. H. Campbell M. D.

(Address) 1644 Harlem St

OCCUPATION is very important. See instructions on back of certificate.

21069 F 21069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Miss Laura McInnes. If U. S. Veteran specify WAR

(a) Residence: No. Leased Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 23, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	3 4	19 1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolteacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6068

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Matthews

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Agnes Thomson

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Collington Md Date 2-27 1936

19. UNDERTAKER Bridges Selby.
(Address) Laurel Md

~~Washington Funeral Directors, Inc.~~ RPH

24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24 1936

22. I HEREBY CERTIFY, That I attended deceased from January 20, 1936 to February 24, 1936

I last saw h alive on Feb. 24, 1936. Death is said to have occurred on the date stated above, at 3.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Bronchial pneumonia~~ Broncho-pneumonia	

Other contributory causes of importance:

Arteria - sclerosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. J. Frank Williams Jr. M. D.

(Address) Maryland General Hospital

Spec.—2-29-28—L. F. S.—500 Bks.

21070

F 21070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-2

1—PLACE OF DEATH

REGISTERED NO. 23-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1734 Hanover ST., (WARD)

2—FULL NAME Mr Walter H. Thompson

(a) RESIDENCE NO. 1734 Hanover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

6 DATE OF BIRTH (month, day, and year) October 25-1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — Trucker

(b) General nature of industry, business, or establishment in which employed (or employer) — National Enameling & Stamping

(c) Name of employer — " "

9 BIRTHPLACE (city or town) (State or country) — Balto Md

PARENTS

10 NAME OF FATHER — James Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) — Balto Md

12 MAIDEN NAME OF MOTHER — Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) — Balto. Md

14 Informant — Mrs Margaret Jones

(Address) — 1734 Hanover St

15 241936 — [illegible] Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/22/36

17 I HEREBY CERTIFY, That I attended deceased from 2/21, 1936 to 2/22, 1936

that I last saw h[illegible] alive on 2/21, 1936

and that death occurred, on the date stated above, at 5 A.M.

The CAUSE OF DEATH* was as follows: Bronchio Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Simple

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. H. Thompson M. D.

(Address) 1 E Randall St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — London Park Cem — DATE OF BURIAL Feb 25, 1936

20 UNDERTAKER — Milton Schilling. 1122 — ADDRESS E. Monument St.

M. D. F. 1268-9

F 21071

21071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. 70-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 Ramsay St., Life Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Margaret Hedrick

(a) Residence: No. 2001 Ramsay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William J. Hedrick

6. DATE OF BIRTH (month, day, year): February 19 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	-	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: Burt Kuser

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Sophia Estes

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: William L. Hedrick

(Address) 2001 Ramsay St.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Cem. Date: 2 19

19. UNDERTAKER: George L. Schmidt

(Address) 210 Fulton Ave

24 1936 Huntington-Williams, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1936 to Feb 22 1936

That I last saw her alive on Feb 22 1936 Death is said to have occurred on the date stated above, at 5:28 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1934
Other contributory causes of importance:	

Name of operation: Gastroenterostomy Date of: 12/ 1 3

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sidney H. Styett M. D.

(Address) 421 E. Fort Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 21072

21072 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B #12095

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Gordon

(a) Residence: No. 1702 N. Collington Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced — BUSBAND of (or) WIFE of: Thomas Gordon

6. DATE OF BIRTH (month, day, year): 1882 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife Own Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Michael Zeline

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem. Date 2/25 1936

19. UNDERTAKER: Leo F. Cook
(Address) 1703 Patterson Park Ave

[illegible] Huntington Williams & Co

6 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/3, 1936 to 2/22, 1936

I last saw her alive on 2/22, 1936 Death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days
Cerebral Hemorrhage	1 day
Other contributory causes of importance: Hypertensive Cardio-vascular disease	?

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp

M. D. P. 1268-9

F 21073

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21073

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 N. Carrollton Ave 6-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie L. Dyer

(a) Residence: No. 1023 N. Carrollton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 5 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
36	37	2	76	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Housework
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Maryland

FATHER
13. NAME William Dyer
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Emma Potter
16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mamie Dyer
(Address) 1023 N. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Am Date 8 . 19

19. UNDERTAKER Joseph A. Rigby & Sons
(Address) 1300 Pennsylvania Ave

20. FILED 19

2251936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1936 to Feb 20 1936

I last saw h[illegible] alive on Feb 20 1936 Death is said to have occurred on the date stated above, at 3h m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	Chronic Indefinite

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Phy Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) D. Garland Thompson M. D.

(Address) 1534 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

F 21074

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21074

CERTIFICATE OF DEATH

82-W

14-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 McCulloh St. Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Brewer

(a) Residence: No. 729 McCulloh St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Brewer

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Md

17. INFORMANT James Brewer

(Address) 729 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb 26 1936

19. UNDERTAKER J. Edward Fisher

(Address) 1401 Pennsylvania Ave

FEB 23 1936 [illegible] Curtis Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 22 1936 to Feb 23 1936

I last saw h... alive on Feb 22 1936 Death is said to have occurred on the date stated above, at 1 m.

The principal cause of death and related causes of importance were as follows:

Date of onset 2-23

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. Edward Fisher M. D.

(Address) 1401 Pennsylvania Ave

F 21075

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21075

92-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 N. Broadway St., 8-6 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME CHARLES F. WISEMAN

(a) Residence: No. 1718 N. Broadway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Wiseman

6. DATE OF BIRTH (month, day, year) Nov. 11 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seed Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prop.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Wiseman

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Caroline Kalkman

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Agnes Wiseman
(Address) 1718 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Feb. 25 1936

19. UNDERTAKER J. B. Kippert & Son
(Address) 1300 EUTAW PLACE

20. FILED ..... Registrar.

B 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22 36 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1 1935 to Feb-22 1936

I last saw him alive on Feb. 22 1936 Death is said to have occurred on the date stated above, at 2- A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insuff.	
Valvular heart disease	
Hypertension	

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical & Lab. Was there an autopsy? no

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Krieger M. D.

(Address) 1812 N. Broadway

OCCUPATION is very important. See instructions on back of certificate.

vs 3

F 21076

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21076

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 3 W Preston St. Ward 15-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Crawford

(a) Residence: No. 1524 N Bruce St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1885 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ethel Crawford 1524 Bruce St

17. INFORMANT Ethel Crawford

(Address) 1524 Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2/27 1936

19. UNDERTAKER Thomas C. Kelson

(Address) 1303 Pennsylvania Ave.

FEB 25 1936

(Signature of Undertaker)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-7 1936, to 2-22 1936

I last saw h alive on 2-22 1936. Death is said to have occurred on the date stated above, at 12.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Gangrene Left Foot	
Diabetic Nullitis	
Diabetic Coma	

Other contributory causes of importance:

Was an operation performed? yes Date of 2-14-36

For what disease or injury? Gangrene Left Foot

Name of operation Amputation Left Leg Date of 2-14-36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place,

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address) Provident Hosp

F 21077

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21077

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 Fremont St. 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm Cook.

If U. S. Veteran specify WAR .....

(a) Residence: No. 815 Fremont St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6. DATE OF BIRTH (month, day, year) May 15 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward Cook

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ellen Shaw

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Maurice Norton

(Address) 929 E Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cem. Date 2/26/ 1936

19. UNDERTAKER Frances A Hemsley

(Address) 527 W. Biddle St.

FEB 25 1936 Huntington Williams MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Feb 23 1936

Other contributory causes of importance: .....

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George S. Allen M. D.

(Address) 50 Augusta St Coroner

OCCUPATION is very important. See instructions on back of certificate.

F 21078 F 21078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 23

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 322 N. Mount St., 19-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Fifty mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fernando Ulysses Bagwell
If U. S. Veteran specify WAR .....

(a) Residence: No. 322 N. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Lola Bagwell

6. DATE OF BIRTH (month, day, year) Jan 18-1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Thomas A. Bagwell
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Sarah Bowie
16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Sarah Bagwell
(Address) 322 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 2/25/ 1936

19. UNDERTAKER Frances A. Kemp Fay
(Address) 1501 Riddle St

B 25 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 9, 1935 to Feb 22, 1936
I last saw h[illegible] alive on Feb 22, 1936. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis Florida.	? ? ? Feb 35

Other contributory causes of importance: None

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation None Date of .....
What test confirmed diagnosis? Visual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm N. Wright M. D.
(Address) 120 E Preston

F 21079

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21079

CERTIFICATE OF DEATH

✓ 109

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 22-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sherley Wren

(a) Residence: No. 641 Dover St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 20, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Robert Wren

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Hilda Gross

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Hilda Wren
(Address) 641, Dover St.

18. BURIAL, CREMATION, OR REMOVAL
Place West River Date Feb 25 19 36

19. UNDERTAKER James A. Joyce By
(Address) 142 W. Pratt St. Washington Boulevard

20. FILED ... Registrar.

FEB 25 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumania	
UnClassified	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.

(Address) 2257 W. North Ave.

F 21080

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21080

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 S. Elwood Ave. St., 1-1 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William M. Jenkins

If U. S. Veteran specify WAR .....

(a) Residence: No. 1111 S. Elwood Ave St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Anna

6. DATE OF BIRTH (month, day, year) April 12, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Lieut. Detective

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Police Dept.

10. Date deceased last worked at this occupation (month and year) 1922

11. Total time (years) spent in this occupation 36 yrs.

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME William M. Jenkins

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Margaret Gommes

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Edna Jenkins

(Address) 1111 S. Elwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place 2/25/36 Oak Lawn Bem

19. UNDERTAKER John A. Moran

(Address) 1302 E. Pratt St.

(Filed) 19 ... Registered No. ...

B 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22nd 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1936 to Feb. 22nd, 1936

I last saw alive on Feb. 21st, 1936. Death is said to have occurred on the date stated above, at 12 40/a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 wk
Other contributory causes of importance:	
Cardio Renal Disease	1 yr

Was an operation performed? no Date of —

For what disease or injury?

Name of operation none Date of —

What test confirmed diagnosis? Clinical signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas S. Kerr M. D.

(Address) 408 Patterson Park Ave.

F 21081

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21081

CERTIFICATE OF DEATH

✓ 117-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (Ward) 24-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. 5 mos. ds. How long in U. S. If of foreign birth 47 yrs. 3 mos. 15 ds.

If U. S. Veteran specify WAR World War.

2. FULL NAME Webb Levering

(a) Residence: No. 1415 Linden Ave. St., — Ward. —

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Strisek Levering

6. DATE OF BIRTH (month, day, year) Sep-8-1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. V. President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Colonial Trust Co

10. Date deceased last worked at this occupation (month and year) Jan 23 36

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME Frederick A Levering

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Catherine E Webb

16. BIRTHPLACE (city or town) (State or country) Balto. Maryland.

17. INFORMANT Mr. F. G. Levering Jr. (Bro.)

(Address) 3 Wendover Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Feb 26 1936

19. UNDERTAKER Howard M Smith Company

(Address) 128 W Mulberry

FEB 25 1936

Registered #

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/23 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1936 to Feb. 23, 1936

I last saw him alive on Feb. 23, 1936 Death is said to have occurred on the date stated above, at 10:28 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Duodenal Ulcer	1/27/36
Generalized Peritonitis	1/27/36
Other contributory causes of importance: Intestinal obstruction	2/10/36

Was an operation performed? Yes III Date of 1/27/36 2/10/36 2/21/36

For what disease or injury? Perforated ulcer & obstruction

Name of operation Bastic - enterostomy Date of 1/27/36

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Robert H Oliver M. D.

(Address) Union Memorial Hospital

M. D. B. 1245-a

F 21082

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21082

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Washington Apts St., Charles & Mt Vernon Pl Ward 11

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Cabell Ritchie

(a) Residence: No. Washington apts St., 11 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Baker

6. DATE OF BIRTH (month, day, year) Aug 29 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer & Ex Governor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 7 Mos.

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Albert Ritchie

14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN NAME Elizabeth Cabell

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT David Stewart Jenkins 31 W Frederick Md (Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Green Mount Date Feb 26 1936

19. UNDERTAKER Henry W. Jenkins & Son (Address) 11 E Eutaw St Baltimore Md

20. FILED ... (Date) ... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1930, to February 27, 1936

Last saw him alive on February 27, 1936 Death is said to have occurred on the date stated above, at 1:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis with hypertension	1933
Cerebral hemorrhage	Feb. 27 36
Other contributory causes of importance:	
Gout	1930

Name of operation None Date of operation ... What test confirmed diagnosis? Clinical & Autopsy findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John Tilden Howard, M. D.

(Address) 12 E. Eager Street

F 21083 F 21083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 28 West Biddle St. 11th Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 4 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME JOHN WITHERSPOON FRICK II — If U. S. Veteran specify WAR

(a) Residence: No. 28 West Biddle St., 11 Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowery

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) May Wise Frick

6. DATE OF BIRTH (month, day, year) Oct. 3rd, 1872

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
63	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real estate and insurance agent and broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. out of

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Frick, Jr.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Lelia Witherspoon

16. BIRTHPLACE (city or town) (State or country) Mobile, Ala.

17. INFORMANT Fred M. W. Frick
(Address) 28 W. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Feb 25 19 36

19. UNDERTAKER Henry W. Coulbourn & Sons
(Address) McCulloh & Eutaw

20. FILED ... Registrar

B 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 23rd, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feby 4th, 1936, to Feby 23rd, 1936.
I last saw him alive on Feby 22nd, 1936. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	2. 3. 36.
Other contributory causes of importance: Long standing arteriosclerosis.	—

Was an operation performed? ✓ Date of ...
For what disease or injury? ✓
Name of operation — Date of ...
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify ...

(Signed) E. N. Brown M.D.
(Address) 1515 Park Ave

F 21084

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21084

CERTIFICATE OF DEATH

V X 11-B

1. PLACE OF DEATH Mrs Carter Nursing Home

CITY OF BALTIMORE: (No. Bellona & Gittings Ave. St., 77-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eliza Ann Johnson

(a) Residence: No. 629 North Bend Rd. St., Catonsville Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alex Johnson

6. DATE OF BIRTH (month, day, year) Oct. 15, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Abraham Fitchener

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Valentine

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mr. Alex Johnson

(Address) 629 N. Bend Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 25 19 36

19. UNDERTAKER Harry E. Mettle

(Address) 1016 E. Lanvale Ave

20. FILED 19 H. Boyd Williams, M.D.

FEB 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22 19 36

22. I HEREBY CERTIFY, That I attended deceased from March-7-, 1931, to Feb-22, 1936.

I last saw her alive on Feb-22 1936 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
"Senility" —	4 yrs.
Other contributory causes of importance: "Lagrippe" —	7 days

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ??? Date of injury ..... 19 ....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) S. Lloyd Johnson M. D.

(Address) Catonsville, Md.

F 21085

21085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2038 E. Eager St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Katharine Fisher

(a) Residence: No. 2038 E. Eager St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Fisher

6. DATE OF BIRTH (month, day, year) June 15, 1859.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Uhlireke-Janovice Czechoslovakea.

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT Joseph Fisher.
(Address) 2038 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Cem. Date Feb. 27, 1936

19. UNDERTAKER Geo. E. Zirkler, Geo. E. Zirkler
(Address) 1717 E. Eager St.

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1936, to Feb. 24, 1936

I last saw her alive on Feb 24, 1936 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	Feb 22 36
Other contributory causes of importance: Carcinoma of Sigmoid Flexure	Nov 1935

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) William J. Kramer, M. D.

(Address) 901 N. Kenwood Ave.

21086

F 21086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-A

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S Veteran specify WAR .....

2. FULL NAME Margaret Stewart

(a) Residence: No. 305 W. Hoffman St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward

6. DATE OF BIRTH (month, day, year): Nov 16 1888

7. AGE: Years 47 | Months 3 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: William Stewart

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Lucy Stewart

(Address) 305 Hoffman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb 24 1937

19. UNDERTAKER: Wilbur C. Jackson

(Address) 216 Pierce St

23 1936 Huntington Avenue, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20, 1936.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Wright M. D.

Coroner

(Address) 1103 Edmondson Ave

F 21087

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21087

CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1735 E. Federal St., 8-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs. Bertha Reich
If U. S. Veteran specify WAR .....

(a) Residence: No. 1735 E. Federal St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 6, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	10	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Emil Reich
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Wilhelmina Hoffmann
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Elise Fanetti
(Address) 1735 E. Federal St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Feb. 26, 1936

19. UNDERTAKER Lon Tockyer Sons
(Address) North & Pennsylvania Ave.

20. FILED FEB 25 1936 Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-17 1936 to 2/23 1936

I last saw him alive on 2/23 1936. Death is said to have occurred on the date stated above, at 7:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris (Angina)	2/17/36
Other contributory causes of importance: Myocardial Insufficiency	2/23/36

Was an operation performed? No Date of .....
For what disease or injury? No
Name of operation No Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19...
Where did injury occur? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place No
Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No

(Signed) Dana Miller M. D.
(Address) 1514 N Broadway

21088

F 21088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1037 N. Hay St., 7-4 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lavinia McEntire.

(a) Residence: No. 1037 N. Hay St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Malbury L. McEntire.

6. DATE OF BIRTH (month, day, year): Feb. 2 1859

7. AGE: Years 77 | Months 0 | Days 20 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None (dead)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: John Hagan

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Martha "

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Mrs Ruth Hazelton

(Address) 1037 N. Hay St.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Olivet Date Feb 24 1936

19. UNDERTAKER: Wm. Rockwell Sons

(Address) Hook & Paca sts.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21 1936 to Feb. 22 1936

I last saw her alive on Feb. 22 1936. Death is said to have occurred on the date stated above, at 1030 a.m.

The principal cause of death and related causes of importance were as follows:

Aortic Carlin Stenosis Myocarditis. 93.1

Date of onset .....

Other contributory causes of importance:

Aortic Carlin Dilatation. 13.2

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Irving L. Litterman M. D.

(Address) 1304 E. Clone

21089 F 21089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 48

1. PLACE OF DEATH Church Home and Infirmary St., 15 Ward) 10 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. C. H. I. .....

Length of residence in city or town where death occurred 63 yrs. 5 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Florence W. Keenne [KUENNE]

(a) Residence: No. 3704 Harrison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of August ~~Kroon~~ Kuenne

6. DATE OF BIRTH (month, day, year) Sept. 13, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 00

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph Kane

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Susanna Canal

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Self
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem Date Feb 27 1936

19. UNDERTAKER Wm J Tipken & Sons
(Address) North & Penna Aves.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1935 to Feb. 24 1936

I last saw her alive on Feb. 24, 1936 Death is said to have occurred on the date stated above, at 9:10 A.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset Feb. 20, 1934
Senility

Other contributory causes of importance: Sarcomata of Uterus — Date of onset 2 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Clifton T Adams, M. D.

(Address) Church Home & Hy.

DEC 1936

F 21090 F 21090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X ✓ 108

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 600 E. 30th St., 9-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. mon. ds.
If U. S. Veteran specify WAR No Record

2. FULL NAME Katherine A. Crum

(a) Residence: No. Hagerstown, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ (or) ~~HUSBAND~~ WIFE of Joseph V. Crum

6. DATE OF BIRTH (month, day, year) Nov 6th 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	3	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife do.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER
13. NAME George Platzer
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME ? Urban
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Joseph V Crum Hagerstown Md

18. BURIAL, CREMATION, OR REMOVAL Rest Haven, Hagerstown Md Date Feb 26th 1936
Place

19. UNDERTAKER (Address) Wm Cook 1207 E Baltimore St Huntington Place, Baltimore

20. FILED 19 Registrar.

Feb 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24th 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/19/36 19 to 2/24/36 19
I last saw her alive on 2/23/36 19 Death is said to have occurred on the date stated above, at 2:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Lobar Pneumonia	2/17/36

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Paul Gudder M. D.
(Address) 321 E 25

F 21091

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21091

CERTIFICATE OF DEATH

94-W

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1629 Darley Ave 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME John W. Reather

(a) Residence: No. 1629 Darley Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed or Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of ——— (or) WIFE of ———

6. DATE OF BIRTH (month, day, year) Dec 17th 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Foreman

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Newood Wakefield Co

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

13. NAME Charles F. Reather

14. BIRTHPLACE (city or town) (State or country) Georgetown D.C.

MOTHER

15. MAIDEN NAME Annie E. McCafferty

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Mrs Sarah Harper
(Address) 1629 Darley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Feb 26th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23rd 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/1 1936 to 2/23 1936

I last saw him alive on 2/23 1936 Death is said to have occurred on the date stated above, at 9a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	2/11/36
Major	
Myocardial Insufficiency	2/23/36

Other contributory causes of importance:

Was an operation performed? NO Date of ...

For what disease or injury? NO

Name of operation NO Date of NO

What test confirmed diagnosis? Clinical findings Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? NO Date of injury ... 19...

Where did injury occur? NO
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place NO

Manner of injury NO

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify ...

(Signed) Dr. Edward Keller, M. D.
(Address) 1500 Eutaw

Registrar, Williamsport, Md.

B 25 1936

F 21092 F 21092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 7667 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 1-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Zyglarski

If U. S. Veteran specify WAR

(a) Residence: No. 1007 S. Kenwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul

6. DATE OF BIRTH (month, day, year) ~~1860~~ 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70 ~~75~~			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Wood~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Catherine Oles

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date 2/27 36

19. UNDERTAKER John J Duda
(Address) 2811 W Hudson St

20. Date 2 25 1936 Huntington Collector

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/20, 1935, to 2/23, 1936.

I last saw her alive on 2/23, 1936 Death is said to have occurred on the date stated above, at 8:10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 Day.
Arteriosclerotic Heart disease	3
Other contributory causes of importance:	1

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

21093

HEALTH DEPARTMENT—CITY OF BALTIMORE

21093

CERTIFICATE OF DEATH

#12413

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 26-7 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Charles Reintzell

(a) Residence: No. 505 S. Lehigh St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Reintzell

6. DATE OF BIRTH (month, day, year) 3-29-1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill-right

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Grace Cunningham

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Feby 26 1936

19. UNDERTAKER John Ulrich & Sons
(Address) 2008 Allegheny Ave

FEB 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23 1936.

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1936. to Feb. 23 1936.

I last saw him alive on Feb. 23 1936. Death is said to have occurred on the date stated above, at 9.50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown
Chronic vascular nephritis	Unknown
Myocardial failure	one week ago

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) H. C. de Santelle M. D.

(Address) Baltimore City Hospitals

21094 HEALTH DEPARTMENT—CITY OF BALTIMORE 21094

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 934 N Castle St., 7-4 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Mary Frazier

(a) Residence: No. 934 N Castle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Oscar Frazier

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63 About	63	yr.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Chas Hammerbacher

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Annie Kalnie

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Chas Hammerbacher

(Address) 950 N Duncan St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date July 26, 1936

19. UNDERTAKER: John Wenck

(Address) 2006 Eliza

[illegible] Registrar.

8 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/21/36

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1936 to Feb 21, 1936

I last saw her alive on Feb 21, 1936 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	7 days
Other contributory causes of importance: Pulmonary Oedema	2 days

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Edward Theo [illegible] M. D.

(Address) 413 N Washington

F 21095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 Archer St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 6 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosetta L. Savoy

(a) Residence: No. 618 Archer St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Savoy

6. DATE OF BIRTH (month, day, year) Aug-17-1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) Jan-36

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Phinney

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT (Address) Esther Phinney 609 Archer St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 2/26 1936

19. UNDERTAKER (Address) Isaiah R. Brown 1018 Monroe St

Huntington Williams 1936 Registrar.

25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan-23-1936

22. I HEREBY CERTIFY, That I attended deceased from Jan-31 1936 to Jan 23 1936

I last saw her alive on Jan 22 1936 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Chronic Nephritis

Date of onset

Other contributory causes of importance:

Autopsy (Specify)

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Drummond M. D.

(Address) 1212 N. Eutaw

F 21096 F 21096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 E. Biddle St. 10-1 ward)

Length of residence in city or town where death occurred 7 yrs. — mos. — ds. How long in U. S. If of foreign birth 71 yrs. — mos. — ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sophie M. Degenhardt

(a) Residence: No. 1910 E. Biddle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augustus J. Degenhardt.

6. DATE OF BIRTH (month, day, year) Aug. 25 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	90	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Joseph Doelsch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mr. H. Menning

(Address) 910 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemy Date Febry 27 1936

19. UNDERTAKER Henry Adolph Sons, Inc.

(Address) 1301 E. Eager St Huntington Williams, Inc.

FEB 25 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 25th 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1935 to Feb 24 1936

I last saw h... alive on Feb 24 1936 Death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Dr Bernard Lowe M. D.

(Address) 1716 N. Calvert St

F 21097

F 21097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 Ashland Ave St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. — mos. — ds. How long in U. S. If of foreign birth 44 yrs. — mos. — ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Vincenza Mancuso

(a) Residence: No. 1414 Ashland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Angelo Mancuso

6. DATE OF BIRTH (month, day, year) Aug 28 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Giuseppe [illegible] Pisa

14. BIRTHPLACE (city or town) (State or country) Italy.

MOTHER

15. MAIDEN NAME Mrs [illegible]

16. BIRTHPLACE (city or town) (State or country) Mrs [illegible]

17. INFORMANT Mrs Antoinette Spatta

(Address) 1414 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL Place Most Holy Redeemer Date Feb 27 1936

19. UNDERTAKER Henry Strauch Sons, Inc

(Address) 1301 E Eager St

25186 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1936 to Feb 24 1936

I last saw h[illegible] alive on February 24 1936 Death is said to have occurred on the date stated above, at 3-40 m.

The principal cause of death and related causes of importance were as follows:

Edema of lung

Date of onset
Feb. 21 1936

Other contributory causes of importance: Chronic Myo-Cardatis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos L Valentino M. D.

(Address) 16 So. Broadway

11369

21098

HEALTH DEPARTMENT—CITY OF BALTIMORE 21098

CERTIFICATE OF DEATH

✓ 340-958

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Johnson

(a) Residence: No. 914 Boyd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ? ~~1859~~ 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60 yr			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Frances ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B.C.H. Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 2/26 19 36

19. UNDERTAKER Isaiah R Brampton
(Address) 1020 Monroe

FEB 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/20 1934 to 2/19 1936

I last saw him alive on 2/19 1936 Death is said to have occurred on the date stated above, at 2p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	2 yr
Other contributory causes of importance:	over

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

F 21099

F 21099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

145-a-828

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 22-1 St., 22-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Barber

(a) Residence: No. 521 So. Sharp St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) James Barber

6. DATE OF BIRTH (month, day, year) Jun 30 - 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1-14-36

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) West Berlin N. J.

FATHER

13. NAME John C. Robinson

14. BIRTHPLACE (city or town) (State or country) West Chester Pa

MOTHER

15. MAIDEN NAME Annie Pritch

16. BIRTHPLACE (city or town) (State or country) West Berlin N J.

17. INFORMANT James Barber (Address) 521 S Sharp St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2/27/36 19

19. UNDERTAKER Robert Williams (Address) 1516 McCulloh St

Huntington Williams, Reg.

FEB 25 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 2-17 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-14 1936 to 2-17 1936

I last saw her alive on 2-17 1936 Death is said to have occurred on the date stated above, at 9:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Sepsis	1-18-36
Myocarditis	1-14-36
Phlebitis	1-26-36
Cerebral embolism	2-17-36
Other contributory causes of importance:	
Parturition	1-18-36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

Signed Frank W. Payton M. D.

(Address) University Hospital

F 21100

HEALTH DEPARTMENT--CITY OF BALTIMORE

F 21100

59

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4412 Parkmont St. 26-1 Ward)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... ds.

If U. S Veteran specify WAR .....

2. FULL NAME Katherine M. Schuller

(a) Residence: No. 4412 Parkmont Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Female~~ Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 11 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept. Store

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 16 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Geo. Schuller

14. BIRTHPLACE (city or town) (State or country) Bavaria Germany

MOTHER

15. MAIDEN NAME Margaret Stubel

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mrs Lena Schuller
(Address) 4412 Parkmont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Emmanuel Cem Date Feb. 26. 1936

19. UNDERTAKER Fredk. Lassahn & Son
(Address) 7401 Belair Rd. Baltimore, Md.

20. FILED 2-25-1936, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26. 1935 to Feb. 25 1936

I last saw h. alive on Feb. 25 1936 Death is said to have occurred on the date stated above, at 9:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	7
Chronic Interstitial Nephritis	2
Diabetes	2.
Other contributory causes of importance: Influenza.	1-11-36.

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No - If so, specify .....

(Signed) Richard Krumfeld Jr M. D.

(Address) 5401 Belair Rd.

F 2110

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 F 21101

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hosp. Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 37 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Peter Sobus

(a) Residence: No. 621 S. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Rose Sobus

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	59		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME John Sobus

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Julia Galdzonka

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Rose Sobus (Wife)
(Address) 621 S Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date Feb 28th 1936

19. UNDERTAKER Henry A. Weber Sons & Company
(Address) 845 S. Carey St.

..... 19..... Registrar.

FEB 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 24. 1936

22. I HEREBY CERTIFY, That I attended deceased from February 16. 1936 to February 24 1936

I last saw h... alive on February 24. 1936. Death is said to have occurred on the date stated above, at 12:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac failure	2/24
Other contributory causes of importance:	
Lung abscess	?
	over

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wellington Dewees M. D.

(Address) South Baltimore Hosp.

F 21102 F 21102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1724 Lancaster St St., 2-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 60 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eva Goscinska

(a) Residence: No. 1724 Lancaster Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of: Late Joseph Goscinski

6. DATE OF BIRTH (month, day, year) About 1841

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
95			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Old Age

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Wladyslaw Gibowicz
(Address) 1724 Lancaster Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Feb 27 1936

19. UNDERTAKER George A. Weber
(Address) 705 S Conn Street
Huntington, W. Va.

20. FILED ..... 19..... M. D.

FEB 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 24 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 19 36 to Feb 24 19 36

I last saw her alive on Feb 24 19 36 Death is said to have occurred on the date stated above, at 5-12 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 30
Other contributory causes of importance: Arteriosclerosis	1925

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) William H. Lewis M. D.

(Address) 84 Kenwood

F 21103

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21103

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 5-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Shirley Johnson

(a) Residence: No. 520 N. Central Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 25 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME David Jones

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Clara Johnson

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Greenbury Johnson

(Address) 520 N. Central Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cemetery Date 2/25 19 36

19. UNDERTAKER Walter B. Jones & Son

(Address) 1390 W. Hamburg St.

FEB 25 1936 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 23, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tubular Pneumonia	
Other contributory causes of importance: —	

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenker M. D.
Coroner

(Address) 1919 E. Fayette Ave.

21104 F 21104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3601 Chestnut Ave) 13-7 Ward

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura N. Fisher If U. S. Veteran specify WAR .....

(a) Residence: No. 3601 Chestnut Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John Fisher.

6. DATE OF BIRTH (month, day, year) Dec 29, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (47)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME John Speigle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bertie Taylor

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT John Fisher

(Address) 3601 Chestnut Ave

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn Date Feb 26, 1936

19. UNDERTAKER Thurnwald Son

(Address) 3615 Chestnut Ave

25 1936 19 Hunter Williams, MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/24/36
Other contributory causes of importance: Uterus adenoma	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) C. H. Richardson, M. D.
Coroner

(Address) Bozman

M. D. B 1268-9

105

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21105

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Fannie M. Colbert

(a) Residence: No. 641 N. Central Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) Dec 16 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen Housework

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Jones

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT George Colbert

(Address) 641 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 2-25- 19 36

19. UNDERTAKER Burchman & Wright

(Address) 218 E Biddle St

20. F... Huntington, Williams, Sr

FEB 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22 1936

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest and from my attendance, find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. M. Wright M. D.

Coroner

(Address) 1010 S. Ellwood Ave

F 21106 ✓ F 21406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 S. Bond St. 3-1 Ward)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael Marcisyonok

If U. S. Veteran specify WAR .....

(a) Residence: No. 308 S. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ada 2315 Bond St

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sweat shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Peter

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Florence Vandetti Daughter
(Address) 406 S. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rood Date 2/26 19 31

19. UNDERTAKER William F. Kennedy
(Address) 1618 Eastern Ave

... 19 Huntington Williams
Registrar.

25 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 23, 1931

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia from illuminating gas	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Feb 23 1931

Where did injury occur? Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of Injury Probably fell against gas stove

Nature of Injury Asphyxia

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. C. Wright M. D.
Coroner

(Address) 1014 S. Elliott St

F 21107 ✓ F 21107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 46-C

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St. 12 Ward 6)

Registered No. .....
(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 4 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Mae Tennant

(a) Residence: No. Catlands, Maryland St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of (or) WIFE of David B Tennant

6. DATE OF BIRTH (month, day, year) April 6th 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington DC

FATHER

13. NAME John W Bayne

14. BIRTHPLACE (city or town) (State or country) Oxon Hill Md

MOTHER

15. MAIDEN NAME Mary Ashby

16. BIRTHPLACE (city or town) (State or country) Appomattox Va

17. INFORMANT J B Bayne

(Address) Oxon Hill Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St Barnabas Date 2-29- 1936

19. UNDERTAKER Henry W Jenkins Sons Co

(Address) 1500 Pennsylvania Ave

20. FILED ... 19 ... Registrar.

3 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1936 to Feb 25 1936

I last saw her alive on Feb 25 1936 Death is said to have occurred on the date stated above, at 12:45 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid colon.	Jan 1935
Other contributory causes of importance: Intestinal Obstruction	Jan 1936

Was an operation performed? Yes Date of Jan 27 1936

For what disease or injury? Carcinoma of Sigmoid

Name of operation Exploratory Laparotomy Date 1/29/36

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Murray M Copeland M. D.

(Address) Union Memorial Hospital

F 21108 ✓ F 21108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1222 Madison ave 3rd floor front Apt. St. 11 Ward 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U. S. ... If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rosa Warfield

(a) Residence: No. 1222 Madison ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Warfield

6. DATE OF BIRTH (month, day, year) Dec. 19 - 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) Jan. 30 1936

11. Total time (years) spent in this occupation 6 mos

12. BIRTHPLACE (city or town) (State or country) Clinton S. C.

FATHER

13. NAME William Dixon

14. BIRTHPLACE (city or town) (State or country) Chester So. Carolina

MOTHER

15. MAIDEN NAME Hannah Young

16. BIRTHPLACE (city or town) (State or country) Clinton S. C. South Carolina

17. INFORMANT Ada Foster

(Address) 1222 Madison ave

18. BURIAL, CREMATION, OR REMOVAL

Place Columbia, S. C. Date 2/25 19

19. UNDERTAKER Thomas E. Kelly

(Address) 1222 Preston St

20. FILED 19

FEB 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24-36

22. I HEREBY CERTIFY, That I attended deceased from January 1 1936 to Feb. 24 1936

I last saw her alive on January 23 1936 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza.	1/20/36
Other contributory causes of importance: Bronchial Pneumonia	2/1/36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. H. Wright M. D.

(Address) 1209 Preston St.

Frist

F 21109

21109

HEALTH DEPARTMENT—CITY OF BALTIMORE

46-E

CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... St., 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John A. Frist

(a) Residence: No. 1500 N. Caroline St., ... Ward. St. Joseph's ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	(Widower)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 6-1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moulder - Jr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron, Cabs Seal Co.

10. Date deceased last worked at this occupation (month and year) 1-10-36

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John Edgar Frist.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Ann Arthur.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. John O. Jamison (Address) 2913 Pegg Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Feb. 26 1936

19. UNDERTAKER Ellis P. White. (Address) 2354 Madison Ave

[illegible] Filed [illegible]

25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-14 1936 to 2-24 1936

I last saw h[illegible] alive on 2-24- 1936 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	

Other contributory causes of importance:

Pulmonary metastases ?	?

Was an operation performed? Yes Date of 1-28-36

For what disease or injury? Carcinoma of Liver

Name of operation Exploratory Lap. Biopsy Date of

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. M. Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

21110

✓ F 21110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 6-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify W. AR .....

2. FULL NAME Louis Myer

(a) Residence: No. 1903 Orleans St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise

6. DATE OF BIRTH (month, day, year) 5-4-1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Piano teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Myer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Weidersohn

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date 2-25 1936

19. UNDERTAKER Leo J. Cook
(Address) 1703 N. Patterson Park Ave

25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-4 1936 to 2-18 1936

I last saw h/[illegible] alive on 2-18-36 19 .. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
bellulitis left arm	4 days
Septicemia	1 day

Other contributory causes of importance:

Chronic Myocarditis	?
Arteriosclerosis General	?

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. C. Brantigan M. D.

(Address) Baltimore City Hosp

✓ F 21111

21111

HEALTH DEPARTMENT—CITY OF BALTIMORE

46-H

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 Ryan St. 21-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Daisy B. Young

(a) Residence: No. 915 Ryan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eldridge W. Young

6. DATE OF BIRTH (month, day, year) April 15, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Henry Stedding

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Stein

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT (Address) John L. Stedding (Brother) 915 Ryan St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Feb. 26, 1936

19. UNDERTAKER (Address) Margaret G. Flynn 2107 N. Hilton St.

25 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/24/36, 19, to 2/25/36, 19

I last saw her alive on 2/2/36, 19. Death is said to have occurred on the date stated above, at 6:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcus Carcinoma —	
Metastasis to Lungs etc.	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Hopkins Hospital Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Bernard J. Fury, M. D.

(Address) 910 W. Lombard

M. D. R. 1265-9

21112 F 21112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3131 Elmora Ave 8-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Winifred A. Moore

(a) Residence: No. 3131 Elmora Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) November 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John J. Moore

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Mary Butler

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Nelly J. Eccles

(Address) 3131 Elmora Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date 2/27/ 1936

19. UNDERTAKER John F. Cowdrey & Son.

(Address) 601 Hollins St

25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/23/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Feby 19 1936 to Feby 23 1936

I last saw her alive on Feby 23 1936. Death is said to have occurred on the date stated above, at 7.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	2/19/36
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. A. O'Neill M. D.

(Address) 108 W Dutton Ave

Spec.—8-24-14—M. & T.—2000 Bks.

21113 HEALTH DEPARTMENT—CITY OF BALTIMORE F 21113

CERTIFICATE OF DEATH.

REGISTERED NO. C 23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 N. Broadway St.; 1-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Jackson Richardson Lillian Brodfard

(Residence in Baltimore: No. 516 N Broadway St.; 47 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, ..., 1889
(Month) (Day) (Year)

7-AGE, 47 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of Industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Henry Kelley

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Hellen Jones

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Jackson

(Address) 516 N Broadway

Filed B 25 1936, 191.. Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 27, 1936
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7/11 1934, to Feb 27 1936, that I saw h[illegible] alive on Feb 27 1936, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary TB

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) 2 yrs. mos. ds.

(Signed) [illegible] M. D.

2/27, 1936. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. W Port Railway cemetery DATE OF BURIAL. Feb 29, 1936

20-UNDERTAKER. Edward Bryan ADDRESS 647 Orleans

F 21114

F 21114

310069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 60

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St., 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie Thompson

(a) Residence: No. 402 N. Regester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-2-35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Charlie Thompson

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Helen Tull

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Calvery Date Feb 27 1936

19. UNDERTAKER Edward Bryan

(Address) 1647 Huntington Ave.

20. FILED 25 1936, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb-23-1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1936 to Feb 23, 1936

I last saw her alive on Feb 23, 1936 Death is said to have occurred on the date stated above, at 4 15 m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia 1

Date of onset 2-20-36

Other contributory causes of importance: Bronchial pneumonia, secondary. ?

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

V F 21115

F 21115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1128 N. Mulberry St., 18-E Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Carrie Joyner

(a) Residence: No. 1128 N. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Joyner

6. DATE OF BIRTH (month, day, year) Dec 8, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	2	16	

47

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roanoke, Va

FATHER

13. NAME George Wise

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Bettie ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ethel Joyner Jackson
(Address) 1128 N. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL
Place Roanoke, Va Date Feb 25, 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Edmondson Ave
Mrs Katie R. Williams
Registrar

25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1936 to Feb 24, 1936
I last saw her alive on Feb 24, 1936 Death is said to have occurred on the date stated above, at 2:40 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma both breasts	May 1935

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Taylor Ellis M. D.

(Address) ...

F 21116

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21116

CERTIFICATE OF DEATH

108.

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 628 Bradley St., 17-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha D. Richardson
If U. S. Veteran specify WAR

(a) Residence: No. 628 Bradley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Richardson

7. DATE OF BIRTH (month, day, year) June 30, 1878

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Fennett
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Anne Purnell
16. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

17. INFORMANT Charles D Davenport
(Address) 657 Bradley St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lion Date Feb 25 1936

19. UNDERTAKER Mrs Katie A. Williams
(Address) 322 S Edgewood St

Feb 23 1936 ... 19 ... Katie A. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1936 to Feb 22, 1936

I last saw h[illegible] alive on Feb 22, 1936 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Feb 19 1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state

(Signed) [illegible] M. D.

(Address) [illegible]

Spec.—2-29-28—L. F. S.—500 Blks.

F 21117

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21117

92a

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1046 N. Fayette St. ST. 18-7 WARD)

2—FULL NAME Benjamin Smith

(a) RESIDENCE NO. 1046 N. Fayette St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Smith

DATE OF BIRTH (month, day, and year) 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) do do

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Emmettsburg Md.

10 NAME OF FATHER Saml Smith

11 BIRTHPLACE OF FATHER (city or town) see 9

(State or country)

12 MAIDEN NAME OF MOTHER Nancy Gardner

13 BIRTHPLACE OF MOTHER (city or town) see 9

(State or country)

Informant Katherine Thorne

(Address) 1046 N. Fayette St.

25 1936. 19 Huntington D. Williams M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-22-36

17 I HEREBY CERTIFY, That I attended deceased from 2-19-36, 19 , to 2-22-36 19 .

that I last saw him alive on 1 19

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Disease

(duration) yrs. 2 mos. 0 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. 1/2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F. N. Cardozo M. D.

2-24-36 (Address) 1524 W. Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Feb 26, 1936

20 UNDERTAKER Mrs Kate R. Williams

ADDRESS 322 N Schroeder St

M. D. B. 1203-3

F 21118

F 21118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 N. Fremont St., 19-W Ward)

Length of residence in city or town where death occurred 71 yrs. 2 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Louis Fabian

(a) Residence: No. 108 N. Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jas. Fabian

6. DATE OF BIRTH (month, day, year): Sept. 11 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: — 6037

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Md Carroll Co

FATHER

13. NAME: [illegible]

14. BIRTHPLACE (city or town) (State or country): [illegible]

MOTHER

15. MAIDEN NAME: Martha Hunter

16. BIRTHPLACE (city or town) (State or country): Md. Carroll Co

17. INFORMANT: Eugene Fabian

(Address): 1721 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date 2/26/ 1936

19. UNDERTAKER Payne and Waters

(Address) 2137 N. Pine St. Funeral Directors

FILED 19 Registrar.

25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1936 to Feb 23 1936

I last saw her alive on Feb 22 1936 Death is said to have occurred on the date stated above, at 2.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance:	

Name of operation ..... Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank Evans M.D.

(Address) 627 Lexington

F 21119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Valley St. St., 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine E. Courtney

(a) Residence: No. 1011 Valley St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Mar. 17, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worked at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home work

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward A. Courtney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catharine E. Hoban

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Name) Miss Julia McKevitt

(Address) 1011 Valley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Feb 26, 1936

19. UNDERTAKER Edwin W. Conklin

(Address) 924 E. Lafayette St.

[redacted]

FEB 25 1936

FOR H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1936, to Feb 22, 1936

I last saw her alive on Feb 22, 1936. Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/19/36

Other contributory causes of importance:

Arteriosclerosis	?
Hypertension	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Obs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) L. McCarthy M. D.

(Address) 1114 Harford

F 21120

120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Smothers

(a) Residence: No. 620 Barre St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 2-23-36

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BCH

13. NAME Calvin House

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Adele Smothers

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U of M Med School Date Feb 25 1936

19. UNDERTAKER ...
(Address)

19. FILED ... Registrar

25 1936

2154 N

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23 1936 to Feb 23 1936

I last saw him alive on Feb 23 1936. Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J Cruikshank M. D.

(Address) Baltimore Maryland

✓ F 21121

21121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12383 1.90

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Thomas

(a) Residence: No. 46 N. High St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hellie

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Tom

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Annie Wells

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med School Date Feb- 25 19 36

19. UNDERTAKER
(Address)

FILED 19 Registrar

2-25-1936

2155 N

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-22 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-19 1936 to 2-22 1936

I last saw him alive on 2-22 1936 Death is said to have occurred on the date stated above, at 10 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Frost bite	4 days
gangrene right foot and leg; and toes	4 days
Other contributory causes of importance: Cellulitis right leg	2 days
Arteriosclerosis general	?

Was an operation performed? yes Date of 2-21-36

For what disease or injury? Frost bite gangrene

Name of operation Amputation Right thigh Date of 2-21-36

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? Fell Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robt F Manton M. D.

(Address) Balto. City Hosp.

21122 F 21122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 10-2 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Davis

(a) Residence: No. 805 N. Eden St. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced (or) WIFE of John Davis

6. DATE OF BIRTH (month, day, year) 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 00 31

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) White Stone Va.

FATHER

13. NAME James Symons

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Blanche Watts

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Blanche Symons

(Address) 805 N. Eden St.

18. BURIAL, CREMATION, OR REMOVAL

Place John's Cem Date Feb 22 Th 1936

19. UNDERTAKER Chas H. Alexander

(Address) 915 Druid Hill Ave

25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave.

21123

✓ F 21423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St. 25-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Thomas

(a) Residence: No. 2626 Puget St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-18-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
5 hours			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Paul Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Flossie Deal

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U. of Md. School Date Feb 25 19 36

19. UNDERTAKER .....
(Address)

20. FILED 5 1936 [illegible] 2136

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-18, 1936 to 2-18, 1936

I last saw him alive on 2-18, 1936 Death is said to have occurred on the date stated above, at 4:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. B. Smith M. D.

(Address) Balto. City Hosp.

F 21124

1124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Edgewood Sanatarium St., 27-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 0 ds. How long in U. S. If of foreign birth? 72 yrs. 5 mos. 23 ds.

2. FULL NAME Julia Emma Puryear

If U. S. Veteran specify WAR NONE

(a) Residence: No. Edgewood Sanatarium St., Ward. Anniston Alabama

(Usual place of abode) (If non-resident give city or town and State)

Treatment

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William R. Puryear

6. DATE OF BIRTH (month, day, year) Sept-2-1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Albemarle Co Virginia

FATHER

13. NAME Chas. W. Matthews

14. BIRTHPLACE (city or town) (State or country) Albemarle Co Virginia

MOTHER

15. MAIDEN NAME Anne Carter Bays

16. BIRTHPLACE (city or town) (State or country) Albemarle Co Virginia

17. INFORMANT Mr. Gordon B. Puryear son

(Address) 612 Fidelity Ad-Annex

18. BURIAL, CREMATION, OR REMOVAL

Place Anniston Ala. Date 2/28/36 19

19. UNDERTAKER Stewart Mortuary Co

(Address) Anniston Ala

FILED 2 51936

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 17th, 1936, to Feb 25th, 1936

I last saw her alive on Feb 24th, 1936. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	Feb 36

Other contributory causes of importance:

Chronic Interstitial Nephritis

Chronic Myocarditis Cardiac Decompensation

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation physician Date of

What test confirmed diagnosis? Finding Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Denise J. St. Thos. Harper, M. D.

(Address) Gibson Mongland.

F 21125

21125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 838 Cokesbury Avenue St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 Years mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elmer E. Foble

(a) Residence: No. 838 Cokesbury Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Johana Smith Foble

6. DATE OF BIRTH (month, day, year) Oct. 14th, 1861.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grave Digger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cemetery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick County Maryland

FATHER

13. NAME Elmer Foble

14. BIRTHPLACE (city or town) (State or country) Frederick County Maryland

MOTHER

15. MAIDEN NAME Sarah Mc Bribe

16. BIRTHPLACE (city or town) (State or country) Frederick County Maryland

17. INFORMANT Johana Foble (Wife)
(Address) 838 Cokesbury Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Feb. 26, 1936

19. UNDERTAKER Geo. J. Ruth Inc.
(Address) per W. J. Ruth Jr.

25 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 25, 1935 to February 22, 1936

I last saw him alive on February 22, 1936. Death is said to have occurred on the date stated above, at 11:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilitation	Feb. 22 1936

Other contributory causes of importance:

Myocarditis	November 1935

Was an operation performed? No Date of

For what disease or injury?

Name of operation ------ Date of

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. W. Young M.D.

(Address) 401 East 25th Street

21126 ✓ F 21126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Tuberculosis Division St. 15-3 Ward)

Length of residence in city or town where death occurred ..... yrs. life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Bernard James McSorley — If U. S. Veteran specify WAR .....

(a) Residence: No. 1728 Warwick avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary McSorley

DATE OF BIRTH (month, day, year) Feb. 7, 1895

AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41		17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Vetenarian's helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: John F. McSorley

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Anna McGinnity

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL — Place: Holy Cross Date: Feb 27 1936

19. UNDERTAKER: Wm J Tickner & Sons
(Address) North & Penna. ave's

25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 4, 1935 to Feb. 24, 1936

I last saw him alive on Feb. 24, 1936 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1932
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wilbur Kerlin M. D.
(Address) Baltimore City Hospitals

M. D. B. 1268-9

✓ F 21127

21127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4023 Belle Ave. 15-10 Ward)

Length of residence in city or town where death occurred 51 yrs. 4 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William C. Wright

(a) Residence: No. 4023 Belle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 13, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	4	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.O. Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Robert Wright

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Alice Wilkide

16. BIRTHPLACE (city or town) (State or country) Fairmont W. Va.

17. INFORMANT Mrs Alice W. Wright
(Address) 4023 Belle Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Feb 26 1936

19. UNDERTAKER Wm Waters & Sons
(Address) North & Pulaski

5 1936

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22. 1936

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 2.20 P m.

The principal cause of death and related causes of importance were as follows:

Ruptured aortic Aneurism — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mann Coroner, M. D.

(Address) 12 W Hamilton

A4Co. 5-31 2108

HEALTH DEPARTMENT—CITY OF BALTIMORE

21128

CERTIFICATE OF DEATH

131 F 21128

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4408 Adelle Terrace St. 28-44 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs ..... mos. ..... ds.

2. FULL NAME Elizabeth Seamon

(a) Residence: No. 4408 Adelle Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William D. Seamon

6. DATE OF BIRTH (month, day, year) Jan. 18-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Jacob Nagel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William D. Seamon

(Address) 4408 Adelle Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Feb. 26 1936

19. UNDERTAKER Charles D. Schwaben

(Address) 505 N. Eden St.

20. FILED 2[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 - 1936, to Feb 23 1936

I last saw h[illegible] alive on Feb 23 - 1936 death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthenia following Pneumonia Chronic Nephritis Coronary Arteriosclerosis	
Other contributory causes of importance: Influenza Delirium	

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical ..... there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herbert C. Ketchum M. D.

(Address) 2151 Eutaw Pl

1129 ✓ 1129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1877 Dover St. 19-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Weisinger

If U. S. Veteran specify WAR .....

(a) Residence: No. 1877 Dover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Carrie Weisinger

6. DATE OF BIRTH (month, day, year): December 15th 1887

7. AGE: Years 48 | Months 2 | Days 9 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Joseph Weisinger

14. BIRTHPLACE (city or town) (State or country): Germany.

15. MAIDEN NAME: Martina Spitznagle

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Frank Weisinger

(Address) 871 Uhetta Ave.

18. BURIAL, CREMATION OR REMOVAL

Place Cem Cathedral Date Feb. 26. 1936

19. UNDERTAKER: George L. Lehnert.

(Address) 2101 Frederick Ave.

Filed FEB 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 24. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1. 1936. to Feb. 24. 1936.

I last saw him alive on Feb. 24. 1936. Death is said to have occurred on the date stated above, at 8 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis.	6 mo

Other contributory causes of importance:

None	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — none Date of —

What test confirmed diagnosis? Microscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Thurston, M. D.

(Address) 898 Lombard St.

21130 F 21130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2231 Ceric St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Harold M. George

(a) Residence: No. 2231 Ceric Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Cardwell

6. DATE OF BIRTH (month, day, year) 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	-	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Cutter 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Box Cover Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Wilhelmine George

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lucian Rhodes

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. H. M. George

(Address) 2231 Ceric Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Feb 27, 1936

19. UNDERTAKER John J. Fahey & Son

(Address) 136 Light St.

Registrar

25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25 36

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1935 to Feb 25 1936

I last saw h[illegible]ive on Feb 25 , 19 .. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of coronary vessel	
Instantaneous	

Other contributory causes of importance:

Coronary Sclerosis.
Coronary Thrombosis

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? ..... Date of injury ..... , 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) B V Kelly M. D.

(Address) 100 N Linwood Ave

M. D. B 1263-9

F 21131

21131 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 22

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Roy Day

(a) Residence: No. St. Margret Md. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Chas. Day

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Charlott A. Thomas

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Arron Day

(Address) Severna Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cremation Md. Date 2/27 19..

19. UNDERTAKER E H Baker

(Address) 47 Washington St

FILED 2/25 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb. 23, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tetanus (Idiopathic)	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. C. Wilson, M. D. Coroner

(Address) 27 S. Eutaw St

21132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

21132

50

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 5501 Canton Av St., 27-H Ward)
Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Lena D. Sieber

(a) Residence: No. 5501 Canton Av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

a. If married, widowed or divorced HUSBAND of (or) WIFE of John S. Sieber

6. DATE OF BIRTH (month, day, year) July 13 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	7	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) 0 0
11. Total time (years) spent in this occupation 0 0

12. BIRTHPLACE (city or town) Annapolis Md.
(State or country)

13. NAME Elijah H. Dove

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Elij. A. Elliott

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Dorothy L. Clyngston
(Address) 5501 Canton Av

18. BURIAL, CREMATION, OR REMOVAL Oakwood Cem. Date 2/25 1936

19. UNDERTAKER Leonard J. Finch
(Address) 5303 Harford Rd.

..... 19 ..... Registrar.

51966

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15 1936 to Feb. 22 1936
I last saw her alive on Feb. 22 1936 Death is said to have occurred on the date stated above, at 6:45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma breast	1933
Carcinomatosis chest.	1935

Other contributory causes of importance:

Was an operation performed? yes Date of 1933
For what disease or injury? Carcinoma breast
Name of operation removal breast Date of 1933
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) S. A. Alesen M. D.
(Address) 6217 Harford Rd.

F 21133

21133 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16-5-94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2214 Riggs Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Harrison Martin If U. S. Veteran specify WAR

(a) Residence: No. 2214 Riggs Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mae Anna Martin(nee Smith)

6. DATE OF BIRTH (month, day, year) Dec. 3, 1888.

7. AGE	Years	Months	Days	If LESS than 1 dny. hrs. or min.
	47	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Arundel Ice Cream Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

MOTHER'S MAIDEN NAME

13. NAME Arthur H. Martin

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Evans

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs. Mae A. Martin.
(Address) 2214 Riggs Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Feb. 26, 1936.

19. UNDERTAKER Frank H. Butler
(Address) 4101 Edmondson

25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1936. to Feb. 23, 1936.

I last saw him alive on Feb. 20, 1936. Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset 2/8/36

Other contributory causes of importance:

Cardiac failure — 2/23/36.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Benj. O. McCleary. M. D.

(Address) 400 N. Payson St.

F 21134

21134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 49 S. Carrollton Ave. St., 18-3 Ward)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... do.

If U. S. Veteran specify WAR .....

2. FULL NAME William S. Seeley

(a) Residence: No. 49 S. Carrollton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hariet A. Seeley

6. DATE OF BIRTH (month, day, year) Sept. 28, 1852

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	4	26 23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sea Food

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

13. NAME Andrew J. Seeley

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

15. MAIDEN NAME Katherine Labourne

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Harriet A. Seeley
(Address) 49 S. Carrollton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 2/26, 1936

19. UNDERTAKER Frederick A. Cole
(Address) 500 W. Lombard St.

2/25/1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1936 to Feby 24, 1936
I last saw h[illegible] alive on Feby 23, 1936 Death is said to have occurred on the date stated above, at 4a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	2/21/36
Other contributory causes of importance: Cystitis	3/6/36
Arteriosclerosis	Antem

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.

(Address) 105 W. Fulton Ave

M. D. R. 1265-A

21135

F 21135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4505 Springdale Ave. (Ward) 28-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert J. Gosnell

(a) Residence: No. 4505 Springdale Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
WIFE of
(or) HUSBAND of

6. DATE OF BIRTH (month, day, year) 1908-5-30

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	8	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confectionary Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

13. NAME Albert H. Gosnell

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

15. MAIDEN NAME Minnie A. Deeley

16. BIRTHPLACE (city or town) (State or country) Long Island, New York

17. INFORMANT Mr. Albert H. Gosnell.

(Address) 4505 Springdale Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Michaels Cemty. Date Feb. 26, 1936

19. UNDERTAKER C. M. Walter

(Address) Hamilton Md.

FEB 26 1936 Livingston Baltimore MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1934. to Feb 24, 1936

I last saw h[illegible] alive on Feb. 20 36, 19 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver & gall bladder operated Dec 21/35	

Other contributory causes of importance:

Carcinoma Pleurae.	?

Name of operation Exploratory Laboratory Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(If so, how?)

(Signed) Walter S. Tuttle M. D.

(Address) 220 Garrison Blvd

Spec.—9-30—2 & Co.—250 Bks

F 21136 HEALTH DEPARTMENT—CITY OF BALTIMORE F 21136

CERTIFICATE OF DEATH.

82-W

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 1831 Edmondson St. 70-1 WARD)

2 FULL NAME James F. Earley

(a) RESIDENCE NO. 1831 Edmondson ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 29-1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Builders Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) Self 6016

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charlestown D.C.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Alice Lepman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) D.C.

14 Informant Lucy Reynolds
(Address) 1831 Edmondson Ave

15 FEB 26 1936 Huntington Hillsboro, W. Va.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 26th

17

I HEREBY CERTIFY, That I attended deceased from Nov 25, 19 35, to Feb 26, 19 36

that I last saw h... alive on Feb 24, 19 36

and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Norwood Jr M. D.

Feb 26, 19 36 (Address) 1539 N Fayette

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Catholic	Feb 27th 1936

20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

F 21137

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21137

CERTIFICATE OF DEATH

17-1 × 75

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Parking Lot 400 Block St., N. Paca St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME William A. Pratt

(a) Residence: No. Washington D.C. (Home) St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nellie Pratt

6. DATE OF BIRTH (month, day, year): 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): ~

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Glens Fall N.Y.

FATHER

13. NAME: Andrew Pratt

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: ——— Lee

16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT: Nellie Pratt

(Address): 421 N. Paca St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Olivet Date: Feb 26 1936

UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

FEB 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Alcoholism and Exposure	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) F. R. Schuler M. D.

Coroner

(Address) 2737 W. Rose St.

F 21138

MAR B F 21138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4 S. Collington Ave St., 1-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Henry Clay Wingate

(a) Residence: No. 4 S. Collington Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ethel

6. DATE OF BIRTH (month, day, year) May 19 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired Fed. Govt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Federal Govt. Eight Hour Keeper

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wingate, Dorchester Co. Maryland

FATHER

13. NAME William W.

14. BIRTHPLACE (city or town) (State or country) Dorchester Co. Maryland.

MOTHER

15. MAIDEN NAME McNamara

16. BIRTHPLACE (city or town) (State or country) Dorchester Co. Maryland

17. INFORMANT Mrs. Elsie Mullinix
(Address) 707 Deep Dene Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Feb 26 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary sclerosis	
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. W. Wright M. D.
Coroner

(Address) 1010 S. Edmondson Ave

F 21139

F 21139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 70-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wm. T. Stultz

(a) Residence: No. 420 S. Bentalou St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida B. Stultz

6. DATE OF BIRTH (month, day, year) Feb. 2nd. 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Horn & Horn

10. Date deceased last worked at this occupation (month and year) Mar 1935

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) (State or country) Westminster Maryland

FATHER

13. NAME Chas. H. Stultz

14. BIRTHPLACE (city or town) (State or country) Uniontown, Penna.

MOTHER

15. MAIDEN NAME Maggie Rosenberg

16. BIRTHPLACE (city or town) (State or country) Manchester Maryland.

17. INFORMANT Ida B. Stultz
(Address) 420 S. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 26 1936

19. UNDERTAKER William Cook
(Address) 1217 St Paul St

FILED FEB 26 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	One year, Feb. 1st 1935

Other contributory causes of importance:

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos. H. Phillips, M. D.
Coroner

(Address) 1939 Edmondson Ave,

Daffin

F 21140

F 21140 HEALTH DEPARTMENT—CITY OF BALTIMORE

92-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 E. Oliver St., 8-14 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Alice V. Daffin

(a) Residence: No. 2109 E. Oliver St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

a. If ~~married~~, widowed, ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Frank Daffin

6. DATE OF BIRTH (month, day, year) Dec 1st 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	2	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Jan 1936

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Wm. Adams R. Kelly

14. BIRTHPLACE (city or town) (State or country) N. J.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Robert E. Daffin
(Address) 2109 E. Oliver St

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Feb 28th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FEB 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25th 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/16 1936 to 2/25 1936

I last saw her alive on 2-24 1936 Death is said to have occurred on the date stated above, at 2:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	2/6/34
Cerebral Arterio-sclerosis	2/24/36

Other contributory causes of importance:

Myocardial Degeneration & Insufficiency

Was an operation performed? No Date .....

For what disease or injury? No

Name of operation No Date of .....

What test confirmed diagnosis? Clinical sign Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify No

(Signed) Daniel Miller M. D.

(Address) 1500 N Broadway

M. D. F 21141

F 21141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1619 Bolton St. 17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR No Record

2. FULL NAME Herbert Edward Gibson

(a) Residence: No. 1619 Bolton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy C. Gibson

6. DATE OF BIRTH (month, day, year) March 12 76

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	9	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Forester
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City
10. Date deceased last worked at this occupation (month and year) Feb 23 1936
11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Henry James Gibson
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Caroline Hayes
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Lucy C. Gibson
(Address) 1619 Bolton St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Feb 26 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 5-20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis Hepatis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... Coroner ..... M. D.
(Address) .....

F 21142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4014 Greenway, St., 17 Ward)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie Thomas

(a) Residence: No. 4014 Greenway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 17 - 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	0	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House maid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family
10. Date deceased last worked at this occupation (month and year) 12/14/1935
11. Total time (years) spent in this occupation 40+

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME

14. BIRTHPLACE (city or town) (State or country) Kentucky

15. MAIDEN NAME Anderson

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Paul Miller
(Address) 4014 Greenway

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 2-26- 1936

19. UNDERTAKER Mrs Geo. H. Holland
(Address) 1631 Eutaw Place
Filed FEB 26 1936, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/14, 1935, to 2/24, 1936

I last saw h[illegible] alive on 2/24, 1936 Death is said to have occurred on the date stated above, at 12, m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage with left hemiplegia	12/17/35
Other contributory causes of importance: Arteriosclerosis	5 yrs

Name of operation None Date of

What test confirmed diagnosis: Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. J. Keller, M. D.
(Address) 722 W. Monument St.

F 21143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 Robb St., 14th Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robt Harris (Sorrel) If U. S. Veteran specify WAR .....

(a) Residence: No. 720 Robb St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

Patient

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C.	Married

3. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lola Sorrell

DATE OF BIRTH (month, day, year) 12/13/1864

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	2	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Odd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Harriet Hutchinson
(Address) 720 Robb

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date 2/26/36, 19

19. UNDERTAKER Jno. Geo. N. Holland
(Address) 1631 Druid Hill Ave

Huntington Pettigrew
Registrar.

20. FILED 2 6 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/27/36

22. I HEREBY CERTIFY, That I attended deceased from 12/23/35 19 .. to 2/27/36 19 .. I last saw him alive on 2/20/36 19 .. Death is said to have occurred on the date stated above, at 9:20 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Knot of rope

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fitzhugh Miller M. D.

(Address) 324 Cathedral

21144

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21144

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Rutland Ave. St., 8-6 Ward)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Gertrude J. Preller

(a) Residence: No. 1711 Rutland Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles J. Preller

DATE OF BIRTH (month, day, year) Jan. 29, 1878

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	0	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

13. NAME William H. Hunt,

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

15. MAIDEN NAME Sarah Pearce

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Mrs. Krider,

(Address) 1711 Rutland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Feb. 27 1936

19. UNDERTAKER Frederick Lazenby - Inc

(Address) 7401 Belair Road

20. FILED FEB 26 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 13 1935 to Feb 14 1936

I last saw her alive on Feb 23 1936 Death is said to have occurred on the date stated above, at 12:12 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	Feb 1934
Other contributing causes of importance: Diabetes Mellitus	April 1935

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Urinalysis Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) L. L. Gordy, M. D.

(Address) 3706 Gorsuch Road

1145 HEALTH DEPARTMENT—CITY OF BALTIMORE 21145

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lydenham Hospital Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S Veteran specify WAR

2. FULL NAME Robert Allan Stuart

(a) Residence: No. Clarks Point Road Middle River Ward. Engles

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

3. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 24th 1935

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	3	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md. Maryland

13. NAME OF FATHER Milton R. Stuart

14. BIRTHPLACE (city or town) (State or country) Balto. Maryland

15. MAIDEN NAME OF MOTHER Irene York

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

17. INFORMANT Milton R. Stuart

(Address) Middle River Md.

18. BURIAL, CREMATION, OR REMOVAL Ebenezer Cemetery Date Feb. 26th 36

19. UNDERTAKER Frederick Funeral Home

(Address) 7401 Belair Road

Huntington Feltmann Registrar

FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1936 to Feb 25 1936

I last saw h[illegible] alive on Feb 25 1936 Death is said to have occurred on the date stated above, at 2.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	1-5-36
Internal hydrocephalus	1-21-36

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Lumbar puncture Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D. Schweicker M. D.

(Address) Lydenham Hospital

21146 HEALTH DEPARTMENT—CITY OF BALTIMORE 21146

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH Baltimore md

CITY OF BALTIMORE: (No. 2241 Brunt St. SH 4-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Bernice Bannister

(a) Residence: No. 2241 Brunt St., St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Female	Negro	married

6. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Theodore Bannister

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
19	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worker Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 6 Mos

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Robert Brown

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary Brown
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19

19. UNDERTAKER
(Address)

20. FILED 19

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1936 to 2-25-36 19
I last saw her alive on 2-25-36 Death is said to have occurred on the date stated above, at 9:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	2/23/36
Other contributory causes of importance: Bronchitis + Grippe	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm R Boykin M. D.
(Address) 1512 Gilmor St

FEB 20 1936

21147 Eva A Anderson E 21147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 7 S. Jammy St., 26-4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Eva A. Anderson — If U. S. Veteran specify WAR

(a) Residence: No. 7 S Jammy St St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Karl M. Anderson

6. DATE OF BIRTH (month, day, year): Oct 26 - 1885

7. AGE: Years 50 | Months 3 | Days 30 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ind.

MOTHER

13. NAME: Johnson
14. BIRTHPLACE (city or town) (State or country): Sweden

FATHER

15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Ines A. Berglund
(Address) 3413 Lorenz Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem Date Feb 26 1936

19. UNDERTAKER: Ines G. Fidler & Son
(Address) 2337 Eastern Ave

Filed Feb 26 1936, 19 Huntington Pittman, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933 to Feb 23, 1936

I last saw her alive on Feb 23, 1936 Death is said to have occurred on the date stated above, at 11.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	1932
Chronic Interstitial nephritis	1932
Cardiac Hypertrophy	1932
Broncho-Pneumonia	1936

Other contributory causes of importance: Feb 22
Acute cystitis Chronic
Colitis Chronica

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Cardiac Cessation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Walter A. Anderson M. D.
(Address) 3001 Shannon Drive

21148 F 21148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 50

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 Hawthorn Road St., 27-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. -- mos. -- ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elsie May Glanville

If U. S. Veteran specify WAR .....

(a) Residence: No. 404 Hawthorn Road St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of --------

DATE OF BIRTH (month, day, year) --------

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 45	---	---	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Robert Bolton Glanville

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Josephine Hanson

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Miss Josephine Glanville

(Address) 404 Hawthorn Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date 2/26 19 36

19. UNDERTAKER Henry L. Meaks & Son

(Address) 805 N. Calvert St.

Huntington Williams, MD

Registered 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 23 1936 to Feb 24 1936

I last saw her alive on Feb 24 1936. Death is said to have occurred on the date stated above, at 6-30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — 1476

Essential Hypertension with resulting Cardio-Vascular Renal Disease — 1424

Other contributory causes of importance: Carcinoma of Left Breast — 1934

Metastasis to Right Lung and Pleura

Was an operation performed? Yes Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. Gibson Parlin M. D.

(Address) 4822 Roland Ave

FEB 26 1936

F 21149

M. D. P. 1268-9

21149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Georgia Home Greenspring Ave
CITY OF BALTIMORE: (No.) Aged Home St., 5th Ward) Lane

Registered No. 17

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. ✓ mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip Epstein

(a) Residence: No. 121 Augusta St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jane

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Invalid
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York U.S.A.
13. NAME Aaron Epstein
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Rose Levin
16. BIRTHPLACE (city or town) (State or country) Russia
17. INFORMANT Minahan Epstein
(Address) 2540 Ursego ave
18. BURIAL, CREMATION, OR REMOVAL 2/26/36
Place Suthan ave Undertaker
19. UNDERTAKER John K. Gemsheimer
(Address) 1437 E. Baltimore st

19 . . . . Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) 2-25 . 1936

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to 2-25 . 1936

I last saw him alive on 2-24 . 1936 Death is said to have occurred on the date stated above, at 6.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic encephalitis lethargica	1921
Other contributory causes of importance: Parkinson's syndrome	

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Levin M. D.

(Address) Lwndale

1936 Registrar. Baltimore, Md.

M. D. B 1268-9

21150 ✓F 21150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1644 E. Lafayette St., 3-1 Ward)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Longo

(a) Residence: No. 1644 E. Lafayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jean Longo

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER

13. NAME Joe DeAndelo

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Mary (?)

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Thomas Longo

(Address) 1644 E. Lafayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 2-27, 1936

19. UNDERTAKER Mark Funeral Home

(Address) 1644 E. Lafayette St.

20. FILED ..... 1936 ..... Baltimore, Md.

FEB 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Attorney or Inquiry thereon and from the evidence obtained by said inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia from drowning	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide suicide Date of Injury Feb. 24, 1936

Where did Injury occur? Delta (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place at home

Manner of Injury Fell alongside passenger car

Nature of Injury Drowning

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) 1210 S. Edwards Ave.

F 24151 ✓ F 21151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospitals St., ... Ward) Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Sieber (ELIZABETH SIEBER) (Or) Veteran (Specify WAR ...)

(a) Residence: No. 330 S. East Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of X

7. DATE OF BIRTH (month, day, year) June 16 1859

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	8	7	

OCCUPATION
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc assist in housework
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER
13. NAME Henry Sieber
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Barbara Otto
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Robert Thomas
(Address) 330 S. East Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cemetery Date 26 Feb. 1936

19. UNDERTAKER HENRY SANDER & SONS. INC.
(Address) Baltimore & Broadway.

FILED B 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture left femur	Jan 24
Hypostatic pneumonia	

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan 17, 1936
Where did injury occur? Balto Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place at home
Manner of injury fell on floor
Nature of injury Fractured femur

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D. Coroner
(Address) 1105 S. Belnord Ave

H. D. B 1268-9

F 21152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 N. Carrollton St., 16-1 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Dyer

(a) Residence: No. 1023 N. Carrollton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe | 4. Color or Race Col. | 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Dyer

6. DATE OF BIRTH (month, day, year) Dec 31. 1880

7. AGE — Years 55 | Months 1 | Days 25 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Maryland

13. NAME Henry Pitters

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Maryland

15. MAIDEN NAME Charlotte Shagner

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Maryland

17. INFORMANT Mamie Dyer

(Address) 1023 N. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Ave Date Feb 28. 1936

19. UNDERTAKER Joseph A. Lasky

(Address) 1618 W. Pratt St. Huntington Williams, Inc.

20. FILED . 19 Registrar.

20 1538

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17 . 1936 to Feb 24 . 1936

I last saw h alive on Feb. 24 1936 Death is said to have occurred on the date stated above, at 3:10 a m.

The principal cause of death and related causes of importance were as follows:

Interstitial Nephritis — Date of onset Indefinite

Other contributory causes of importance:

Organic Heart Disease

Name of operation — Date of —

What test confirmed diagnosis? Phy. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Garland Schmidt M. D.

(Address) 1534 Druid Hill Ave

For—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ F 21153

21153

23

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals St., 23-3 Ward

2-FULL NAME Maurice H. Johnston

(a) RESIDENCE NO. 1734 Light St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bessie E. Johnston

DATE OF BIRTH (month, day, and year) September — 1888

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	47	5	—	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) General Chemical Co.
(c) Name of employer

BIRTHPLACE (city or town)
(State or country) Virginia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant Bessie E. Johnston
(Address) 1734 Light St

2 26 1936, 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 1936

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by ~~me~~ autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

~~Error~~ Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. ds.

(Signed) W. A. Wright M. D.
(Coroner)

2/25/1936 (Address) 1610 S. Ellwood Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Date of Burial Feb 27 1936

UNDERTAKER C. H. Kowal & Sons ADDRESS 1400-02 Block

F 21154 ✓ F 21154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 N Central Ave St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Katie Barnes

(a) Residence: No. 305 N Central Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel Barnes

DATE OF BIRTH (month, day, year) unknown

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Appro 80	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mary Barnes Smith Granddaughter
(Address) 305 N Central Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Pratt Cemetery Date Feb 26 1936

19. UNDERTAKER Wm. B. & D. Elliott Daughter
(Address) 1129 Eastern Ave

Filed [illegible] 1936

25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1935 to Feb 23 1936

I last saw h. alive on Feb 22 1936. Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	Operation 2 yrs ago
Other contributory causes of importance: Intestinal obstruction	Completely

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation None Physical Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. J. Young M. D.

(Address) 1424 E Monument St

F 21155

✓ F 21155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals 10-2 Ward)

Length of residence in city or town where death occurred 7 yrs. 7 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lelia Madden

(a) Residence: No. 939 Harford Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William

7. DATE OF BIRTH (month, day, year) Aug 15 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	49	6	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Harford County Maryland

13. NAME Fredrick

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

15. MAIDEN NAME Johnson

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT William Madden

(Address) 939 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Cem Date Feb 27th 1936

19. UNDERTAKER Mrs R & A. Elliott daughter

(Address) 1129 Harlem St

20. FILED ..... Registrar

FEB 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid haemorrhage	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. W. Wright, M. D.
Coroner

(Address) 1015 S. Belnord Ave

M. D. P. 1268-9

✓ F 21156

21156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 S. Durham St. 7-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marzianna Lawicka

(a) Residence: No. 517 So. Durham St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michel Lawicka

6. DATE OF BIRTH (month, day, year) Dec. ? 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	2	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Mareckit

(Address) 7717 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Feb 28. 1936

19. UNDERTAKER Fred W. Ozazewski

(Address) 1930 Eastern Ave.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24. 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22 1936 to Feb. 24 1936

I last saw her alive on Feb. 24 1936 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronical Asthma	2 mos.

Other contributory causes of importance:

Cardiac Insufficiency	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Joseph L. Valentine M. D.

(Address) 16 So. Broadway

21157 F 21157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 E North Ave 8-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louise E Bregel

If U. S. Veteran specify WAR

(a) Residence: No. 1810 E North Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 25-1850

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	7	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Adolph Schneidel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Sauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harry E Bregel

(Address) 1810 E North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feby 26 1936

19. UNDERTAKER John Allgeier

(Address) 1200 E Oriole

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Y-4, 1936, to 2/24, 1936

I last saw her alive on Y-22, 1936 Death is said to have occurred on the date stated above at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1 Yr.
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Dr Bernard Lowe, M. D.

(Address) 1716 E Calvert St.

F 21158

21158 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3528 Roland Av St., 13-7 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James F. Strawl

(a) Residence: No. 3528 Roland Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Susan V. Strawl

7. DATE OF BIRTH (month, day, year) Apr 14 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME OF FATHER Henry Strawl

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME OF MOTHER Asked & not known

16. BIRTHPLACE (city or town) (State or country) Asked & not known

17. INFORMANT Mrs Susan V. Strawl

(Address) 3528 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL St Marys Cemetery Date Feb 28 1936

19. UNDERTAKER R. S. Hillegeist Marshall

(Address) 3529 Falls Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1936 to Feb 25 1936

I last saw her alive on Feb 24 1936 Death is said to have occurred on the date stated above, at 12 00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 20 '36
Other contributory causes of importance: Hypostatic Congestion	Feb 22 '36

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation No Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Adams M. D.

(Address) 21 Medical Arts

6 1936

M. D. R. 1268-0

✓ F 21159

21159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4410 Kathland Ave St. 28-N Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edith Rosetta Finnell

(a) Residence: No. 4410 Kathland Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Robert J. Finnell

6. DATE OF BIRTH (month, day, year) June 12-1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Robert J. Finnell (Address) 4410 Kathland Ave

18. BURIAL, CREMATION, OR REMOVAL Place Hopkinton Md. Date Feb 26 36

19. UNDERTAKER Peter Campbell's Sons (Address) 224 N. Charles St.

20. FILED ... Registrar.

R. P. F.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 25th 1936

22. I HEREBY CERTIFY, That I attended deceased from 2 or more yrs to 2-25 1936

I last saw her alive on Feby 25th 1936 Death is said to have occurred on the date stated above, at 9:15 a. m.

The principal cause of death and related causes of importance were as follows: Angina pectoris — Duration 1933

Other contributory causes of importance: Diabetes Mellitus

Name of operation None Date of X

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? No violence (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury No injury

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) O. H. Hoffman M. D.

(Address) 2500 Fidelity Bldg. Balto.

6 1936

✓ F 21160

1160, HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. 244

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1711 Byrd St. St., 24 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 3-0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Strobel
(a) Residence: No. 1711 Byrd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White	Widowed.

6. If married, widowed, or divorced, (or) WIFE of William Strobel

7. DATE OF BIRTH (month, day, year) Sept 14-1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany. Kaegel.
13. NAME
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) Germany.
17. INFORMANT William Strobel Jr.
(Address) 1820 Aiken St.
18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 2-28-36
19. UNDERTAKER Wendell E. Humphreys
(Address) 1501 N. Broadway

2 26 1936 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24-36

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1936 to Feb 24 1936
I last saw her alive on Feb 24 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Odema of lung	2 wks.
Other contributory causes of importance: Chronic Myocarditis	1 yr

Was an operation performed? no Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Autopsy? there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

Feb 26/36 (Signed) M. L. Lichtenberg M. D.
(Address) 2224 Madison Ave

M. D. B 1268-9

F 21161

21161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St. 20-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Daniel J. Hughes

(a) Residence: No. 2515 Emerson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July. 4th 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fire Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Ed Overton
(Address) 2515 Emerson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 2. 27. 1936

19. UNDERTAKER Robert Byrne & Son
(Address)

6 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25th 36.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2-25-36

Other contributory causes of importance:

Was an operation performed? No, Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No, If so, specify

(Signed) Thos. H. Phillips Coroner, M. D.

(Address) 1939 Edmondson Ave.

V F 21162

21162 HEALTH DEPARTMENT—CITY OF BALTIMORE

#12268 95-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosnt. St. 14-B Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1925 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rose Carter

(a) Residence: No. 1926 Madison Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 7-20-1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
36	35	7	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Jersey
(State or country)

13. NAME Thomas Sanders

14. BIRTHPLACE (city or town) New Jersey
(State or country)

15. MAIDEN NAME Eliz. Robinson

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMANT Records of Balto. City Hosnt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date Feb 26, 1936

19. UNDERTAKER Archibald C. Hobbs
(Address) 2101 N. Eutaw St.

FILED Feb 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/12, 1936 to 2/24, 1936

I last saw her alive on 2/24, 1936 Death is said to have occurred on the date stated above, at 4a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	6 mo.
Hypertensive Cardio-vascular disease	2 yr.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp.

21163 ✓ F 21163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 92-W

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Schrage.

(a) Residence: No. 1085 Tilson Avenue. St., ... Ward.
(Usual place of abode) Bronx, N.Y. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced HUSBAND of Dorothy Schrage.

DATE OF BIRTH (month, day, year) Dec. 31, 1906

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	1	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0025

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York N.Y.

13. NAME Aaron Schrage.

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Rose Darftler.

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Hospital Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New York City Date Feb. 26, 1936

19. UNDERTAKER Easton Sons
(Address) Ellicott City

20. Filed Feb 26 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1936 to Feb. 26, 1936

I last saw him alive on Feb. 26, 1936 Death is said to have occurred on the date stated above, at 4 P. m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart disease	1914 (?)
Mitral Stenosis and Insufficiency.	
Other contributory causes of importance:	
Aortic stenosis and insufficiency	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Rose A. Lorsman, M. D.
(Address) Ellicott City Md

11126 F 21164

F 21164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 45-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME John McKenney

(a) Residence: No. 220 Frederick St. St., ..Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

DATE OF BIRTH (month, day, year) 6-7-~~1859~~ 1866

AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
~~70~~ 69	5	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME James McKenney

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Anna Houser Glenn

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Feb 27 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

~~Huntington~~ Baltimore, Md.

2 7 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-17-35, 19.., to 2-24, 1936

I last saw him alive on 2-24, 1936 Death is said to have occurred on the date stated above, at 9.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	?
Lower Jaw -	"
Other contributory causes of importance:	
Secondary anemia	?
Inanition	?

Was an operation performed? no Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robt J Manton M. D.

(Address) Balto City Hosp.

M. D. B. 1268-9

F 21165

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21165

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3312 N Calvert St St. 12-7 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Earl L Ride

(a) Residence: No. 3312 N Calvert St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine M Ride

6. DATE OF BIRTH (month, day, year) May 10, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motor Truck Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Selling Trucks

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Jersey City

FATHER

13. NAME Louis Ride

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Lachmann

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Katherine M Ride

(Address) 3312 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Feb 28 1936

19. UNDERTAKER Wm Cook

(Address) 1417 St Paul St

Filed FEB 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Advanced Pulmonary Tuberc.	1 Year

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edw Schumacher Coroner, M. D.

(Address) Coroner

21166

F 21166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1904 N Pulaski St. 15-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ophelia Longest

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1904 N Pulaski St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

6. If ~~married, widowed, or divorced~~ of (or) WIFE of Lindsay Longest

DATE OF BIRTH (month, day, year) Apr. 29 - 1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME ? Broadie

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Miss Birdie P. Longest

(Address) 1904 N. Pulaski St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 2/28 1936

19. UNDERTAKER William Cook

(Address) 1217 E. Pratt St

FILED B 27 1936 Registrar

MEDICAL CERTIFICATE OF DEATH 2:20 AM

21. DATE OF DEATH (month, day, year) Feb 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 16th, 1926, to Feb 26th, 1936

I last saw h[illegible] alive on Feb 25th 1936 Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	2/24/36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Elbert C. Reiss M.D.

(Address) 2245 Reisterstown Rd. Balto. Md.

F 21167

21167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27-5 46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4004 Chesley Ave (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR 26 Record

2. FULL NAME Louisa C. Richter

(a) Residence: No. 4004 Chesley Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married~~, widowed or ~~divorced~~ (or) ~~HUSBAND~~ of (or) WIFE of Frederick Richter

DATE OF BIRTH (month, day, year) May 30th 1851

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	8	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Theodore Busch

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT August Richter

(Address) 4004 Chesley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Feb 28th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 27 1936

MEDICAL CERTIFICATE OF DEATH 25th

21. DATE OF DEATH (month, day, year) Feb 25th 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1st 1935 to Feb 25 1936

I last saw he alive on Feb 25 1936. Death is said to have occurred on the date stated above, at 8th P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Feb 1935
Other contributory causes of importance: Myocarditis Senility	Feb 1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Symptoms? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edwin Benson M. D.

(Address) 1 W Preston

F 21168

21168 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ✓131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Rogers Ave Ward) 27-15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Sallie Hancock

(a) Residence: No. Home for Aged of M. E. Church Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: White

5. ~~Single, Married~~ ~~or Divorced~~ Widowed. (write the word): Widowed

6. If ~~married, widowed, or divorced~~ HUSBAND (or) WIFE of: Frank Hancock

DATE OF BIRTH (month, day, year): Oct 19th 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	4	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Inmate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home for Aged

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Co Md

13. NAME: William Asher

14. BIRTHPLACE (city or town) (State or country): Balto Co Md

15. MAIDEN NAME: Ellen Thompson

16. BIRTHPLACE (city or town) (State or country): Balto Co Md

17. INFORMANT (Address): Effa Cuddy 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL Place: Orems Cemetery Date: Feb 26th 1936

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

20. FILED [illegible] Registrar

B 27136

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 24th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1936 to Feb. 24 1936.

I last saw her alive on Feb. 24 1936. Death is said to have occurred on the date stated above, at 9:20 P. m.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis. — Date of onset

Other contributory causes of importance:

Chr. Nephritis.

Was an operation performed? No. Date of

For what disease or injury? X

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George E. Shannon M. D.

(Address) 500 N. Fulton Ave

21169

F 21169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 70-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify War Rev Record

2. FULL NAME Albion Hathaway

(a) Residence: No. 2512 W. Fayette St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

6. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ Lelly Hathaway

7. DATE OF BIRTH (month, day, year) 10-23-1854

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	4	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer & Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) Balto (State or country) Md.

13. NAME Albion L. Hathaway

14. BIRTHPLACE (city or town) Maine (State or country)

15. MAIDEN NAME Annie E. Easley

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Feb 27 1936

19. UNDERTAKER Wm Cobb

(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19..., to 2/25, 1936

I last saw him alive on 2/25, 1936 Death is said to have occurred on the date stated above, at 6a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Senility	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

21170 F 21170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No. 15-13

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. SYDENHAM HOSP'T St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 15 yrs. 4 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Marton Lang.
(a) Residence: No. 2630 Loyola Southway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 28, 1920

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	15	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Manuel Lang
14. BIRTHPLACE (city or town) London
(State or country) England.
15. MAIDEN NAME Bessie Lyman
16. BIRTHPLACE (city or town) Russia
(State or country)

17. INFORMANT Sister
(Address) 2630 Loyola Southway

18. BURIAL, CREMATION, OR REMOVAL Hebrew Herring Run Date Feb 27, 1936
19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Balto St

FILED Feb 27 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1936, to Feb 26, 1936
I last saw h[illegible] alive on Feb 26, 1936. Death is said to have occurred on the date stated above, at 5 05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	Feb 24

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wm. C. Stiles Jr. M. D.
(Address) SYDENHAM HOSP'T

21171

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21171

CERTIFICATE OF DEATH

173

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1065. Eden St., 3-2 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Blacher

(a) Residence: No. 1065. Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Bessie

6b. DATE OF BIRTH (month, day, year): not known

7. AGE — Years: about 70 — Months: — Days: — If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retail furrier merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: partially raw furs

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Abraham

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Rose L.

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Robt Blacher (son)
(Address) 923 H St N.E. Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place: Hebrew Herring Run Date: Feb 27. 1936

19. UNDERTAKER: Sol Levinson Bro
(Address) 1127 E Baltimore St

FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 25. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by Autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
fractured skull (etc.)	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? homicide Date of injury Feb 25. 1936.

Where did injury occur? 1065 S. Eden St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in industry

Manner of injury gun shot wound

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 1065 S. Eden St

M. D. B. 1268-9

F 21172

21172 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 S. Eden St. St., 3-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Bessie Blacher

If U. S. Veteran specify WAR .....

(a) Residence: No. 106 S. Eden St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Blacher

6. DATE OF BIRTH (month, day, year) .....

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob Kaplan

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rena Miller

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Robert Blacher

(Address) 923 H. St. S.E. Washington, D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Herring Run Date Feb 27, 1936

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto St

20. FILED ..... 19..

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet wound of left femoral artery	

Other contributory causes of importance:

Hemorrhage

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Feb. 25, 1936.

Where did injury occur? 106 S. Eden St. Balto, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Pistol shot.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schwartz, M. D.

Coroner

(Address) 1918 E. North Ave.

F 21173

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21173

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~Bastos~~ 1148 Low St St. 5-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barbara Asher Schmidt

If U. S. Veteran specify WAR .....

(a) Residence: No. 1148 Low St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of George Edward Schmidt

6. DATE OF BIRTH (month, day, year) .....

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT George Edward Schmidt

(Address) 1148 Low St.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Cemet Date Feb 27 1936

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto St

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Injury (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Paul Wheeler, M. D. Coroner

(Address) 1919 E. North Ave.

F 21174

21174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 13

Registered No. 13-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2271 Madison Ave St., 13-3 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Esther M. Finks

(a) Residence: No. 2271 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of: Albert Finks

DATE OF BIRTH (month, day, year) Oct 1 1895

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Boyd tavern Va

13. NAME Bernard C Harris

14. BIRTHPLACE (city or town) (State or country) Boyd tavern va

15. MAIDEN NAME Clara J. Jones

16. BIRTHPLACE (city or town) (State or country) Boydtavern va

17. INFORMANT Albert Finks

(Address) 2271 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place 2/27/36 19

19. UNDERTAKER Jno. Geo. A. Holland

(Address) 1031 Druid Hill Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to Feb 25 1936

I last saw her alive on Feb 24 1936. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1934

Other contributory causes of importance: Unknown — Unknown

Name of operation none Date of

What test confirmed diagnosis? Physical exam and X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank A. Saunders M. D.

(Address) 1029 N. Stricker St

21175 B.R.S.—400 Bks. F 21175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 500 S Haven St. 26-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizbeth Alexander

(a) Residence No. 500 S Haven St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 54 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word): Married

5a-If married, widowed, or divorced (Husband) of (or) WIFE of: unknown

6-DATE OF BIRTH (month, day and year): Oct. 30 1876

7-AGE: 60 yrs. 3 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto Md.

PARENTS

10-NAME OF FATHER: Tony Daseth

11-BIRTHPLACE OF FATHER (city or town) (State or Country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Ireland

14- (Informant): Mary Clemments

(Address) 616 S Macon St.

15- Filed 2 7 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 2/25/36.

17- I HEREBY CERTIFY, That I attended deceased from 2/17/36 19 to 2/25 1936.

that I last saw her alive on 2/23/36 19

and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Chronic intestinal Nephritis

Myocarditis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Hypostatic Pneumonia

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm. C. Gnull M. D.

2/26/36. (Address) 655 S. Conkling

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel. DATE OF BURIAL: 2/28, 1936.

20-UNDERTAKER: Leo J Cook ADDRESS: 1703 Patterson pk ave

Cor.—12-9-25—A Co.—200 Bks.

F 21176

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21176

93-C

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2107 E. Lombard St. 1-5 Ward)

2-FULL NAME Matilda A. Lahey

(a) RESIDENCE NO. 2107 E Lombard St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of James J. Lahey

DATE OF BIRTH (month, day, and year) April 12 - 1877

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	58	10	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

BIRTHPLACE (city or town) Balto.

(State or country) Md.

16 NAME OF FATHER Joseph Walters

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Not Known

14 Informant Dorothy Ann Benton

(Address) 2107 E. Lombard St.

Huntington Pathological Lab.

Filed _____, 19____ Registrar

271986

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26 1936

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) acute cardiac dilatation

(duration) _____ yrs. _____ mos. _____ ds.

(Signed) _____ (Coroner) M. D.

2/26/1936 (Address) 1610 S. Ellwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs.. ....mos.. ....ds. In the state ....yrs.. ....mos.. ....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bal Lawn Mem. Date of Burial Jan 29, 1936

20 UNDERTAKER E. M. Illo & Son ADDRESS 2334 Jefferson

Cor.—12-9-25—A Co.—200 Bks.

F 21177

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21177

CERTIFICATE OF DEATH.

✓ 56

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. John's Hopkins Hosp. Ward) 26-4

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Koester

(a) RESIDENCE NO. 700 Debelius Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) June 26 - 1920

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	15	7	30	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto.

(State or country) Md.

10 NAME OF FATHER Wm. Koester

11 BIRTHPLACE OF FATHER (city or town) Balto. Co.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Lena Schipsler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant Lena Koester

(Address) 700 Debelius Ave.

Registrar

FEB 27 1936

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1936.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Rheumatic Endocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBITORY (Secondary) Cardiac Failure

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Paul Rheuther M. D.

(Coroner)

19 (Address) 1919 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem

Date of Burial Feb 28 1936

20 UNDERTAKER L. Miller & Son

ADDRESS 2334 Jefferson

F. D. 24178

F 21178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27-1 186-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 27-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Daniel Stumpner

(a) Residence: No. 2717 Northern Pky. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence Lynn

6. DATE OF BIRTH (month, day, year) Jan. 29, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	--	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. bookkeeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elkridge, Md.

FATHER

13. NAME Daiel Stumpner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Weaver

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Daniel M. Stumpner 2717 Northern Pky.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemy. Date 2/27/36 19

19. UNDERTAKER (Address) John O. Mitchell Funeral Dir. 1900 Eutaw Place

Registrar

271936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find, that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Humerus	
myocarditis	
Nephritis (Chronic)	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan. 24 1936

Where did injury occur? Home Balto Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Hell on ice

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Alvin B. Wallace M. D. Coroner

(Address) 1031 St. Paul St.

F 21179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1341 Division St., 17-2 Ward)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Halbert Cooper

(a) Residence: No. 1341 Division St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Married

If married, widowed, or divorced: HUSBAND of (or WIFE of) Hattie Cooper

DATE OF BIRTH (month, day, year) Aug. 6, 1880

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	6	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Halbert Cooper

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

INFORMANT Hattie Cooper
(Address) 1341 Division St.

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 2/27/ 1936

UNDERTAKER Frances A. Hegeley
(Address) 578 W. Biddle St.

FILED Huntington, Baltimore City, Md.
2 7 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1935, to Feb 24, 1936

I last saw him alive on Feb 18, 1936. Death is said to have occurred on the date stated above, at 6:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	May 35

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. William Fiey M. D.

(Address) 1921 Penna Ave

21180 F 21180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Catonsville St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rev Edward A. Williams (If U. S. Veteran specify WAR .....)

(a) Residence: No. St Marks Church St., Catonsville Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

7. DATE OF BIRTH (month, day, year) Nov. 20, 1861

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	3	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Catholic Priest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.C.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME James A. Williams

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Rose Mc. Adams

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Rev. J. Kelly Reese
(Address) Catonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 2-28 1936

19. UNDERTAKER Margaret G. Flynn
(Address) 2107 N. Hilton St.

2-27 1936

19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25-1936

22. I HEREBY CERTIFY, That I attended deceased from January 17, 1936, to February 25, 1936.
I last saw h.i.W. alive on February 25, 1936. Death is said to have occurred on the date stated above, at 4:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	1929
Other contributory causes of importance: Tuberculosis Pulmonary ?	1900.

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. cat Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) James A. Williams, M. D.

(Address) Catonsville

21181 F 21181

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

46c

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St. 1-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Bridget Catiz

(a) Residence: No. 637 S. Linwood Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of John H. Catez

DATE OF BIRTH (month, day, year) Feb. 22, 1863.

AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
73	9		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

7. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Anthony Fratis

14. BIRTHPLACE (city or town) (State or country) Portugal

15. MAIDEN NAME Anna May

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Maude Werner
(Address) 4233 Ivanhoe Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Cem. Date 2-28- 1936

19. UNDERTAKER Margaret G. Flynn
(Address) 2107 N. Hilton Street

20. FILED ... Huntington Embalming Co.
27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1936 to Feb. 25, 1936

I last saw her alive on Feb. 25, 1936 death is said to have occurred on the date stated above, at 12 55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of sigmoid	(?)

Other contributory causes of importance:
Post operative shock

Name of operation Sigmoidectomy Date of 2-21-36

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M. Theodore Bors M. D.

(Address) Franklin Square Hospital

21182 F 21182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 11-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 31 E. Wheeling St. 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie M. Somers

(a) Residence: No. 31 E. Wheeling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Somers

DATE OF BIRTH (month, day, year) Jan. 8 1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	1	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife 0031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Jacob Moore

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Lucretia Crouch

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Clarence Somers

(Address) 31 E. Wheeling St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oxford, Md Cem Date Feb 27 1936

19. UNDERTAKER John F. Denny

(Address) 715 Light St

27 1936 Huntington Ave Baltimore Md Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/19/36, 19..., to 2/25, 1936

I last saw h[illegible] alive on 2/25, 19 36. Death is said to have occurred on the date stated above, at 6.48 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance: Grippe	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) H. Edw Smith M. D.

(Address) 910 Light St.

F 21183

F 21183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals (325) St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edna Slocum

(a) Residence: No. 114 W. Montgomery St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles

7. DATE OF BIRTH (month, day, year) Oct 26 1886

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John J. Miller

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Edna Cornell (daughter)
(Address) 114 W. Montgomery St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 2/28/ 1936

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery St

27 1936 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by inquiry and autopsy find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	

Other contributory causes of importance:
Bronchopneumonia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. L. Wright Coroner, M. D.

(Address) 1215 E. Oliver St

F 21184

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21184

34-E-131

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland Gen'l. Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 11-4 Ward) Registered No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Stevenson. If U. S. Veteran specify WAR .....

(a) Residence: No. 920 Jordan St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Stevenson

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37			

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brick yd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Geo. Stevenson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sallie Lawson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Josephine Lawson
(Address) 1317 Presstman St.

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 2/26 1936

19. UNDERTAKER Thomas E. Kelson
(Address) 1302 Presstman St.

2-7 1936 Huntington Williams, M.D.
(Date) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/24 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-13 1936 to 2-24 1936

I last saw him alive on 2-24 1936 Death is said to have occurred on the date stated above, at 5:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. interstitial nephritis cerebro-spinal lues	
Other contributory causes of importance: uraemia	

Was an operation performed? no. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signature) G. L. Edward Jr. M.D.
(Address) Maryland Gen'l. Hosp.

F 21185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4720 Delaware Av. St., 27-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. 5 da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Donald Wright

(a) Residence: No. 4720 Delaware Av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: White.

5. Single, Married, Widowed, or Divorced (write the word):

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feby 24 1936

7. AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Butler Md.

13. NAME: Ernest E. Wright

14. BIRTHPLACE (city or town) (State or country): Butler Co. Md.

15. MAIDEN NAME: Ruth M. Summers

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Ernest E. Wright

(Address): 4720 Delaware Av

18. BURIAL, CREMATION, OR REMOVAL

Place: Univ. of Md. Date: Feb 26 1936

19. UNDERTAKER

(Address)

20. FILED: 27 1936

2139

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feby 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Feby 24 1936 to Feby 25 1936

I last saw him alive on Feby 24 1936 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia, Lobar

Date of onset: Feby 20 1936

Other contributory causes of importance:

Mitral insufficiency

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1605 N. North Av

F 21186

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21186

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 S. Eager St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Vincenzo Sorrentino

(a) Residence: No. 604 S. Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Sorrentino

DATE OF BIRTH (month, day, year) Sept. 7, 1875

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	4	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Ortaldo Delietro

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Frances

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Frances Hogge
(Address) 604 E. Eager Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb. 28, 1936

19. UNDERTAKER Pete Riedefeld
(Address) 914 Greenmount Ave

20. FILED Feb 27 1936 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1936 to Feb. 26, 1936

I last saw him alive on Feb. 26, 1936. Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency
Mitral Insufficiency (Endocarditis)
Chronic Nephritis

Date of onset
...
...
...
...

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Andrew Hardcastle M. D.

(Address) 2527 Eastern Ave

21187

F 21187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Notre Dame of Maryland St., 22-11 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sister Mary Eustochium Kuttner

(a) Residence: No. Notre Dame of Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 21, 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	8	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher of art

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School of Notre Dame of Md.

10. Date deceased last worked at this occupation (month and year) Nov. 1935

11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town) (State or country) Fort Wayne, Indiana

13. NAME Joseph George Kuttner

14. BIRTHPLACE (city or town) (State or country) Untergingsbach Kreis Neuenzell, Austria

15. MAIDEN NAME Mary Elizabeth Klug

16. BIRTHPLACE (city or town) (State or country) Kreis Schlichten Kurhessen, Germany

17. INFORMANT Sister Mary Alba
(Address) Notre Dame of Md, Balto.

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Baltimore, Rivoli Date Feb. 28, 1936

19. UNDERTAKER Geo M. Fink & Son
(Address) 711 W. Lafayette Ave

Huntington Williams, M.D.
Registrar.

27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 26th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1936 to Feb 26 1936

I last saw her alive on Feb 25 1936 Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

Pneumonia. (Right Bronchial)

Date of onset .....

Other contributory causes of importance:

Chronic Endocarditis

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) [signature] M. D.

(Address) [illegible]

F 21188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 21188

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 Aisquith St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ....

2. FULL NAME Sr. Mary Joseph Schutte

(a) Residence: No. Convent of Notre Dame St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 16, 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75		10	13 9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Religious

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Rochester N.Y.

13. NAME Joseph Schutte

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Ann Hettinger

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Sister of Notre Dame

(Address) 901 Aisquith Street

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Feb. 27 1936

UNDERTAKER Geo. M. Quick Son

(Address) 811 N. Eutaw St.

FEB 27 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21 1936 to Feb. 25 1936

I last saw her alive on Feb. 24 1936 Death is said to have occurred on the date stated above, at 12.45 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Fibrinous Pleuro-pericarditis	2/18/36
Chr Myocarditis	Years

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? physical exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) William P. Knight M. D.

(Address) 10 E. Biddle St

21189 F 21189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 961 N Washington St., 7-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Caroline M. Bertrand

(a) Residence: No. 961 N Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 3rd 1914

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER James Bertrand

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME OF MOTHER Eliz Grebert.

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Elizabeth Bertrand

(Address) 961 N Washington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 28th 1936

19. UNDERTAKER Geo M. Ford Son

(Address) 611 N Washington Ave

FILED ... 19 ... Registrar.

27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 17th 36 to Feb 24 36

I last saw h alive on Feb 24 1936 Death is said to have occurred on the date stated above, at 9P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchi-Pneumonia	July
Other contributory causes of importance:	
Le Grippe	
Anaemia	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. S. Gray M. D.

(Address) 627 W. Lanvale

21190

F 21190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1202 N. Central Ave Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Camper

(a) Residence: No. 1202 N. Central Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): January 9, 1921

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	1	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: John Camper

14. BIRTHPLACE (city or town) (State or country): Cambridge Md.

15. MAIDEN NAME: Viola Goldsborough

16. BIRTHPLACE (city or town) (State or country): Centerville Md.

INFORMANT: Johnie Camper

(Address): 1424 Madison Ave.

BURIAL, CREMATION, OR REMOVAL

Place: Mt. Calvary Date: Feb. 28 1936

UNDERTAKER: Robert K. Young

(Address): 504 N. Carrollton St.

Registrar.

07196

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 25, 1936

22. I HEREBY CERTIFY That I attended deceased from June 20, 19 to Feb 25, 1936

I last saw h alive on Feb 17, 19 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	May
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation No Date of

What test confirmed diagnosis? Clinical Was an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. O. Harris M. D.

(Address) 207 N Carrollton

M. D. B 1269-9

F 21191

F 21191 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3224 Abell av St., 12-7 Ward)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Stephen Monocrusos

(a) Residence: No. 3224 Abell av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ethel L. Monocrusos

6. DATE OF BIRTH (month, day, year) 5/7/84

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mrs Pie Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pie Bakery

10. Date deceased last worked at this occupation (month and year) 1/27/36

11. Total time (years) spent in this occupation 30yrs

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Charlampios Monocrusos

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Ethel L Monocrusos

(Address) 3224 Abell av

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb 27 1936

19. UNDERTAKER Harry H Smith

(Address) 4101 Edmondson av

Huntington Williams, Jr.

Registrar.

27196 FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25 1936

22. I HEREBY CERTIFY, That I took ... care of the remains described above, held an Inquest and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1 Yrs

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following

Accident, suicide, or homicide? ... Date of injury ..... 19.....

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Ed Dieguhoss M. D.

Coroner

(Address) 60 Bowers

21192 ✓ F 21192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Fulkerson & Eden St.) Ward 24-1

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mrs Frances Bradford

(a) Residence: No. 526 N Fulton St. Ave Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of Lewis T. Bradford

6. DATE OF BIRTH (month, day, year) Oct 15th 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	(75)	4	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Matron

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R.

10. Date deceased last worked this occupation (month and year) Jan 1935

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Chas. K. Taylor

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Esther A. Nock

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Chas. E. Bradford

(Address) 226 Hudson ave. Morton, Pa.

18. BURIAL, CREMATION, OR REMOVAL Place Fairfield Station Va Date Feb 29th 1936

19. UNDERTAKER Wm Cook & Son

(Address) 1217 St Paul St

Filed Feb 29 1936 Huntington Williams Registrar.

27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 26. 1936

22. I HEREBY CERTIFY, That I attended deceased from February 3. 1936 to February 26 1936

I last saw her alive on February 26. 1936. Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of.....

For what disease or injury?

Name of operation Date of.....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. J. Williamson, M. D.

(Address) St. Agnes Hospital

21193 F 21193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Saint Agnes' Hospital
CITY OF BALTIMORE: (No. Wilkens + Caton Ave.) 72-1 Ward)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? 52 yrs. ..... mos. ..... da.
If U. S. Veteran specify WAR .....

2. FULL NAME Mr Edward J. Davis,
(a) Residence: No. 34 W. Montgomery St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Bridget Davis

DATE OF BIRTH (month, day, year) Nov ? 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66		3		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Ireland
17. INFORMANT Bridget Davis
(Address) 34 W Montgomery St
18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date Feb 28 1936
19. UNDERTAKER Fred. G. Thanner, Inc.
(Address) 1216 E. Chase St
FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1936 to Feb. 26, 1936
I last saw him alive on Feb. 26 1936. Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows: arteriosclerotic hypertension — Date of onset .....

Other contributory causes of importance: cerebral hemorrhage
Cardiac failure - Bronchopneumonia

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) C. J. Williamson M. D.
(Address) St Agnes Hospital

271936

✓ F 21194

21194 HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 N. Luzerne Ave St., 7-2 Ward)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 31 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marie L. Franz

(a) Residence: No. 810 N. Luzerne Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Antone Franz

6. DATE OF BIRTH (month, day, year) Apr. 15/1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	10	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Czecha Slovakia

13. NAME Frank J. Pronek

14. BIRTHPLACE (city or town) (State or country) Czecha Slovakia

15. MAIDEN NAME Anna Sallay

16. BIRTHPLACE (city or town) (State or country) Czecha Slovakia

INFORMANT Miss Helen Franz

(Address) 810 N. Luzerne Ave

BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date Feb 28/36

UNDERTAKER Philip Henry Sons

(Address) 2016 Pennsylvania Ave

Filed ..... 19 ..... Registrar .....

71986

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25/1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1935 to Feb 25, 1936

I last saw her alive on Feb 24, 1936 Death is said to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? Sputum Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Joseph Pokorny M.D.

(Address) 2200 E Madison St.

12193

F 21195

21195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-f-93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR None

2. FULL NAME Charles Stevens

(a) Residence: No. 809 Ashland Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 8-5-1894

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	6	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. all kinds

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fla.

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Fla.

15. MAIDEN NAME Florence

16. BIRTHPLACE (city or town) (State or country) Fla.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 2-28-36 19

19. UNDERTAKER Robert F. Williams

(Address) 1515 W. Lafayette Ave.

Registrar

71986

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/8, 1936, to 2/19, 1936

I last saw him alive on 2/19, 1936 Death is said to have occurred on the date stated above, at 2 50 p. m.

The principal cause of death and related causes of importance were as follows:

1. Myocardial insufficiency

Date of onset

2.

3.

4.

Other contributory causes of importance:

None

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz, M. D.

(Address) Baltimore, Md.

21196 ✓ F 21196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) West Balt Street Hosp (Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Jennie Saginsky

(a) Residence: No. 216 Smallwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Russia
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL Date 2/27/36
19. UNDERTAKER Levy Bros Inc
(Address) 1432 E. Baltimore St.
20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1936
22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1936 to Feb 26, 1936
I last saw ... alive on Feb 26, 1936. Death is said to have occurred on the date stated above, at 3:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Sclerotic Nephritis	2
b Cerebral Hemorrhage	2/14
c Bronchopneumonia	2/23

Other contributory causes of importance:

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
E. Alessi M. D.
(Address) West Balt Gen Hosp

F 21197

21197 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1928 N. Fulton Ave. St., 15-14 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna M. Bryant

(a) Residence: No. 1928 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of William F. Bryant

DATE OF BIRTH (month, day, year) Dec 5 1856

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	1	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Joseph L. Blair

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Rosanna Burns

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Robert C. Bryant

(Address) 1928 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb 28, 1936

19. UNDERTAKER Wm. F. Tapscott & Son

(Address) 1919 W. Baltimore St.

27198 Hunter Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1936, to Feb. 25, 1936

I last saw her alive on Feb. 24, 1936. Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb. 22
Other contributory causes of importance: Hypertension	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Legum M. D.

(Address) 1612 Eutaw Pl.

1198 F 21198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. SYDENHAM HOSP'T St. 6-4 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....da. How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

2. FULL NAME Dolores Brooks
If U. S. Veteran specify WAR .....

(a) Residence: No. 413 N Wolfe St St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 18, 1934

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
1	2	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Arthur Manor

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Clara Brooks

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Clara Brooks
(Address) 413 N Wolfe St

17. BURIAL, CREMATION, OR REMOVAL
Place Cathays Date Feb. 27, 1936

18. UNDERTAKER Wendell Rapp
(Address) 1425 Eutaw St

FILED FEB 27 1936 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1936 to Feb 24, 1936
I last saw her alive on Feb 24, 1936. Death is said to have occurred on the date stated above, at 3:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis Meningococcic	2/24
Other contributory causes of importance:	

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation No Date of .....
What test confirmed diagnosis? Lumbar Puncture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Myron G. Tull M. D.
(Address) SYDENHAM HOSP'T

21199 ✓ F 21199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C.

Registered No. 18-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 W Fairmount Av St. 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Leonard Warner

(a) Residence: No. 1103 West Fairmount Av St., Ward. 1

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	col	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Warner

6. DATE OF BIRTH (month, day, year) Mar 11 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter general

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton Md

FATHER

13. NAME James Warner

14. BIRTHPLACE (city or town) (State or country) Easton Md

MOTHER

15. MAIDEN NAME Amanda ?

16. BIRTHPLACE (city or town) (State or country) Easton Md

17. INFORMANT Annie Mc Cormic

(Address) 1103 West Fairmount.

18. BURIAL, CREMATION, OR REMOVAL

Place Nat. Zion Date Feb 27 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 E Lanvale St.

27 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above. 3:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos H Kelly Jr. Coroner, M. D.

(Address) 1739 Edmondson Ave.

F 21200

M. D. B 1268-9

21200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 27-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3002 Orlando Ave. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emanuel Krause

(a) Residence: No. 3002 Orlando Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Christina Krause

6. DATE OF BIRTH (month, day, year) March 10, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80 81	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Adam Krause

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Mrs. Minnie Winter (Address) 3002 Orlando Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date 2/27/36

19. UNDERTAKER John Ulrich (Address) 2008 Eastern Ave

20. FILED FEB 27 1936 Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker, M. D. Coroner

(Address) 1418 E. North Ave.

F 21201

21201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 S Bouldin St., 76-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wilhelm Harmel

(a) Residence: No. 603 S Bouldin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Harmel

DATE OF BIRTH (month, day, year) March 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	11	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Crown Cork & Seal

10. Date deceased last worked at this occupation (month and year) 5 yrs ago

11. Total time (years) spent in this occupation 27 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Annie Harmel

(Address) 603 S Bouldin St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenlutheran Date 2/28/36

19. UNDERTAKER John Ullrich & Sons

(Address) 200 E Pleasant

Huntington Williams, Jr.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/25/1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23-36, 19.., to Feb. 25-, 1936

I last saw h.. alive on February 25, 1936 Death is said to have occurred on the date stated above, at 2.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Broncho Pneumonia	4 Days

Other contributory causes of importance:

Chronic Myocarditis | 1 yr | (Est)

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19..

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Edward J. Gunther, M. D.

(Address) 3209 Eastern Ave

Balt. MD

1202

F 21202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH Smith Bretenuse General Hosp.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. (Ward) 1

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Antonio Macola (Macola)

(a) Residence: No. 4 W. Hill St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Vincenza Macola

DATE OF BIRTH (month, day, year) Dec. 24 1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	2	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Bronte (Catania) Italy

13. NAME Giosue' Macola

14. BIRTHPLACE (city or town) (State or country) Bronte Italy

15. MAIDEN NAME Nunzia Macola

16. BIRTHPLACE (city or town) (State or country) Bronte Italy

INFORMANT Vincenza Macola

(Address) 4 W. Hill St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Ce. Date Feb. 29 19 36

UNDERTAKER Frank Della Rose

(Address) 52 N. Motley St.

FILED

271988

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25-36

22. I HEREBY CERTIFY, That I attended deceased from February 24, 1936 to February 25, 1936

I last saw him alive on February 25, 1936 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	2/18/36
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. Gray Dwyer, M. D.

(Address) Smith Bretenuse Hosp.

D. B. 1268-9

1203

309737

F 21203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 3-N Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 25 yrs. ... mos. ... ds.

2. FULL NAME Nick Liattis

(a) Residence: No. 108 S. High St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Columbina

6. DATE OF BIRTH (month, day, year) 12/5/97

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	2	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Pia Liattis

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Jennie ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Feb 29, 1936

19. UNDERTAKER Frank Della Rocca

(Address) 52 N. Morley St.

20. FILED 1936 Huntington Billings M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb - 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1936, to Feb 25, 1936

I last saw him alive on Feb 25, 1936. Death is said to have occurred on the date stated above, at 8 40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, influenzal	2/12/36

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph P. Sadusk, Jr. M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1269-9

F 21204

21204

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2303 Washington Blvd St. 25-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Ellick

(a) Residence: No. 2303 Washington Blvd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femalr	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Ellick

6. DATE OF BIRTH (month, day, year) June 1, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ? Rhuling

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Philip Ellick
(Address) 2303 Wash. Blvd,

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date 2/28 1936

19. UNDERTAKER Edw Davis Sons
(Address) Edw Davis Blvd.

20. Filed 2-27 1936 Thos. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/26 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquiry find that said deceased came to her death on the day stated above. 12, 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Sudden death	

Other contributory causes of importance:

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos H Phillips M. D.

(Address) 1939 Edmondson Avem,

F 21205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 North Gay St., St., 8-7 Ward)

Length of residence in city or town where death occurred 66 yrs. 11 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Agnes Legg

(a) Residence: No. 1506 North Gay St., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Legg

7. DATE OF BIRTH (month, day, year) March 13, 1869.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Ellicott City Maryland.

13. NAME Caleb Peter A. J. Hinsley

14. BIRTHPLACE (city or town) (State or country) Ellicott City Maryland.

15. MAIDEN NAME Susan Rebecca Casey

16. BIRTHPLACE (city or town) (State or country) Ellicott City

17. INFORMANT Mrs. W. Stevens
(Address) 2238 E. Hoffman

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 2/28, 1936

19. UNDERTAKER J. Few McNally
(Address) 130 E. Fort Ave

20. FILED 1936 Harrington Whitridge

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1936, to Feb 25, 1936

I last saw h[illegible] alive on Feb 24, 1936 Death is said to have occurred on the date stated above, at 8:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Disease	
Myocardial degeneration	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Thos Kelly Coleman, M. D.

(Address) 1515 N Eutaw St

F 21206

F 21206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Bon Secours Hosp

CITY OF BALTIMORE: (No. Saeto. Ward) St. 16-4

Length of residence in city or town where death occurred 71 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laurence, Walsh

(a) Residence: No. 2021 Harlem Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida Smally

DATE OF BIRTH (month, day, year) ----------

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	---	---	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oriole Dept. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

12. NAME Patrick Walsh

14. BIRTHPLACE (city or town) (State or country) -------- Ireland

15. MAIDEN NAME Catherine O'Brien

16. BIRTHPLACE (city or town) (State or country) --------- Ireland

INFORMANT Miss Margaret Walsh

(Address) 13 E. Franklin St.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 2/28 19 36

UNDERTAKER Hamby & Means & Son

(Address) 802 N. Calvert St.

19 Registrar.

7 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1936 to Feb 25 1936

I last saw h alive on Feb 25 1936 Death is said to have occurred on the date stated above, at 6 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	1932
Other contributory causes of importance:	
Intestinal Obstruction	2-21-36
General Toxemia	2-23-36

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Simon Kemp, M. D.

(Address) Bon Secours Hosp.

1207

F 21207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

. PLACE OF DEATH

TY OF BALTIMORE: (No. University Hospital St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

. FULL NAME Baby Boy Lawson

(a) Residence: No. 39 West St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Newborn

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Newborn

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Vernon Spriggs

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Veronica Lawson

16. BIRTHPLACE (city or town) (State or country) North Carolina

INFORMANT

(Address)

. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md. Date Feb 27, 19 36

. UNDERTAKER

(Address)

FILED

2140

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/24, 19 36

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1936 to Feb 24, 1936.

I last saw him alive on Feb 24, 1936. Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset 2/21

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Hunt Univ. Hospital M. D.

(Address)

21208

308427

✓ F 21208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 5-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Serena Cole

(a) Residence: No. 412 N. Central Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black.	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/14/35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2.	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME Theodore Cole

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Emma Jones

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date Feb 27 . 1936

19. UNDERTAKER Commissioner Health

(Address) .....

20. FILED .....

2143

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-18 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan-9th . 1936. to Feb-18- . 1936.

I last saw her alive on Feb-18- . 1936. Death is said to have occurred on the date stated above, at 9 45 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia, acute primary — Date of onset Feb 14

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray & Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hamilton K. Rose, M. D.

(Address) Hosp

F 21209

1209 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 N Milton ave St., 6-W Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Minnie Mae Tunstall

(a) Residence: No. 716 N Milton ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Tunstall

DATE OF BIRTH (month, day, year) Jan 20 1878

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	1	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto

13. NAME OF FATHER Isaac Broughton

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME OF MOTHER Don't Know

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Charles Tunstall

(Address) 716 N Milton ave

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co Date 2/29, 1936

UNDERTAKER John Ulrich

(Address) 2002 Eutaw St

FILED 2 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/26/36

22. I HEREBY CERTIFY, That I attended deceased from 2/6/36, 19.., to 2/26/36, 19..

I last saw h alive on 2/26/36 Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Vascular Disease	2/6/36

Other contributory causes of importance:

Exhaustion

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alex Sage, M. D.

(Address) 708 N Broadway

210

F 21210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 N. Bentalou St. St. 16-E Ward)

Length of residence in city or town where death occurred ....yrs. 6 mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

FULL NAME Sarah Jane Berg

(a) Residence: No. 2033 N. Tioga St. St., Ward. Phila. Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles C. Berg

DATE OF BIRTH (month, day, year) Feb. 24, 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	0	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Phila. Pa.

13. NAME Aaron Pyle

14. BIRTHPLACE (city or town) (State or country) Concord, Pa.

15. MAIDEN NAME Mary Rhyinger

16. BIRTHPLACE (city or town) (State or country) Phila. Pa.

INFORMANT Mrs. Florence Uhler
(Address) 800 N. Bentalou St.

BURIAL, CREMATION, OR REMOVAL

Place Philadelphia, Pa. Date Feb. 27, 1936

UNDERTAKER Wm. J. Tierney & Sons
(Address) North & Penna Ave

71986

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935 to Feb 25, 1936

I last saw h alive on Dec 25, 1935 Death is said to have occurred on the date stated above, at 8:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	

Other contributory causes of importance:

Mitral Stenosis.

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What (est confirmed diagnosis Chronic Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Bernard P. French, M. D.

(Address) 7379 Germantown Ave

✓ F 21211

21211 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-2

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens + Caton Ave) (Ward) 5
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Margaret Codd.

(a) Residence: No. 3123 Wilkens Ave., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Married.

If married, widowed, or divorced
~~(or) HUSBAND of~~ (or) WIFE of William Codd.

DATE OF BIRTH (month, day, year) March 14 1872

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	11	11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME Charles Hafter

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Ella Sayers

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Margt Reed
(Address)

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date 2-28 19 36

19. UNDERTAKER Joseph Fahey
(Address) Fulton + Fayette

71936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25-1936

22. I HEREBY CERTIFY, That I attended deceased from 2-23-1936 to 2-25 1936

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 6 55 p. m.

The principal cause of death and related causes of importance were as follows:

1 Hypertension + hypertensive heart disease
2 Congestive cardiac failure

Date of onset
5 years
2 wks

Other contributory causes of importance:
? Arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical data Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) L Whitney M. D.

(Address) Lt Asst Hosp

D. P. 1268-a

F 21212

1212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. 28-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gertrude Moore

(a) Residence: No. Brooklyn, N. Y. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
F	W.	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) April 30-1866

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tarrytown New York

13. NAME Richard Channing Moore

14. BIRTHPLACE (city or town) (State or country) Williamsport Penna.

15. MAIDEN NAME Laura E. Boursaud

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mt. Hope Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Elizabeth N. J. Date Feb. 29 19 36

19. UNDERTAKER Stewart & Woodward Co.
(Address) 108 W. North Ave.

1986 Huntington Williams Co

RHS

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/21 28 to Feb. 27 1936

I last saw her alive on Feb. 27 1936 Death is said to have occurred on the date stated above, at 4:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dementia Precox	4 yrs
Arteric sclerosis	
Carcinoma of Rt Breast with Metastases to Liver	16 Mos
Other contributory causes of importance Edema Rt cerebral Thrombosis	3 dys.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Damian P. Alagia M. D.

(Address) 3326 Fredericksburg

D. B. 1265-9

✓ F 21213

1213 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3304 Powhatan Ave St., 4th Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth 50 yrs. mos. ds.

2. FULL NAME Hattie Westheimer

(a) Residence: No. 3304 Powhatan Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Isaac Westheimer

DATE OF BIRTH (month, day, year) Nov 5, 1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME OF FATHER Julius Silberstein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Lena Marcuskorf

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. L. Westheimer

(Address) 930 Brooks Lane

BURIAL, CREMATION, OR REMOVAL

Place Beth. Hebrew Date July 28, 1936

UNDERTAKER Harid Sonnenberg & Son

(Address) 902 Eutaw Place

FILED 7 1936 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1935, to Feb 26, 1936

I last saw h alive on Feb 26, 1936. Death is said to have occurred on the date stated above, at 11 P. m

The principal cause of death and related causes of importance were as follows:

	Date of onset
carcinoma of uterus	3 years
Other contributory causes of importance:	
General metastis	1 year

Name of operation Removal of uterus Date of May 22-35

What test confirmed diagnosis Path Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Frederick Lentz, M. D.

(Address) Temple Gordon Bld.

S. P. 1268-9

21214 HEALTH DEPARTMENT—CITY OF BALTIMORE 21214

CERTIFICATE OF DEATH

82-a

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2618 Park Heights Terrace) 15-13 Ward)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Freda Blum

(a) Residence: No. 2618 Park Heights Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced (or) WIFE of Late Joseph

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Louis Harris

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rose ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Eli Blum

(Address) 1650 Bentlou Ct.

18. BURIAL, CREMATION, OR REMOVAL Date Feb 27. 1936

Place Mt Carmel

19. UNDERTAKER Sol Levinson Bro.

(Address) 1137 E Baltimore

FILED FEB 28 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26. 1936

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h[illegible] Dead ... 19... Death is said to have occurred on the date stated above, at 9.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/24/36
Other contributory causes of importance:	
Arteriosclerosis	?
High Blood Pressure	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) H. H. Hudelson M. D.
Coroner

(Address) Boz[illegible]

D. F. 1705-9

21215

F 21215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 218 S. Calhoun St., 19-3 W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 3 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude E. Flannery

(a) Residence: No. # 218 S. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 25, 1880

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	3	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Patrick, F. Flannery

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Sarah J. Glennon

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr James C. Flannery

(Address) # 218 S. Calhoun St,

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 2 / 29 / 1936

19. UNDERTAKER John J. Cowan & Son

(Address) # 901 Hollins Street

[illegible] 19

Registrar.

3 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 / 26 / 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 27 - 1935 to July 26 - 1936

I last saw h[illegible] alive on July 26 - 1936 Death is said to have occurred on the date stated above, at 11.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	Nov-1935

Other contributory causes of importance:

None known

Name of operation Hysterectomy Date of Aug. 1935

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thos J Keller M. D.

(Address) 2224 W Mounument St

F 21216

D. B 1268-9

21216 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 207-8

PLACE OF DEATH

CITY OF BALTIMORE: (No. B&O R.R. - Clifton Pk. St. 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME George A. Whatmough

(a) Residence: No. 1824 Rutland Ave. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced WIFE of / HUSBAND of: Lillie V. Whatmough

DATE OF BIRTH (month, day, year): December 23, 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	70	2	3	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: City Laborer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

11. Date deceased last worked at this occupation (month and year): 1931 — Total time (years) spent in this occupation: 14 yrs

12. BIRTHPLACE (city or town) (State or country): England

13. NAME: Peter Whatmough

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Mr. Lloyd Whatmough

(Address): 1824 Rutland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cemetery Date: Feb. 28, 1936

19. UNDERTAKER: Robert H. Ford

(Address): 1003 W. Baltimore St.

Filed: Feb 28 1936, 1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

Crushing injuries of right & left chest.
Crushing injuries the right pelvis
Fractures of both clavicles, fracture of both femurs & left humerus, avulsion of all toes

Date of onset

Other contributory causes of importance:

Shock.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury? Feb. 26, 1936

Where did injury occur? B&O R.R. Clifton Pk. Balto.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Railroad tracks in Clifton Pk.

Manner of injury: Struck by on a train

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Wheeler, M. D. Coroner

(Address) 1919 E. North Ave.

8-16-29—L. F. S.—100 Bks.

F 21217

F 21217

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3401 Benson Ave. ST., 25th WARD)

2—FULL NAME Margaret Dolan

(a) RESIDENCE NO. 3401 Benson Ave. ST., 25th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced (or) WIFE of the late Matthew Dolan

DATE OF BIRTH (month, day, and year) Unknown

6 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	Approximately 80	x	x	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Ireland.

10 NAME OF FATHER James Farrell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Furlong

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

Informant Miss Elizabeth Farrell

(Address) 3401 Benson Ave.

Filed Feb 28 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26, 1936

17 I HEREBY CERTIFY, That I attended deceased from Feb 22, 1935 to Feb 26, 1936, that I last saw her alive on Feb 25, 1936 and that death occurred, on the date stated above, at 11 25 A m.

The CAUSE OF DEATH* was as follows:

Hypocandetus Ch. with acute decompensation

(duration) ? yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) H Lamont Healy M. D.

2/26 1936 (Address) 2910 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Feb. 29 1936

20 UNDERTAKER Ralph H Cook

ADDRESS 1003 West Baltimore St.

F 21218

21218 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ 93-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 Greenmount Avenue St. 9-9 Ward)

Length of residence in city or town where death occurred 50 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Peter Schutz

(a) Residence: No. 1303 Greenmount Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Schriefer Schutz

6. DATE OF BIRTH (month, day, year) March 26th, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	10	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Greenmount Cemetery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Jno Schutz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Ramsberg

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Barbara Schutz (Wife)

(Address) 1303 Greenmount Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Feb. 29, 1936

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Avenue

20. FILED Feb 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 - 36 19 to Feb 27 - 36 19

I last saw him alive on Feb 21 - 36 19 Death is said to have occurred on the date stated above, at 2.30 p m.

The principal cause of death and related causes of importance were as follows:

Myocardial degeneration 3 mo.

Date of onset

Other contributory causes of importance:

Arteriosclerosis 1 yr.
Cerebral Softening

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. T. Hermann M. D.

(Address) 1710 E. 33rd St

23 1936

Printing Co. 104

21219

F 21219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 N 38 St., 13-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Katie I. Stock

If U. S. Veteran specify WAR .....

(a) Residence: No. 923 N 38th St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Nov 8 - 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

13. NAME OF FATHER John F. Stock

14. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

15. MAIDEN NAME OF MOTHER Ella Tracon

16. BIRTHPLACE (city or town) (State or country) Westerville Pa

17. INFORMANT Jos. F. Stock

(Address) 923 N 38th St

18. BURIAL, CREMATION, OR REMOVAL Cedar Lawn Irvington Feb 29 1936

19. UNDERTAKER A. D. Ulman & Son

(Address) 3607 Ellerslie Ave

Huntington Williams, D.C.

Registrar.

FILED ..... 19 .....

FEB 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1935, to Feb. 27, 1936

I last saw her alive on Feb. 26, 1936 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexia	
Diabetes Mellitus	Oct 24-35
Exhaustion Apoplexia	
Other contributory causes of importance:	
Endocarditis	?
Mitral Regurgitation	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Hamilton, M. D.

(Address) 4037 Falls Road

21220 F 21220

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital Registered No. 107-36
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 11-3 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edwin Spafford If U. S. Veteran specify WAR No Record

(a) Residence: No. Webb's 12 Mile House Ward.
(Usual place of abode) Harford Rd. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Marguretta Spafford

7. DATE OF BIRTH (month, day, year) May 12, 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79 80	9	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sept

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME George Spafford

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Sarah Buck

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date 3/28, 36

19. UNDERTAKER William Cook
(Address) 1217 St Paul St.

20. FILED 3 28 1936, 19 Farrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26-1936

22. I HEREBY CERTIFY, That I attended deceased from 12-2-1936, to 2-26-1936.

I last saw him alive on 2-26, 1936. Death is said to have occurred on the date stated above, at 3 00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abscess (left).	1935

Other contributory causes of importance:

Emphysema
Bronchitis

Was an operation performed? Yes Date of 12-15-35

For what disease or injury? Lung Abscess

Name of operation Thoracotomy Date of 12/15/35

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Everett Wood, M. D.

(Address) Md. Gen. Hospital

21221

F 21221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH University Hospital St. ..... Ward 8-1-

TY OF BALTIMORE: (No. ..... Life ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

gth of residence in city or town where death occurred

If U. S. Veteran specify WAR No Record

FULL NAME Elizabeth Smith Smith

(a) Residence: No. 1245 E. Lexington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
male	White	Widowed

If ~~married~~ widowed, or ~~divorced~~
~~HUSBAND~~ of
(or) WIFE of James Smith

DATE OF BIRTH (month, day, year) Jan 13th 1859

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	1	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Matron
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boulevard Theatre
10. Date deceased last worked at this occupation (month and year) Jan 1936
11. Total time (years) spent in this occupation 10

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Laurence Groos
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Katherine E.
16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Bertha Hendricks
(Address) 526 Richwood Ave

BURIAL, CREMATION, OR REMOVAL
Place Western Date Feb 29th 1936

UNDERTAKER Wm Cook
(Address) 1247 Pennsylvania Ave

FILED ▶ MAR 2 1936 . 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/26 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-23 . 1936 to 2/26 . 1936

I last saw her alive on 2-20 . 1936 Death is said to have occurred on the date stated above, at 6 7 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2-25-36

Other contributory causes of importance:

Bronchopneumonia (hypostatic)

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... , 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R Beth W Tate M. D.

(Address) University Hospital

F 21222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Kirkley Villa 4301 Roland Ave Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret F. Pierce
If U. S. Veteran specify WAR No Record

(a) Residence: No. 2739 Maryland Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

7. DATE OF BIRTH (month, day, year): Nov 18 - 1851

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	3	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): X
11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Bedford Pa.
13. NAME: Daniel Pierce
14. BIRTHPLACE (city or town) (State or country): Ireland
15. MAIDEN NAME: Jane A. Neill
16. BIRTHPLACE (city or town) (State or country): Ireland
17. INFORMANT: Chas G. Miley
(Address): 35 S. Frederick
18. BURIAL, CREMATION, OR REMOVAL
Place: New Cathedral Date: 2/29/36
19. UNDERTAKER: William Cook
(Address): 1217 St. Paul St.

FILED ..... 19 ..... Registrar.

FEB 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1920, to death, 19..
I last saw her alive on Dec., 1935. Death is said to have occurred on the date stated above, at 8.55 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis (2nd attack
arterio-sclerosis & coronary
disease (St Mercy Hospital Sept
1935 acut. coronary thrombosis

Date of onset: Feb. 25 1936

Other contributory causes of importance:

Was an operation performed? no Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Ernest S. Cross, M. D.
(Address) 1035 N. Calvert St.

D. 21223 F 21223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospital St., 9-S Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H Green If U. S. Veteran specify WAR .....

(a) Residence: No. 524 S. 13rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth W.

DATE OF BIRTH (month, day, year) Dec 7 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. roofer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sheet Metal Roofing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md.

13. NAME John W. Green

14. BIRTHPLACE (city or town) Harford Co (State or country) Md.

15. MAIDEN NAME Hannah Wilson

16. BIRTHPLACE (city or town) Somerset Co (State or country) Md.

17. INFORMANT Jennie L. Scott

(Address) 524 S. 23rd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Edgewood Date 7-29-36

19. UNDERTAKER Wilson Co

(Address) 42[illegible] Lexington St

Filed ..... 19 ..... Registrar.

7-28-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of femur	

Other contributory causes of importance: hypostatic pneumonia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury July 14, 1936

Where did Injury occur? Balto Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home.

Manner of injury slipped on floor

Nature of injury fractured femur

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) 1010 S. Edward St

D. H. Form 21224

F 21224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon City Hospt St. 15-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas H. Lewis

U. S. Veteran specify WAR

(a) Residence: No. 1814 W. Fratt Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of X

DATE OF BIRTH (month, day, year) Nov 13 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fredrick Maryland

13. NAME Francis T

14. BIRTHPLACE (city or town) (State or country) Batavia New York

15. MAIDEN NAME Cumin Troxell

16. BIRTHPLACE (city or town) (State or country) Emmittsburg, Pennsylvania

17. INFORMANT Mary H Lewis

(Address) 3424 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 2/28 1936

19. UNDERTAKER Wm Ogle Sons

(Address) 1214 E. Oldcastle

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry, find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance: Acute Cardiac Dilatation	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Wright M. D.

Coroner

(Address) 1010 S. Edmond Ave

21225

F 21225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General St., Hosp. Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace Amos If U. S. Veteran specify WAR No Record

(a) Residence: No. 2521 Edmondson Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

6. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Lee Amos

7. DATE OF BIRTH (month, day, year) June 8th 1881

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	8	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Joseph W. Pearce

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Victoria Howard

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lee Amos

(Address) 2521 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Mount View Cemetery Date Mar 1st 1936

19. UNDERTAKER Hearn Bros Inc.

(Address) Hyattsville Md

20. FILED Mar 2 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/27 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/27 1936 to 2/27 1936

I last saw h alive on 2/27 1936. Death is said to have occurred on the date stated above, at 5:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coma	
Acute Nephritis	
Arteri-Sclerotic Heart Disease	

Other contributory causes of importance: Cerebral Hemorrhage

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D'Alesio M. D.

(Address) Dixie Baltimore Md Hosp

21226 HEALTH DEPARTMENT—CITY OF BALTIMORE F 21226

CERTIFICATE OF DEATH V 94-3

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 E Lanvale St., 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Adam Voelkel

If U. S. Veteran specify WAR

(a) Residence: No. 1725 E Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Voelkel

6. DATE OF BIRTH (month, day, year) Dec 4-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	2	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Yrs ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Paul Volker

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dora Voelkel

(Address) 1725 E Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Feb 29, 1936

19. UNDERTAKER John Uelzmann

(Address) 2008 Greenmount Ave

Filed 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/26/1936

22. I HEREBY CERTIFY, That I attended deceased from 9/25/ 1933 to 2/26/ 1936

I last saw him alive on 2/25/ 1936. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis	9/25/33
Coronary thrombosis	9/25/35
Other contributory causes of importance: Myocardial insufficiency	2/24/36

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George A Bauder, M. D.

(Address) 1507 E Fayette Ave

1227 HEALTH DEPARTMENT—CITY OF BALTIMORE 21227

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4602 Harford road St. 27-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR ...

2. FULL NAME Paul W F Anders
(a) Residence: No. 4602 Harford road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Anders

7. DATE OF BIRTH (month, day, year) October 24 th 1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	4	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Toolmaker and
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jeweler
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...
12. BIRTHPLACE (city or town) (State or country) Germany
13. NAME William Anders
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Bertha Brandt
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Mrs Emma Anders
(Address) 4602 Harford ave
18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Feb 29, 1936
19. UNDERTAKER John Ulmer
(Address) 2008 Orleans St
20. FILED ... Registrar

MAR 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1936
22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936, to Feb 27, 1936
I last saw h... alive on Feb 27, 1936. Death is said to have occurred on the date stated above, at 2.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (probable congenital aneurism)	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...
(Signed) Louis Krause, M. D.
(Address) Med. Arts Bldg.

21228

F 21228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 N. Bentalou St., 16-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August C. Kanne

(a) Residence: No. 1012 N. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Olga E. Kanne

DATE OF BIRTH (month, day, year) June 20 - 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	8	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter + Decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Oct 31 - 1935

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Charles A. Kanne

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Theresa ?

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Olga E. Kanne - wife
(Address) 1012 Bentalou St

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 28 36

UNDERTAKER Albert W. Saregay
(Address) 440 E. North Ave

FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26 34

22. I HEREBY CERTIFY, That I attended deceased from 7/15 35 to 2/26 36

I last saw him alive on 2/25 36 Death is said to have occurred on the date stated above, at [illegible]

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	?

Other contributory causes of importance:

Name of operation Exploratory Date of 11/15

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Theodore E. Staley M. D.

(Address) 3803 Edmondson Ave

21229 HEALTH DEPARTMENT--CITY OF BALTIMORE 21229

V 53-E

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 N. Payson St. St., 15-W Ward)

Length of residence in city or town where death occurred 18 yrs. 1 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Ruth Maxine Levy

(a) Residence: No. 1822 N. Payson St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

DATE OF BIRTH (month, day, year) Jan. 6, 1918

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	1	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) — Balto. Md.

13. NAME Harry H. Levy

14. BIRTHPLACE (city or town) (State or country) — Brooklyn, N. Y.

15. MAIDEN NAME Daisey B. Smith

16. BIRTHPLACE (city or town) (State or country) — Carroll, Co. Md.

INFORMANT Mrs. Daisey DeLuth

(Address) 1822 N. Payson St.

BURIAL, CREMATION, OR REMOVAL

Place Pleasant Hill, Md. Date Feb. 29, 1936

UNDERTAKER H. J. Tregoyes & Son

(Address) N. B.

FILED Feb 28 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1935 to Feb. 25, 1936

I last saw h[illegible] alive on Feb. 25, 1936 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Melanotic Sarcoma - Inguinal glands.	Sept 1935
Other contributory causes of importance: Metastases to lungs liver & peritoneal glands.	Dec 1935

Was an operation performed? Yes Date of Sept 16, 1935

For what disease or injury? Melanotic Sarcoma - inguinal glands

Name of operation Excision of inguinal glands Date of Sept 1935

What test confirmed diagnosis? Pathological Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. A. Dennicelli M. D.

(Address) Medical Arts Bldg.

21230 F 21230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 N. Carrollton Avenue St. 16-1 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Ellen Darr

(a) Residence: No. 822 N. Carrollton Avenue. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

If married, widowed, or divorced
WIFE (or) HUSBAND of Charles Darr

DATE OF BIRTH (month, day, year) About 1850

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	86	-	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -----

10. Date deceased last worked at this occupation (month and year) ---

11. Total time (years) spent in this occupation ---

BIRTHPLACE (city or town) (State or country) Petersburg, W. Va.

13. NAME John Spilland

14. BIRTHPLACE (city or town) (State or country) Petersburg, W. Va.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Edward Darr (Son)

(Address) 329 Central Ave. Cumberland, Md.

BURIAL, CREMATION, OR REMOVAL

Place Cumberland, Md. Date Feb 28th 1936

UNDERTAKER J. H. O'Leary, Inc.

(Address) Huntington Baltimore, Md.

FEB 28 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1936, to Feb. 28, 1936

I last saw h[illegible] alive on Feb 28, 1936 Death is said to have occurred on the date stated above, at 7.9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Cardiac dilatation	?
& Chronic Nephritis	

Other contributory causes of importance:

Old age

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward J. O'Malley, M. D.

(Address) 1230 Druid Hill Ave

21231 ✓ F 21231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 512 112

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3517 Virginia Ave St., 15 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth 30 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Louis Chaskel Lavitch Susaman

(a) Residence: No. 3517 Virginia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Isaac Susaman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rachael ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Annie Susaman

(Address) 3517 Virginia Ave

18. BURIAL, CREMATION, OR REMOVAL Levaa Rosdale Date 2/28/36

19. UNDERTAKER Jas. Leyes Sons & Co

(Address) 1419 E. Baltimore St.

Huntington Williams
Registrar

28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1936, to Feb 26, 1936

I last saw h alive on Feb 26, 1936 Death is said to have occurred on ~~the date~~ Feb 28 stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Bowel stricture	20 yrs
Myocardial insufficiency	
Cardiac failure	1 week

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wilbur Sherry, M. D.

(Address) 3411 Forest Park Ave.

NO. 21232 ✓ F 21232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp. 8-E Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. | How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Travers, Garson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1649 E. North Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of James H

DATE OF BIRTH (month, day, year) Aug 27 1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto

13. NAME William b. Horner

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Rebecca Rodgers

16. BIRTHPLACE (city or town) (State or country) Balto

INFORMANT James N Travers

(Address) 1649 E North ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Oct 29 1936

UNDERTAKER Martin W. G. Lippert

(Address) 21 Huntington Ave

FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) Paul Rhoades, M. D. Coroner

(Address) 1918 E. North Ave

21233 ✓ F 21233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 W. Baltimore St. St., 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward F. Winchester

If U. S. Veteran specify WAR .....

(a) Residence: No. 723 W. Baltimore St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Jennie Winchester

6. DATE OF BIRTH (month, day, year) Feb. 7, 1858.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78		19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 723 W. Balto. St.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

13. NAME Winchester

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Beulah Smallwood

(Address) 1010 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date Feb. 28, 19 36

19. UNDERTAKER Harry E. Whitt

(Address) 4101 Edmondson Ave

20. FILED Huntingtown Calvert Co. Md.

8 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/26/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/16/36 19 ..., to 2/26/36, 19 ...

I last saw h— alive on 2/26/36, 19 ... Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vas-Renal	
angina	?
ant Scler	
nephritis Ch Int	

Other contributory causes of importance

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Leonard F. Tenny M. D.

(Address) 9 W Lanvale

21234 ✓ F 21234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 186-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St., 7-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Carrie B Wolf
(a) Residence: No. Sinai Hospital & Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Wolf

DATE OF BIRTH (month, day, year) Jany 4, 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto, Md.
13. NAME Rosa Bratenheimer
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Barbara Feisel
16. BIRTHPLACE (city or town) (State or country) Germany
INFORMANT Mrs. J. B. Wolf
(Address) 356 Auchentoroly Terrace
BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Cy. Date March 1, 1936
UNDERTAKER Harold Sonnheim - Son
(Address) 690 Eastern Ave
Filed MAR 2 1936 Registrar of Vital Statistics
Paul Steucker, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27, 1936
22. I HEREBY CERTIFY, That I attended deceased from 2-24, 1936 to 2-27, 1936
I last saw her alive on 2-27, 1936 Death is said to have occurred on the date stated above, at 11 20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia 107	
Cardiac H-D. 9502	
Cardiac Insufficiency 1950	
Other contributory causes of importance: Fracture of Left Femur 1950	

Was an operation performed? No Date of
For what disease or injury? —
Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Feb. 21, 1936
Where did injury occur? Sinai Hospital Balto., Md. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Sinai Hospital
Manner of Injury Fell out of bed.
Nature of Injury
24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Samuel J Schwartz, M. D.
(Address) Sinai Hospital

F. D. 21235 ✓ F 21235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., E-7 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME William McDonald Jr.

(a) Residence: No. 1717 E. Biddle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 31, 1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spartanburg S. C.

FATHER

13. NAME William McDonald Sr.

14. BIRTHPLACE (city or town) (State or country) Spartanburg S. C.

MOTHER

15. MAIDEN NAME Annie Wells

16. BIRTHPLACE (city or town) (State or country) Spartanburg S. C.

17. INFORMANT Harry McDonald
(Address) 1717 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 2/28/36

19. UNDERTAKER Robert F. Williams
(Address) 1515 McCulloh St

Filed 2/28/36, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcic Meningitis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker, M. D.
Coroner

(Address) 1919 E. North Ave.

FEB 28 1936

F 21236

F 21236

309555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 Registered No.

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie Baines

(a) Residence: No. 812 N. Carlton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph

DATE OF BIRTH (month, day, year) 3/30/75

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	10	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Va.

13. NAME Lewis Mallory

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Jane Scott

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Records.
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem Date Feb 29, 1936

UNDERTAKER Wm Robert A. Elliott-daughter
(Address) 1124 Pennsylvania Ave

FEB 29 1936, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1936, to Feb 26, 1936

I last saw her alive on Feb 26, 1936. Death is said to have occurred on the date stated above, at 6:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	1924
Hypertension with chr. non-valvular cardiac disease,	1924
Cardiac insufficiency.	1936
Other contributory causes of importance:	
Malaria. Malaria	1936

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edw. H. Rossman, M. D.

(Address) The Johns Hopkins Hospital.

F 21237

21237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12380 347-62

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert Berry

(a) Residence: No. 1500 Gilmor St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca

DATE OF BIRTH (month, day, year) 12-24-1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	1	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga.

13. NAME Amos

14. BIRTHPLACE (city or town) (State or country) Ga.

15. MAIDEN NAME Hattie ?

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date Feb 28th, 1936

19. UNDERTAKER Mrs. Robert A. Elliott-daughter
(Address) 1629 Harlem Ave. Huntington Williams

Feb 28 1936, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/18, 1936 to 2/21, 1936

I last saw him alive on 2/21, 1936 Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pellagra	1 mo.
Chronic alcoholism	?
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp

D 21238 ✓ F 21238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1301 W. Lenox St. St. 21-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E. Zahrman

(a) Residence: No. 1301 W. Lenox St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

DATE OF BIRTH (month, day, year) Feb 27, 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Frazier

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Mrs. E. Frazier

(Address) 1301 W. Lenox St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date March 2 . 1936

UNDERTAKER Towell & Byrne Inc

(Address) 1017 W Cross St

2 28 1936 . 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/27 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/20 . 1936 to 2/27 . 1936

I last saw her alive on 2/27 . 1936 Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	2/26/36
Other contributory causes of importance:	
Generalized Arterio-Sclerotic Cardio-Vascular Disease	5 yrs
Carcinoma of Stomach	?

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph R Lankaitis, M. D.

(Address) 679 Washington Blvd

21239

F 21239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St., 70-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Roland N. Schaeffer

If U. S. Veteran specify WAR .....

(a) Residence: No. 550 S. Bentalou St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mabel

DATE OF BIRTH (month, day, year) Dec 6 1890

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	2	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel worker 0974

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hayford Wrecking Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Oliver M

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary B. Boulton

16. BIRTHPLACE (city or town) (State or country) Baltimore County Md.

17. INFORMANT Oliver M. Schaeffer

(Address) 550 S. Bentalou St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 28 1936

19. UNDERTAKER F B Speed & Son

(Address) 1300 Eutaw Place

Filed ..... 19 ..... Registrar.

FEB 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury Feb 21, 1936

Where did injury occur? Baltimore Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place industry working at Rossville Foundry, Middle

Manner of injury Fell from scaffold

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify .....

(Signed) W. W. Wright M. D.

Coroner

(Address) 1016 S. Edmondson Ave.

F 21240

F 21240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Presbyterian Hospital Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Delores Smith

(a) Residence: No. 1311 N Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Loughlin

DATE OF BIRTH (month, day, year) June 11-1932

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore City
(State or country)

13. NAME Alex. Smith

14. BIRTHPLACE (city or town) Newport News
(State or country) Va

15. MAIDEN NAME Cecelia Brooks

16. BIRTHPLACE (city or town) Ft. Worth
(State or country) Texas

17. INFORMANT Hospital Records
(Address) Provident Hospital

18. BURIAL, CREMATION OR REMOVAL Date 2/28/36

Place Westernport

19. UNDERTAKER John C. Wolf
(Address) 707 East Eutaw St

Filed ... 19 ... Registrar

1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 2-27, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Tonsilitis	7 da
Pneumonia	1 da

Other contributory causes of importance: Malnutrition

Was an operation performed? no Date of

For what disease or injury? none

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.
Coroner

(Address)

F 21241 ✓ F 21241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Prout

(a) Residence: No. 703 N. Fremont Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 10-26-1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Robert

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Emma Weaver

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cem. Date 2/29/ 1936

UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St

FILED ... 19 ... Registrar

2 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/26 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/9 1935 to 2/26 1936

I last saw him alive on 2/26 1936 Death is said to have occurred on the date stated above, at 10:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	3/24
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A. Reitz, M. D.

(Address) Baltimore Hosp.

21242 F 21242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12475 59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 13-3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Susie Johnson

(a) Residence: No. 2326 Druid Hill Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Dallis Johnson

DATE OF BIRTH (month, day, year) April 1884

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Charles H. Giles

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

15. MAIDEN NAME Jochanna Briggs

16. BIRTHPLACE (city or town) (State or country) Harford Co Md.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION OR REMOVAL

Place Laurel Cem. Date 2/29 1936

UNDERTAKER Frances A. Kemsley
(Address) 574 W. Biddle St

DEP. ..... 19 ..... Reg.

2 28 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/26 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/23 1936 to 2/26 1936

I last saw her alive on 2/26 1936 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus c Coma	?
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

21243 C/Kahmer ✓ F 21243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto General Hosp Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 6 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Philip Kahmer

(a) Residence: No. 420 S. Payson St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Kahmer (Kahmer)

6. DATE OF BIRTH (month, day, year) Aug 11, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69 yrs.	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engine Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Philip Kahmer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Dorothy Ruchert

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Annie Kahmer

(Address) 420 S. Payson St

BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 2/29/36

UNDERTAKER F. S. Waltjen Son

(Address) 2201 Eutaw Place

FEB 28 1936 Huntington Station, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7 1936 to Feb. 26 1936

I last saw him alive on Feb. 26 1936 Death is said to have occurred on the date stated above, at 1.50 P. m.

The principal cause of death and related causes of importance were as follows:

Cardiac failure - Arteriosclerotic C-V-R disease — Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb 25, 1936

For what disease or injury? Hypertrophied Prostate

Name of operation Suprapubic Prostatectomy Date 2/25

What test confirmed diagnosis Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Palmer M. D.

(Address) West Baltimore Gen'l Hosp

F 21244

21244 HEALTH DEPARTMENT—CITY OF BALTIMORE

X 108

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Agnes Hospital Hilleary & Caton Ave. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. Walter A. Hausman

(a) Residence: No. 101 Melvin Ave. Catonsville Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widowed.

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Hausman

6. DATE OF BIRTH (month, day, and year) Aug 26-1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Distributor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John J. Hausman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Ida Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mrs D. L. Edwards

(Address) 3532 Edmondson Ave

17. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 2/28/36

18. UNDERTAKER F. B. Wentzel & Son

(Address) 1300 Eutaw Place

FILED 2 29 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25-1936

22. I HEREBY CERTIFY, That I attended deceased from 2/20 1936 to 2/25 1936

I last saw h~~im~~ alive on 2/20 1936 Death is said to have occurred on the date stated above, at 8 23 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2/18/36
Other contributory causes of importance:	
Toxemia	2/22/36
Jaundice (toxic)	2/22/36

Was an operation performed? ntn Date of .....

For what disease or injury? .....

Name of operation Autopsy Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) F Wentzel M. D.

(Address) St Agnes Hosp.

ACo. 5-11 2508

21245 **HEALTH DEPARTMENT CITY OF BALTIMORE** F 21245

92-a

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1746 Clarkson St. 23-3 Ward)

Length of residence in city or town where death occurred 67 yrs 11 mos 17 ds. How long in U.S. if of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Carrie V. Bradley.

(a) Residence: No. 1746 Clarkson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: W. | 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of: Charles Bradley

6. DATE OF BIRTH (month, day, year): March 16, 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
(a)	67	11	17	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country): Baltimore Md

12. NAME of Father: Samuel Mulder
13. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME of Mother: Kate Hooker
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Charles Bradley
(Address): 1746 Clarkson.

18. BURIAL, CREMATION, OR REMOVAL: Woodland Memorial Place. Date March 29 1936

19. UNDERTAKER: A. Bowland Evans
(Address): 1405-07 E. Chase

20. FILED ... 1936 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/27/36

22. I HEREBY CERTIFY, That I attended deceased from 3/21/36, to 3/27/36

I last saw her alive on 3/27/36

Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	3/21/36

Other contributory causes of importance:

Mitral regurgitation	1/1/36

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Sheppard Dram M. D.
(Address) 1127 Mass Ave

H. D. B 1268-9

21246

(Nugent)

F 21246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH Md. Gen. Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 301 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James F. Nugent

(a) Residence: No. 1955 E. Lanvale St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): March 2 1855

8. AGE: Years 81 | Months 11 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER'S MAIDEN NAME

13. NAME William Nugent,

14. BIRTHPLACE (city or town) (State or country) Ireland,

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT George F. Nugent, (Address) 1952 E. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Cemetery Place Feb 29 Date 1936

19. UNDERTAKER: Geo. A. Lee & Son (Address) 1300 Eutaw Place

Registrar

FEB 3 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, find that said deceased came to death on the day stated above about 5 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Due to

Other contributory causes of importance:

Date of onset

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) C. Adams Coroner M. D.

(Address) 1215 Hanover

21247

F 21247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1801 Bolton St. 14th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. dn.

If U. S. Veteran specify WAR

2. FULL NAME Elsie Tongue

(a) Residence: No. 1801 Bolton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) About 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel County Maryland

13. NAME Thomas John Tongue

14. BIRTHPLACE (city or town) (State or country) Anne Arundel County Meryland

15. MAIDEN NAME Virginia Tobb

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Mr. Benjamin S. Tongue

(Address) 700 Belvedere Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date February 29, 36

19. UNDERTAKER Joseph H. Cook

(Address) 2003 W. Baltimore St.

Feb 29 1936 , 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 6, 1931, to February 28, 1936

I last saw her alive on February 27, 1936 Death is said to have occurred on the date stated above, at 10.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
heart disease	15 yr
mitral insufficiency	years
aortitis, arteriosclerotic	

Other contributory causes of importance:

hemiplegia	2 days
hemorrhoids	16 days

Was an operation performed? no Date of

For what disease or injury? none

Name of operation none Date of

What test confirmed diagnosis? clinical & laboratory methods Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank R. Smith, Jr. M. D.

(Address) 1014 St. Paul St.

21248 (Moore) F 21248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 9924

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 1-5 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

No War Record

2. FULL NAME Cora Moore

(a) Residence: No. 1009 N. Hudson St., Ward. Clarendon Va
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

If widowed, divorced, or (for) WIFE of: William Moore

6. DATE OF BIRTH (month, day, year): 10/6/75

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	4	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: C.O.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Georgia

13. NAME: Thomas Rose

14. BIRTHPLACE (city or town) (State or country): Ga -

15. MAIDEN NAME: Mary HORTAN

16. BIRTHPLACE (city or town) (State or country): Ala -

INFORMANT (Address): Reads -

BURIAL, CREMATION, OR REMOVAL: Baltimore Co. Md. Date 2/28 1936

UNDERTAKER (Address): Wm Cole 1214 E Baltimore

FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1936 to Feb 27, 1936

I last saw her alive on Feb 27, 1936 Death is said to have occurred on the date stated above, at 1-5-C m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, malignant	Jan 1936

Other contributory causes of importance:

Name of operation: Trephine Date of 2/19/36

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford, M. D.

(Address) The Johns Hopkins Hospital

#11573 T 21249

T 21249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eleanor Claiborn

(a) Residence: No. 1214 Jefferson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Divorced

If married, widowed, or divorced HUSBAND of (or) WIFE of Adenais Claiborn

DATE OF BIRTH (month, day, year) ~~1892~~ June 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~40~~	44	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic $0.70

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME William Toerin

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Ellen

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place ~~New~~ Pat News[illegible] Date 3/29 1936

UNDERTAKER Walter B. Scruggs

(Address) 139 W. Hamburg St. Huntington Williams

8 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/7, 1936 to 2/24, 1936

I last saw her alive on 2/24, 1936 Death is said to have occurred on the date stated above, at 3.05 p.m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	?

Other contributory causes of importance:

None

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

F 21250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-B

Registered No. 18-2

PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

FULL NAME Ella Brown

(a) Residence: No. 1006 W. Franklin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 5

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	6	1016	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 2037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME James Thompson

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary E. Harris

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Magdalena Trusty
(Address) 1006 W. Franklin St.

BURIAL, CREMATION, OR REMOVAL
Place Johnson Cemty Date 2/29 19 36

UNDERTAKER Walter B. Griggs
(Address) 139 W. Hamilton St. Pikesville

28 1936 ...19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/24 1936

22. I HEREBY CERTIFY, That I attended deceased from February 17 1936, to February 24 1936.
I last saw her alive on February 24 1936 Death is said to have occurred on the date stated above, at 3:45 P m.

The principal cause of death and related causes of importance were as follows:

Pulmonary embolism (Left) — Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of February 20

For what disease or injury? Uterine fibroid

Name of operation Hysterectomy Date of 2/20

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of Injury ...19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
1936 (Signed) ... M.D.
(Address)

21251

F 21251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

14-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 W. Lombard St. St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma A. Fankhanel If U. S. Veteran specify WAR

(a) Residence: No. 1321 W. Lombard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad H. Fankhanel

DATE OF BIRTH (month, day, year) Sept. 1, 1868.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Anthony Willax

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Alt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Conrad H. Fankhanel
(Address) 1321 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cem. Feb. 29, 19
Place Date

19. UNDERTAKER Henry Kutzler
(Address) 4101 Edmondson ave.

20. FILED Feb 29 19 36 Huntington Williams Registrar.

C 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27. 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1920 to Feb 27 1936

I last saw her alive on Feb. 26 1936 Death is said to have occurred on the date stated above, at 12:15a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardiac Valvular Disease (mitral)	1914

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury 36.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William J. Pippen M. D.

(Address) 1326 W. Lombard St

D. B. 1268-0

F 21252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Jenkins Memorial Hospital
CITY OF BALTIMORE: (No.) 1000 Eutaw Ave. St. 15-16 Ward

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth 57 yrs. mos. ds.

2. FULL NAME William Byrne

(a) Residence: No. 1738 Braddish Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Delia Ward Byrne

DATE OF BIRTH (month, day, year) Jan. 19, 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65 yrs.	1	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rigger ~~Machinist~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. Elect. Co.

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 10 years

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME John Byrne

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Ryan

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Jenkins Memorial Hosp.
(Address) 1000 Eutaw Avenue

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 3/2 1936

UNDERTAKER C. Vernon Lemmon
(Address) 4611 Park Heights Ave.

~~Cunningham Williams~~ Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 22, 1936 to February 28th 1936
I last saw him alive on February 28th 1936 Death is said to have occurred on the date stated above, at 1:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension & arteriosclerosis	?
Hypertension & arteriosclerotic heart disease & congestive failure	?
Other contributory causes of importance: Cerebral arteriosclerosis	?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) C. O. Williamson, M. D.

(Address) St. Agnes Hosp.

F 21253

1253 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 89-a #12533

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Charles Reasin

(a) Residence: No. 517 E. 28th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

DATE OF BIRTH (month, day, year) 10-5-14

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	4	24	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Cutter

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. American Stores Co

10. Date deceased last worked at this occupation (month and year) Apr 1936

11. Total time (years) spent in this occupation 5

BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Earnest Reasin

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Ruby Maurice

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Woodland Park Date May 2nd 1936

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

8 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/27 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/26 1936 to 2/27 1936

I last saw him alive on 2/27 1936 Death is said to have occurred on the date stated above, at 10:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, streptococcus	?
Otitis media, bilateral	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

D. H. 1268-9

F 21254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 10-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sayler Wunder

(a) Residence: No. or 215 E. Hoffman Street 209 Eph Alley St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/26/91

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 + 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MD -

13. NAME Joshua Wunder

14. BIRTHPLACE (city or town) (State or country) MD -

15. MAIDEN NAME Sophia Taylor

16. BIRTHPLACE (city or town) (State or country) MD -

17. INFORMANT Reads - Walter Wunder

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Placed Green Belle Cem. Date 3-1-, 1936

18. UNDERTAKER Bryant & Jamie H. Wright

(Address) 218 McCulloh St

19. FILED 1936 [illegible] Registrar

29156

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1936 to Feb 27, 1936

I last saw him alive on Feb 27, 1936 Death is said to have occurred on the date stated above, at 11:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia IV	Feb 19, 1936

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) Joseph J. Sadusk, Jr. M. D.

(Address) Johns Hopkins Hospital

21255 F 21255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4639 Falls Rd St., 27-14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Arthur Carey Douglas

(a) Residence: No. 4639 Falls Rd. Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 6-30-1911

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	7	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. College
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Parker B. Douglas

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Martha M. Street

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Parker B. Douglas
(Address) 4639 Falls Rd. Md

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Rest Date 2-29 1936

19. UNDERTAKER Byron Mamie H. Wright
(Address) Prince & Derr Pl

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1935 to Feb 27, 1936

I last saw h— alive on Feb. 27, 1936. Death is said to have occurred on the date stated above, at 0730 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	June 15 1935
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. H. Jackson M. D.

(Address) 2329 Greenmount Ave

D. B 1268-9

F 21256

21256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals) St., 15-1 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. 1349 Stockton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Josephine

DATE OF BIRTH (month, day, year) May 30 1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	9	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lobber 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. /

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Louisa County Virginia

13. NAME Moses Brown

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Laura Smith

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mary L. S Simms

(Address) 1941 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date 2 27 36, 19

19. UNDERTAKER Thos. G. Nelson

(Address) 1508 Pennington Ave

20. FILED ..... Registrar.

29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. M. Wright, M. D.

(Address) 1010 S. Eutaw Street

F 21257

HEALTH DEPARTMENT—CITY OF BALTIMORE

257

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH 12536 Registered No. 76-6

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Goebler (Goabler) If U. S. Veteran specify WAR

(a) Residence: No. 2021 Boston St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elias Goebler

DATE OF BIRTH (month, day, year) 6-13-1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unterreichenbach Germany

13. NAME John Rich

14. BIRTHPLACE (city or town) (State or country) Unterreichenbach Germany

15. MAIDEN NAME Madeline Volz

16. BIRTHPLACE (city or town) (State or country) Unterreichenbach Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL John Lutheran Cemetery Date March 2, 36

19. UNDERTAKER Frederick Engelmann Son
(Address) 1241 Edmondson Ave.

Filed 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-28 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-26 1936 to 2-28 1936

I last saw h alive on 2-28 1936 Death is said to have occurred on the date stated above, at 5:20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated umbilical hernia with gangrene of portion of ileum and transverse colon	3-4 days
Other contributory causes of importance: Pulmonary edema	1 day
myocardial failure	1 day

Was an operation performed? yes Date 2-26-36

For what disease or injury? Strangulated Hernia

Name of operation Intestinal Resection Ileostomy and Hernioplasty Date of operation 2-26-36

What test confirmed diagnosis? Operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robt. F. Martin M. D.

(Address) Balto. City Hospt.

F 21258

21258 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2861 Mayfield Ave St., 8-1 Ward)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth 51 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dora Smith

(a) Residence: No. 2861 Mayfield Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed or divorced HUSBAND of (or) WIFE of: Henry Smith

6. DATE OF BIRTH (month, day, year): Oct 7th 1852

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	4	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown Germany

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown Germany

INFORMANT: Mrs. Elizabeth Hetzberger

(Address) 2861 Mayfield Ave.

BURIAL, CREMATION, OR REMOVAL: Loudon M.E. Cem. Feb. 29 36

UNDERTAKER: Frederick Funeral Home

(Address) 7401 Belair Road

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 27th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23 1936 to Feb. 27 1936

I last saw her alive on Feb. 27 1936 Death is said to have occurred on the date stated above, at 4:45 P. m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia
Senility

Date of onset: 2.23.36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John A. Meaden, M. D.

(Address) 6304 Belair Rd

F 21259

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 5-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lady Jenkins

(a) Residence: No. 1313 E Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-8-04

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NW

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) S.C.

13. NAME James Jenkins

14. BIRTHPLACE (city or town) (State or country) NC

15. MAIDEN NAME Lady Dickens

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 3/1 1936

19. UNDERTAKER Joseph G. Forko Jr.
(Address) 1302 Lafayette St.

FILED 1936 ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1936 to Feb 26 1936

I last saw her alive on Feb 26 1936 Death is said to have occurred on the date stated above, at 9:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Pneumonia (Lobar) Type III	
(a) Peritonitis Pneu Type III	
(b) Pelvic abscess	
(c) Early Cerebral Edema	

Other contributory causes of importance:

Diabetes

Name of operation Exploratory Laparotomy Date of 2-15-36

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Edward P Brush M. D.

(Address) Johns Hopkins Hospital

M. D. B 1268-9

21260 F 21260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 W 33 St St. 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Thos. Ryan

If U. S. Veteran specify WAR

(a) Residence: No. 913 W 33 St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar 18, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pool Engraving Co

10. Date deceased last worked at this occupation (month and year) 5 1930

11. Total time (years) spent in this occupation 2 Years

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Thos Ryan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Isabella Wright

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Florence Ryan

(Address) 913 W 33 St

18. BURIAL, CREMATION, OR REMOVAL Holy Cathedral Date Mar 2 1936

19. UNDERTAKER J. S. Marshall

(Address) 1029 Edmondson Ave

20. FILED Huntington Williams Registrar

MAR 2 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27 1936

22. I HEREBY CERTIFY, That I last charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	1933

Other contributory causes of importance: Arteriosclerosis | 2

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) C. H. Wedgwood M. D.
Coroner

(Address) Coroner's

D. B. 1268-9

21261

F 21261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓80

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 Linden Ave St. 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Smith Bradley

(a) Residence: No. 909 Linden ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Dipple Montgomery Co, Md

DATE OF BIRTH (month, day, year) Nov 4 1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	73	4	27(?)	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. janitor 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Apt House

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Prince Georges Co., Md
Prob Virginia (?)

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Sarah Bradley

16. BIRTHPLACE (city or town) (State or country) Va Prince Georges County

INFORMANT Mrs William F. McGrath Brad
(Address) 15 E Fayette street

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb 29. 1936

UNDERTAKER Carl M. Cruse & Son

(Address) 532 N. Gilmor St

FILED 29 1936 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27. 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 15th 1936 to Feb 27th 1936

I last saw him alive on Feb 27th 1936 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

Heart weakness, Pulmonary congestion, paralysis of the Extensor muscels of the legs from a Spinal cause: Tabes Dorsalis (see Mercy Hospital)

Date of onset Feb 1936

Other contributory causes of importance:

swelling of feet and hands: Nephritis ?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) L. B. Evans M. D.

(Address) 658 W. Franklin St

ACo. 5-31 2500

F 21262

262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH Baltimore

CITY OF BALTIMORE: (No. 1030 N. Wolfe St., 7-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Robinson

(a) Residence: No. 1030 N. Wolfe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	A A	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Didn't know

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57		—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, Oil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Mill
10. Date deceased last worked at this occupation (month and year) Feb 28, 1936
11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) Emporia
(State or country) Va

13. NAME John Robinson

14. BIRTHPLACE (city or town) Emporia
(State or country) Va

15. MAIDEN NAME Jane Brew

16. BIRTHPLACE (city or town) Emporia
(State or country) Va

17. INFORMANT John Robinson (Brother)
(Address) 1030 N. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Mar 1, 1936.

19. UNDERTAKER Lamb & Gaul Funeral Home
(Address) 628 N. Milton Ave.

3-1936 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1936 to Feb 28, 1936

I last saw him alive on Feb 27, 1936 death is said to have occurred on the date stated above, at 4.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Broncho)	Feb 20

Other contributory causes of importance: Heart failure

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) 1030 N. Wolfe St.

F 21263

21263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 948 Harford Ave St. 10-2 Ward)

Length of residence in city or town where death occurred 5th mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mary G. Quirk

If U. S. Veteran specify WAR .....

(a) Residence: No. 948 Harford Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Abt.	58	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Patrick Quirk

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Mr. Joseph P. Quirk

(Address) 948 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cemy Date May 2 1936

19. UNDERTAKER Henry Breck Sons Inc

(Address) 1501 E Fayette St

20. FILED 1936 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1935 to Feby 28 1936

I last saw h[illegible] alive on Feby 28 1936 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Nephritis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) A. L. Hornstein M. D.

(Address) 733 Augusta St

F. D. 21364

F 21264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3611 Hanover St. 22-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Violetta Dorsey

(a) Residence: No. 50 E Montgomery St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of George E. Dorsey

7. DATE OF BIRTH (month, day, year) June 5-1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	8	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 0037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) ...
(State or country) Maryland

13. NAME Not Known

14. BIRTHPLACE (city or town) ~
(State or country) ~

15. MAIDEN NAME ~

16. BIRTHPLACE (city or town) ~
(State or country) ~

17. INFORMANT Mrs. Emma Patee
(Address) 3611 Hanover St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Feb 29, 1936

19. UNDERTAKER John F Denny
(Address) 715 Light St.

Feb 29 1936, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb-17, 1936 to Feb-26, 1936

I last saw her alive on Feb-26, 1936 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hysteria - Nebrosis Myocardial Degeneration	

Other contributory causes of importance:

Bed Sores

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Paul Lukin M. D.

(Address) 320 Cathedral Ave

Feb 15th 1936

21265 F 21265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3222 Ravenwood Ave St., 8-1 Ward)

Length of residence in city or town where death occurred 7 yrs. 3 mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Straughn

(a) Residence: No. 3222 Ravenwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of William T. Straughn

DATE OF BIRTH (month, day, year) April 6 - 1864

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	10	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Kalamazoo Michigan

13. NAME Arthur Whaley

14. BIRTHPLACE (city or town) (State or country) michigan

15. MAIDEN NAME Ammerila Moore

16. BIRTHPLACE (city or town) (State or country) michigan

INFORMANT Mrs Dora Lloyd

(Address) Lansdowne Baltimore Penna

BURIAL, CREMATION, OR REMOVAL Mt Carmel Cemetery

Date March 1 1936

UNDERTAKER Chas. T. Black

(Address) 742 Wurzbach Ave

Filed ... 19... Huntington Williams 1858 Registrar.

29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10. 1935 to Dec 28 1936

Last saw h[illegible] alive on Dec 28 1936 3.20 P.M. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis ?

Other contributory causes of importance: Chronic Nephritis & Arteriosclerosis

Date of onset

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

(If so, specify)

Signed Lee Richardson M.D.

(Address) 112 W. 25th St

21266 F 21266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34c-92a

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore Md. 3-1
CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Dutton

If U. S. Veteran specify WAR .....

(a) Residence: No. 114 S. Caroline St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie Clayton Dutton

6. DATE OF BIRTH (month, day, year) December 22, 1883

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	52	2	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
10. Date deceased last worked at this occupation (month and year) 2-24-36
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wicomico Co. Maryland

13. NAME John L. Dutton

14. BIRTHPLACE (city or town) (State or country) Fruitland Md.

15. MAIDEN NAME Esther de Shields

16. BIRTHPLACE (city or town) (State or country) Weetipkin, Maryland

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 2-29-36

19. UNDERTAKER Mundell & Humphreys.
(Address) 1501 E. Broadway

..... 19 .....
Registrar

29186

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 24, 1936 to February 27, 1936

I last saw him alive on February 27, 1936 Death is said to have occurred on the date stated above, at 4:20 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, valvular, combined lesions, aortic & mitral	Unknown
Other contributory causes of importance: Arteriosclerosis, generalized	Unknown
Aortitis, arteriosclerotic	Unknown

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T.B.H. Anderson, M. D.
(Address) U. S. Marine Hospital, Balto.

21267 F 21267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2524 St. Paul St. St. 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William F. Hammond

(a) Residence: No. 2524 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Susan Hollyday

DATE OF BIRTH (month, day, year) Jan. 10, 1874

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	62	1	18	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholesale 004

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Liquor Dealer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

13. NAME John D. Hammond

14. BIRTHPLACE (city or town) (State or country) Fred. Co. Md.

15. MAIDEN NAME Mary Kemp

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. W. H. Hammond

(Address) 2524 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemy. 3/2/36 19

19. UNDERTAKER John D. Mitchell & Sons

(Address) 1900 Eutaw Place

29 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feby 24th, 1936 to Feby 28th, 1936

I last saw him alive on Feby 27th, 1936 Death is said to have occurred on the date stated above, at 11. a. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 2.22.36

Instantaneous death during reduction of chest affect of Type III Pneumonia.

Other contributory causes of importance:

For 2 years had had some evidence of Coronary disease —

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. H. Wantz M. D.

(Address) 1515 Park Ave.

21268 ✓ F 21268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5516 Groveland Ave. St. 24-1 Ward)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Harry G. Siegman

(a) Residence: No. 5516 Groveland Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret F. Bell

DATE OF BIRTH (month, day, year) Oct 10 - 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tel. operator

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Henry Siegman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Freed

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Marion B. Siegman

(Address) 1811 E. 32nd

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Mar. 2, 1936

19. UNDERTAKER John C. Mitchell & Sons

(Address) 1900 Eutaw Place

Filed Feb 29 1936, 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1935 to Feb 27 1936

I last saw him alive on Feb 27 1936. Death is said to have occurred on the date stated above, at 7:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with Hypertension -	1931 ?
Nephritis with Edema	1936
Other contributory causes of importance:	
Pulmonary Edema -	2/26/36

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. C. Chance, M. D.

(Address) 4800 Liberty Heights Ave

F 21269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No. 192-14

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St. 3200 E. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ferdinand A. Meyer

(a) Residence: No. 5 Beachdale Rd. Roland Park St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Ferdinand Meyer

DATE OF BIRTH (month, day, year) Sept. 29, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grain Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Ferdinand Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Amalia Metz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ferdinand Meyer

(Address) 5314 Hillsway Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Ridge Date Feb 29 1936

19. UNDERTAKER Robert C. Mitchell Home

(Address) 1400 Eutaw Place

Registrar.

FILED 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1936 to Feb 27, 1936

I last saw him alive on Feb. 27, 1936. Death is said to have occurred on the date stated above, at 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic Carcinoma, Left	?
Venous Carcinomatosis	?

Other contributory causes of importance: Chronic Interstitial Nephritis — Jan 1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X ray Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold N. Hoge, M. D.

(Address) Union Memorial Hosp.

21270 ✓ F 21270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5608 Narcissus Ave (Ward) 27-19

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edgar Landers Amman

(a) Residence: No. 5608 Narcissus Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Pauline McNair Amman

DATE OF BIRTH (month, day, year): July 4, 1865

AGE: Years 70 | Months 7 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Auditor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): 1931

11. Total time (years) spent in this occupation: 0008

BIRTHPLACE (city or town) (State or country): Emmittsburg Md.

13. NAME OF FATHER: Isaac S. Amman

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME OF MOTHER: Julia Landers

16. BIRTHPLACE (city or town) (State or country): Md.

INFORMANT: Mrs. Pauline McN. Amman

(Address) 5608 Narcissus Ave

BURIAL, CREMATION, OR REMOVAL: Md Feb 29 36

Place: Emmittsburg Date ... 19...

UNDERTAKER: Wm. H. Duer & Sons

(Address) Govk & Pa Ave

Huntingtown Williams, Jr.

FILED ... 19... Registrar

29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 27. 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1936 to Feb 27th 1936

I last saw him alive on Feb 25th 1936. Death is said to have occurred on the date stated above, at 3.50 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis and apoplexy — Date of onset

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. P. Brack M. D.

(Address) 28 E. Lexington St

21271 ✓F 21271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital 17th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Corinne Winder

(a) Residence: No. 1 West Bishop Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND~~ (or) WIFE of Late Charles Sidney Winder

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME George A. Pope

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Zayda Hopkins

16. BIRTHPLACE (city or town) (State or country) Mrs. Yorke Cuba

17. INFORMANT Julian Jones

(Address) 104 Tuscany Road

18. BURIAL, CREMATION, OR REMOVAL

Place Fremont Va Date 2/29 . 1936

19. UNDERTAKER Henry W. Jenkins Sons Co

(Address) Orchard & Mulberry Sts Huntington Baltimore Md

FILED . 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/27 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/10/36 . 19 , to 2/27/36 . 19

I last saw her alive on 2/27/36 . 19 . Death is said to have occurred on the date stated above, at 9.07 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis (abdominal) (Point of origin unknown)	Feb.
	1

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of 2-26-36

What test confirmed diagnosis? Oper. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Francis W Glucke . M. D.

(Address) Gilman apts

aCo. 5-31 250B

F 21272

HEALTH DEPARTMENT—CITY OF BALTIMORE

272

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 W. Lafayette Ave 14-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Albie Butler

(a) Residence: No. 616 W. Lafayette Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): Oct 1865

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	70	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country): Richmond, Va.
13. NAME: Hercules Green
14. BIRTHPLACE (city or town) (State or country): Sumter S.C.
15. MAIDEN NAME: Albie Green
16. BIRTHPLACE (city or town) (State or country): Sumter S.C.
17. INFORMANT: Mrs Gertrude B. Amoz
(Address) 415 Bamas St Phila Pa
18. BURIAL, CREMATION, OR REMOVAL
Place: Johnson's Cemetery 1-12 1936
19. UNDERTAKER: Adolphus Halsted
(Address) 918 Lanvale St
1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1936 to Feb 25, 1936

I last saw her alive on Feb 25, 1936 death is said to have occurred on the date stated above, at 8:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute bronchitis	2-5
Lobar pneumonia	2-24

Other contributory causes of importance:

Name of operation: none Date of

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? not so, specify

(Signed) W. A. Marshall, M. D.
(Address) 1838 Druid Hill Ave.

F 21273

21273 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#12350 95-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St., 6-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds. Life

If U. S. Veteran specify WAR .....

2. FULL NAME Wilson Green

(a) Residence: No. 416 N. Dallas St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lizzie

DATE OF BIRTH (month, day, year) 1855

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Allen

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Records of Balto. City Hospt.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place pro cathedral Date March 2, 1936

UNDERTAKER Mrs. George E. Holland
(Address) 163 Druid Hill Ave

Filed ..... 19 ..... Registrar

3 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/17, 1936 to 2/24, 1936

I last saw him alive on 2/24, 1936 Death is said to have occurred on the date stated above, at 3:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease.	6 wk.
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp.

✓ F 21274

HEALTH DEPARTMENT—CITY OF BALTIMORE

21274

CERTIFICATE OF DEATH

X 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. W-A-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Howard S. Bruce Howard

(a) Residence: No. Coldspring Ville St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Morton Howard

DATE OF BIRTH (month, day, year) Nov. 5, 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	3	24	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6013

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

BIRTHPLACE (City or town) (State or country) Coldspring Ville, Balto Co. Md.

13. NAME of Father Richmond G. Howard

14. BIRTHPLACE (city or town) (State or country) Phoenix Balto Co., Md.

15. MAIDEN NAME of Mother Matilda Penny

16. BIRTHPLACE (city or town) (State or country) Chestnut Ridge Balto Co. Md.

INFORMANT Mrs S. Bruce Howard

(Address) Coldspring Ville, Md

BURIAL, CREMATION, OR REMOVAL?

Place Jerusalem-Coldspring Date Mar. 1 1936

UNDERTAKER Wm. C. Rhodes & Son

(Address) Sparks, Md

Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-25, 1936, to 2-29, 1936

I last saw him alive on 2-29, 1936 Death is said to have occurred on the date stated above, at 7:45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, lower lobe, Lt. Lung	2-24-36
Emphysema	

Other contributory causes of importance:

Emphysema

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) I. Freeman, M. D.

(Address) University Hospital

21275 E 21275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 N. Pompton St., 1-W Ward)

Length of residence in city or town where death occurred ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph F. Hall

(a) Residence: No. 512 N. Pompton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Lilly M. Hall

DATE OF BIRTH (month, day, year) Dec-19-1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	4	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0462

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME (Father) Samuel Hall

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Wrenn

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Lilly M. Hall

(Address) 512 N. Pompton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Mar-2 1936

19. UNDERTAKER Thos. C. Miller

(Address) 2431 E. Oliver St.

MAR 2 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1936 to Feb 27, 1936

I last saw him alive on Feb 26th 1936. Death is said to have occurred on the date stated above, at 12:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Today
Other contributing causes of importance: Arteriosclerosis	1 yr.

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19 —

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm. Finney, M. D.

(Address) 62 W. Lanvale

F 21276

F 21276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Norman V. Jackson

If U. S. Veteran specify WAR .....

(a) Residence: No. 606 W. Lanvale St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bessie Jackson

DATE OF BIRTH (month, day, year) Sept. 19, 1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Norman V. Jackson

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary Jeffers

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mary Jackson

(Address) 606 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lion Date Feb 29, 1936

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 S Schroeder Ave Huntingdon Pennsylvania

Feb 29 1936 . 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1936

22. I HEREBY CERTIFY, That I last took charge of the remains described above, held an Inquiry on the body thereof, and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	
Phlebitis of R. Leg	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray & Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) 2757 W. Mont a

F 21277 ✓ F 21277

F 8[illegible] 100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95B

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 921 Franklin ST., 18 - 1 WARD)

2—FULL NAME Luke Solomon Travers

(a) RESIDENCE NO. 921 Franklin ST., _____ WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 1 mos. _____ ds. How long in U. S., if foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elizabeth Travers

DATE OF BIRTH (month, day, and year) Jan. 22, 1895

AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	41	1	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brick Molder 008

(b) General nature of industry, business, or establishment in which employed (or employer) Brick Yards

(c) Name of employer _____

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John W. Travers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cambridge Md

12 MAIDEN NAME OF MOTHER Matilda Oliver

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Easton Md

Informant Elizabeth Travers

(Address) 921 Franklin St

Filed 2-28-1936, 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27, 1936

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 19 36, to Feb 27, 19 36, that I last saw h[illegible] alive on Feb 27, 19 36 and that death occurred, on the date stated above, at 9 45 p m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(duration) _____ yrs. mos. 27 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) _____ yrs. mos. 27 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) Js. Douglas Stoffard M. D.

2/28, 19 36 (Address) 1063 Mulberry Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Mar 1, 1936

20 UNDERTAKER Mrs Katie R. Williams — ADDRESS 322 Schroeder St.

F 21278 ✓ F 21278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 Argyle ave) St., 17 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Beverly

(a) Residence: No. 1004 Argyle Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Beverly

6. DATE OF BIRTH (month, day, year) 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Lillian Miller

(Address) 1004 Argyle Ave Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mar 2, 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Arlington Ave Baltimore Md

FILED Feb 29 1936, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above. 9.30

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis. | Date of onset .....

Other contributory causes of importance:

Was an operation performed? Date of .....

For what disease or injury?

Name of operation Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Hazen, M. D. Coroner

(Address) 1215 Hanover St.

F 21279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 21279

46-L

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1645 Millinan St., 7-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lulu Terry

(a) Residence: No. 1645 Millinhan St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

6. If married, widowed, or divorced (or) WIFE of Clifton Terry

DATE OF BIRTH (month, day, year) Dec 17 1904

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	2	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Rockingham N.C.

13. NAME Pichet Ilmon

14. BIRTHPLACE (city or town) (State or country) N C.

15. MAIDEN NAME Connie Roddick

16. BIRTHPLACE (city or town) (State or country) N C.

17. INFORMANT Clifton Terry (Husband)
(Address) 1645 Millinan St

18. BURIAL, CREMATION, OR REMOVAL
Place Rockingham N C Date Feb 29 1936

19. UNDERTAKER Edward Bryan
(Address) 647 Orleans St

Huntington Williams
Registrar.

20. FILED ..... 19..

29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1935, to Feb 26, 1936.

I last saw h[illegible] alive on Feb 25 1936. Death is said to have occurred on the date stated above, at 330 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myxosarcomatous Condition of Ilium & entire Pelvis	Oct 1935

Other contributory causes of importance: None

(Primary Condition in Ilium)

Was an operation performed? Yes Date of Ill. Injected Nov 1935

For what disease or injury? Tumor Myxosarcoma pelvis

Name of operation Emetin Hydrochloride Date of

What test confirmed diagnosis? Pathological Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) R. J. Young M. D.

(Address) 1429 Eutaw Place

F 21280 ✓ F 21280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1316 Eutaw Place St. 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nathan Hamburger

(a) Residence: No. 1316 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Selma Rohr Hamburger

DATE OF BIRTH (month, day, year) Jany. 27, 1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager Branch

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Manes Hamburger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Nathan

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. I. Oberfelder,
(Address) 1316 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place Oheb Shalom Cem Date Mch. 1st 1936

19. UNDERTAKER David Gondheim & Son
(Address) 1902 Eutaw Place

20. FILED Mar 3 1936, 1936 Huntington Williams Registrar. 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1936 to Feb 28 1936

I last saw him alive on Feb 28 1936 Death is said to have occurred on the date stated above, at 6.25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion 1st attack Feb 26/36 Recurrent attack Feb 28/36	2 days

Other contributory causes of importance: Patient has had Auricular fibrillation for several years. Mitral regurgitation, Chronic Nephritis & Arteriosclerosis. Original attack several years

Name of operation ..... Date of ....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Julius Friedenwald, M. D.

(Address) 1013 N. Charles St.

F 21281

1281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 16-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nicola Di Paola

(a) Residence: No. 625 Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Candida DiPaola

DATE OF BIRTH (month, day, year) Feb 18 1897

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39		10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brazil

13. NAME Felice DiPaola

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Angelina DiAso DI

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place NEW CATHEDRAL CEM. Date MARCH 2, 1936

19. UNDERTAKER Frank Della Rocca

(Address) 52 N. Morley St.

FILED [illegible]

51536

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1936 to Feb 28, 1936

I last saw h alive on Feb 27, 1936 Death is said to have occurred on the date stated above, at 1.25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Gastric Ulcer	Feb 12
Peritonitis	Feb 13
Pulmonary Embolli	Feb 26

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb 12

For what disease or injury? Ruptured Gastric Ulcer

Name of operation Repair of Rupture Date of Feb 12

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. A Laylor M. D.

(Address) Mercy Hospital

M. D. B 1268-9

✓ F 21282

21282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. J. H. Hospital St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby August.

(a) Residence: No. 710 S. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Wh.	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 2/27/36.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Joseph August.

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Catherine Mack.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Feb 29th 1936

19. UNDERTAKER George A. Weber
(Address) 705 E. Lanvale St.

20. FILED 2-29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/27/36. 19 . to 2/28/36. 19 .....

I last saw him alive on 2/28/36. 19 . Death is said to have occurred on the date stated above, at 10 52 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph J. Sadusky M. D.

(Address) Johns Hopkins Hospital

F 21283

1283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 Fleet Street St. 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME James Kasper

(a) Residence: No. 1915 Fleet Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of Late Josephine

DATE OF BIRTH (month, day, year) 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Geo. Kasper Son.
(Address) 1915 Fleet st.

18. BURIAL, CREMATION, OR REMOVAL
Place St, Stanislaus Date March 3- 1936

19. UNDERTAKER George A Weber
(Address) 705 South Ann Street

Huntington Williams, MD
Registrar

1986

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 29th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 1936 to Feb 29 1936

I last saw h~~im~~ alive on Feb 29 1936 Death is said to have occurred on the date stated above, at 1:30 A. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset Feb 23

Other contributory causes of importance:

arteriosclerosis (?)

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Leo L. Kessler M. D.

(Address) 126 S. Paterson Park

F 21284 ✓ F 21284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. 26-11

. PLACE OF DEATH

TY OF BALTIMORE: (No. 1105 S. East ave St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

. FULL NAME Johanna Bieretz

(a) Residence: No. 1105 S. East ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Bieretz

DATE OF BIRTH (month, day, year) Jun 8, 1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	7	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Henry Reitemeier

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Mrs Ida Fruend

(Address) 1105 S. East ave.

BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Feb 29. 1936

UNDERTAKER George W. Zurkler

(Address) 1707 E. [illegible]

29 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1936 to Feb 26, 1936

I last saw h.er alive on Feb 26 1936 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis Mellitus	unk.
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. B. Titlow M. D.

(Address) 315 S. Highland Ave

21285 ✓ F 21285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26 5904 Ward 5) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hannah Michael

(a) Residence: No. 447 S. Drew St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John P.

DATE OF BIRTH (month, day, year) 7-29-1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME Henry Rehmert

14. BIRTHPLACE (city or town)
(State or country) Md.

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town)
(State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dulaney Date Mar 2 1936

19. UNDERTAKER George W. Zinkler
(Address) 1737 E. Eager St.

FILED 29 1936 . 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/26 1936 to 2/28 1936

I last saw her alive on 2/28 1936 Death is said to have occurred on the date stated above, at 2 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert G. Reitz M. D.

(Address) Balto City Hosp.

Kriscinuite ✓ F 21286

21286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 661 W. Saratoga St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ona Kriscinuinate

(a) Residence: No. 661 W. Saratoga St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) Unknown - 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Adomas Kriscinuinate

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Ona Yesacute

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Rev. Joseph Lietuvnikas

(Address) 114 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar. 2 1936

19. UNDERTAKER Chas. Gretkiewicz

(Address) 423 S. Paca St

19[illegible] [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1936, to Feb. 27, 1936

I last saw her alive on Feb. 27, 1936. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	?

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph J. Benevuto, M. D.

(Address) 37 S. Stricker St

9 1936

M. D. B. 1268-9

F 21287

1287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 S. CATHERINE St., 20-4 Ward)

Length of residence in city or town where death occurred 2 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARY CATHERINE GERMAN

(a) Residence: No. 215 S. CATHERINE St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	W	WIDOWED

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of THOMAS GEORGE GERMAN

6. DATE OF BIRTH (month, day, year) SEPT. 6, 1864

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
71 72	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00-9

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO MD

FATHER

13. NAME THOMAS ROCK

14. BIRTHPLACE (city or town) (State or country) IRELAND

MOTHER

15. MAIDEN NAME ANNA WALLACE

16. BIRTHPLACE (city or town) (State or country) IRELAND

17. INFORMANT MRS. JULIA TROLER

(Address) 215 S. CATHERINE

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date March 25 1936

19. UNDERTAKER Charles D. Schwab

505 N. Monroe st.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from JULY, 19[illegible], to FEB. 27, 19[illegible]

I last saw h[illegible] alive on FEB [illegible], 19[illegible] Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIO SCLEROSIS	
BICATARAL CATARACTS INCIP.	?
HYPERTENSION	
UREMIA	1/1/36
Other contributory causes of importance:	
CA. STOMACH	1935

Name of operation GASTROENTEROSTOMY Date of JULY

What test confirmed diagnosis? CLINICAL Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

AACo. 5-31 2908

F 21288

1288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1843 W. Lexington St. St. 20-1 Ward)

Length of residence in city or town where death occurred 7 yrs. 7 mos. — ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert A. Sealock.

(a) Residence: No. 1843 W. Lexington St. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widowed.

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annabelle Sealock.

7. DATE OF BIRTH (month, day, year) July-14-1853.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	7	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Front Royal Va.

13. NAME Owen Sealock.

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Virginia Turner.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Henry K. Basham.
(Address) 1843 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Front Royal - Va. Date March 1- 1936.

19. UNDERTAKER Charles J. Schwob
(Address) 505 N. Monroe St.

20. FILED [illegible] 1936
[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 27, 1936, to Feb. 28, 1936
I last saw him alive on Feb. 27, 1936 death is said to have occurred on the date stated above, at 4 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Myocardial degeneration	6 Mo
Cerebral thrombosis	2 weeks.

Other contributory causes of importance:

Cardiac collapse.	Feb 28

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Everett A. Mortimer Jr., M. D.
(Address) [illegible]

21289 ✓ F 21289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

×93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles C. Smelser

(a) Residence: No. Union Town, Md. St.; ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Of the late Matilda Smelser

DATE OF BIRTH (month, day, year) May 6 1854

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81 82	9	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) New Windsor Md Maryland

13. NAME William Smelser

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Sophia Fisher

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT C. H. Smelser

(Address) Uniontown Md

BURIAL, CREMATION, OR REMOVAL

Place Uniontown MD. Date March 3. 1936

UNDERTAKER H B Bankard & Son

(Address) Westminster Md

FILED ... 19... Registrar

29 1936 Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/29/36. 19

22. I HEREBY CERTIFY, That I attended deceased from 2/21/36. 19 to 2/29/36. 19

I last saw him alive on 2/29/36. 19. Death is said to have occurred on the date stated above, at 2:30 a.m. 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Hypertrophied Prostate (Benign)	
Uremia Retention	

Other contributory causes of importance: Arteriosclerotic Heart Disease

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Hansen Albertson, M. D.

(Address) University Hospital

D. H. 1268-9 F 21290

10203

F 21290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 89B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wade Smuth

(a) Residence: No. 23 Eastchip Rd St., Ward. Dundalk Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 10/11/22

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	13	4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ohio

13. NAME John E Smuth

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Lettie Dodge

16. BIRTHPLACE (city or town) (State or country) Ohio

INFORMANT Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Salem, Ohio Date Feb 29 36

UNDERTAKER Salem O Methodist Church

(Address) 1900 Eutaw Place

29 1936 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25 1936 to Feb. 28 1936

I last saw him alive on Feb. 28 1936 Death is said to have occurred on the date stated above, at 2:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Mastoiditis, Right	Feb 23 36
Septicemia	Feb 26 36

Other contributory causes of importance:

Pneumonia	Feb 28 36

Name of operation Mastoidectomy Date of Feb 26

What test confirmed diagnosis? Oper. Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Dudley C. Babb, M. D.

(Address) Johns Hopkins Hospital

F 21291

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21291

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Leto City Hospital St. 6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sarena Leto

If U. S. Veteran specify WAR

(a) Residence: No. 1503 N. Chapel St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline

6. DATE OF BIRTH (month, day, year) Aug. 18. 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	6	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. R. R. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arano Cecelia. Italy

13. NAME Salvador Leto

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Umbarra

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Wm. S. Pecora (father in law)

(Address) 151 N. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 2. 36

19. UNDERTAKER Milton Schilling

(Address) 1122 E. Monument St.

20. FILED 1-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquis thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquis find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. N. Wright M. D.

Coroner

(Address) 1010 S. Edwards Ave

21292 F 21292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3808 Norfolk Ave St., 5-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Bettie Hess

(a) Residence: No. 3808 Norfolk Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Hess

DATE OF BIRTH (month, day, year) Oct 13 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Abraham Frank

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Fannie Strauss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Della Hess

(Address) 3808 Norfolk Ave

18. BURIAL, CREMATION, OR REMOVAL Shaarei Shomayim Cem Date 3/2/ 1936

19. UNDERTAKER Chas E Register & Son

(Address) 2132 E Eutaw St Baltimore Md

20. FILED 19 Registrar

1-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 29th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1936 to Feb 28, 1936

I last saw h alive on Feb 28, 1936 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	24 -
Coma	
Right Hemiplegia	

Other contributory causes of importance: Odema of Lungs

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Eschman M. D.

(Address) 3204 Garrison Blvd

✓ F 21293

21293 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

123

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 12-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Conrad (Catherine) Becker

If U. S. Veteran specify WAR

(a) Residence: No. 3018 Barclay St. city St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M.

If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad W. Becker

DATE OF BIRTH (month, day, year) 10/26/1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	4	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburgh Pa.

13. NAME Albina McHenry

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Louise Krouse

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Conrad W. Becker

(Address) 3018 Barclay St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Sepulchre Date 3/2/36 19

19. UNDERTAKER Geo. J. Roth & Son

(Address) 1735 Harford Ave

FILED 19 Registrar

R 1-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-22, 1936 to 2-29, 1936

I last saw her alive on 2-29, 1936 Death is said to have occurred on the date stated above, at 12:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	2-1-36
Other contributory causes of importance:	
Bronchopneumonia	2-22-36

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify —

(Signed) L. Oppenheimer M. D.

(Address) Union Memorial Hosp.

D. B 1268-9

21294 HEALTH DEPARTMENT—CITY OF BALTIMORE F 21294

CERTIFICATE OF DEATH

94B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 E Preston Street St., 12-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 Years yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George E. Gibson

(a) Residence: No. 412 E Preston Street St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Connelly Gibson

DATE OF BIRTH (month, day, year): Sept. 2nd, 1861.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	5	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffeur of 23

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Hexton England

13. NAME

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): England

INFORMANT: E. Gordon Gibson (Son)

(Address): 412 E. Preston Street

BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Cem. Date: March 2nd 19 ...

UNDERTAKER: George G. Ruth, Inc.

(Address): 1735 Harford Ave

FILED: 3-1936 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 29, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. B. Wallace M. D. Coroner

(Address) 121 St. Paul St.

F 21295

D. B. 1268-9

21295 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

207 M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Penna. R. R. & Lenwood Ave. St., 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cosimo Mazzei

(a) Residence: No. 2436 E. Biddle Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Di Georgi Mazzei

DATE OF BIRTH (month, day, year) Feb. 29th, 1892.

7. AGE Years	Months	Days	If LESS than 1 day, ### hrs. or ### min.
43	II	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit vender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In business for 00 45

10. Date deceased last worked at this occupation (month and year) 3811

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

13. NAME Anthony Mazzei

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Mary Mazzei (Wife)
(Address) 2436 E. Biddle Street

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date March 2, 19

UNDERTAKER George Roth, Inc.
(Address) 1755 Harford Avenue

FILED 1936 Harrington Wilson, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound Fracture of Skull.	
Compound Fracture of left tibia	
Fracture of Right Femur.	

Other contributory causes of importance:

Shock

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Accident Date of injury Feb 28, 1936

Where did injury occur Penna R.R. — Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Railroad tracks

Manner of injury Struck by a train

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schuster, M. D. Coroner

(Address) 1914 E. North Ave

M. D. B 1268-9

F 21296

F 21296 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4339 York Rd. St. 27-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George F. Harper

(a) Residence: No. 4339 York Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND) of (wife) Martha Lena Harper

6. DATE OF BIRTH (month, day, year) May 6, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lunch Room

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME George F. Harper

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Emma Rymer

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Martha Lena Harper

(Address) 4339 York Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Lebanon Cem. Date 3/1 1936

19. UNDERTAKER Wm. Cook

(Address) 1214 St. Paul St.

20. FILED 3-1-1936 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 27 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	over

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1902 Mattfeldt Ave.

✓ F 21297

21297 HEALTH DEPARTMENT—CITY OF BALTIMORE

48

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1947 Harlem Ave St., 16-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth: ... yrs. ... mos. ... ds.

If U. S. Veteran, specify WAR ... No Record

2. FULL NAME Christina Pfau

(a) Residence: No. 1947 Harlem Ave St., ... Ward.
(Usual place of abode) 50 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	

6. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of William E. Pfau

DATE OF BIRTH (month, day, year) Sept 28 1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	7	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ref 0037
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Mrs Wm Higgins
(Address) 618 N. Appleton St
18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date March 3 36
19. UNDERTAKER William Cook
(Address) 1917 St Paul St
FILED ...

R 1-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1936, 1936 to Feb 29, 1936
I last saw her alive on Feb 29, 1936 Death is said to have occurred on the date stated above, at 9:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - Uterus	3 yrs
Contractures of Lt Hand	8 mo
Lt Hemiplegia	3 mo
Chronic Nephritis	
Other contributory causes of importance: Cardiac Insufficiency.	2 da

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Emil W Novotny M. D.
(Address) 806 N Milton Ave

H. D. B. 1368-9

21298 HEALTH DEPARTMENT—CITY OF BALTIMORE 21298

CERTIFICATE OF DEATH

8 2B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3213 Leeds St. 20-6 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin F. Dortzer

(a) Residence: No. 3213 Leeds St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~Not Living~~ Margaret A. Dortzer

DATE OF BIRTH (month, day, year) Nov 29th 1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	2	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Bavaria

13. NAME Peter Dortzer

14. BIRTHPLACE (city or town) (State or country) Bavaria

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Margaret A. Dortzer

(Address) 3213 Leeds Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar 2nd 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28. 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 11. 1931. to February 28. 1936

I last saw him alive on February 28 1936. Death is said to have occurred on the date stated above, at 9:30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis General and Cerebral	1931
Cerebral Embolism	9/1/35
Pneumonia Bronchial Terminal	2/24/36

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eliot W. Johnson, M. D.

(Address) 3432 Frederick Ave

F 21299 ✓ F 21299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 East 32nd St. 17-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary A Walker

If U. S. Veteran specify WAR No Record

(a) Residence: No. 206 East 32nd St., ... Ward. .....

(Usual place of abode) 73 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert T. Walker

DATE OF BIRTH (month, day, year) Oct. 8th 1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	4	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimor Md

13. NAME William Smith

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Edward Walker

(Address) 206 East 32nd St

18. BURIAL, CREMATION, OR REMOVAL Pl. Mt Carmel D. March 2d 1936

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

20. FILED ..... Registrar

4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25 1936 to Feb. 29 1936

I last saw her alive on Feb. 29, 1936 Death is said to have occurred on the date stated above, at 9:29 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	2-29-36

Other contributory causes of importance:

Senility, Atherosclerosis, Hypertension

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J Harvey Linden M. D.

(Address) 16 E Broadway

M. D. P. 126 F 21300 ✓ F 21300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3309 Rosekeny Ave. St. 27-2 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frederick Wm. Weigel

(a) Residence: No. 3309 Rosekeny Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE~~) of Lydia Weigel

6. DATE OF BIRTH (month, day, year) November 26, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hatter 1056

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hat Factory

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Julius Weigel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Kaefgleins

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Lydia Weigel

(Address) 3309 Rosekeny Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Woodland Memorial Pk. Date 3/2/36

19. UNDERTAKER Harry H. Pritzlaff

(Address) 4101 Edmondson Ave. Baltimore, Md.

20. FILED 21-1936 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1919 E. North Ave.

F 21301 ✓ F 21301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 S Montford Ave St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ewa Kowak

(a) Residence: No. 701 S. Montford Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Kowak.

DATE OF BIRTH (month, day, year) 1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

13. NAME Lorenski

14. BIRTHPLACE (city or town) (State or country) Poland.

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Clara Kowak

(Address) 701 S Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date March 2 1936

19. UNDERTAKER Fred W Krajewski

(Address) 1930 Eastern Ave.

20. FILED 1-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26 1936

22. I HEREBY CERTIFY, That I attended deceased from July 35 to Feb 26 1936

I last saw h[illegible] alive on Feb 26 1936 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Arter Sclerosis	?
Chr. Myocarditis	

Other contributory causes of importance:

Acute Myocardial Insuff	2 day

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Karl L Zeigler M. D.

(Address) 700 E Baltimore

21302

HEALTH DEPARTMENT—CITY OF BALTIMORE

21302

CERTIFICATE OF DEATH

Registered No. 168

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Coast Guard Station Fort McHenry St., 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos. 18 ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Karl DeLorme

(a) Residence: No. 1650 W. 50th St. Norfolk, Va. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

If married, HUSBAND of (or WIFE of) Mae E. DeLorme

DATE OF BIRTH (month, day, year) February 29, 1892

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boatsman, U.S.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coast Guard Cutter Apalone.

10. Date deceased last worked at this occupation (month and year) 0026

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Do not know.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

INFORMANT Edward G. Davis.

(Address) Gardenville, Md.

BURIAL, CREMATION, OR REMOVAL

Place Arlington Cem. Virginia Date March 2, 1936

UNDERTAKER [illegible]

(Address) 125 E. North ave.

FILED ....., 19.... .....Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 10.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
External Hemorrhage.	
Cut his throat with a penknife.	
Suicide	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury Feb. 27, 36

Where did injury occur? Coast Guard Station
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Cut his throat with penknife

Nature of injury Cut throat.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto Steinhardt, M. D.
Coroner

2/28/36 (Address) 1017 E. Charles St.

F 21303

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21303

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 N. Gay St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louise Jordan

(a) Residence: No. 1115 N. Gay St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

6. If married, widowed, or divorced (or) ~~HUSBAND~~ of WIFE of William Jordan

DATE OF BIRTH (month, day, year) 5/30/1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	8	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louise Co Va

13. NAME Georye Hart

14. BIRTHPLACE (city or town) (State or country) Louise Co Va

15. MAIDEN NAME Emily Turner

16. BIRTHPLACE (city or town) (State or country) Louise Co Va

17. INFORMANT Wm. Jordan

(Address) 1115 N. Jay

18. BURIAL, CREMATION, OR REMOVAL Va

Place Louise Co. Date 3/3/36 19

19. UNDERTAKER Robt. Williams & Son

(Address) 1515 McCulloh St.

20. FILED ..... 19 ..... Registrar

MAR 1 -

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/31 1936 to 2/28 1936

I last saw h. cr alive on 2/28 1936 Death is said to have occurred on the date stated above, at 3:45 m. p.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage.	Jan'36
Other contributory causes of importance: Interstitial Nephritis	? acute

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation no Date of .....

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Wayne Thomas M. D.

(Address) 1500 E. Madison St

F 21304

21304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 958

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ✓ yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert S. Urban

(a) Residence: No. 4021 Belle Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill Worker. 0046

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Alfred C. Urban

14. BIRTHPLACE (city or town) (State or country) Penna.

15. MAIDEN NAME Anna M. Spratt

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Katherine S. Melby

(Address) 4021 Belle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Mar 3 1936

19. UNDERTAKER Harry N. Cunningham & Son

(Address) 4204 Ridgewood Ave.

20. FILED 19 [illegible]

1-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1936 to May 1, 1936

I last saw him alive on May 1, 1936 Death is said to have occurred on the date stated above, at 12:05 A m.

The principal cause of death and related causes of importance were as follows:

arteriosclerotic cardio-vascular disease — Date of onset .....

Other contributory causes of importance:

Pulmonary edema

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Melton S. Sachs M. D.

(Address) Mercy Hospital.

F 21305

21305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 N. Kenwood Ave. St., 7-1 Ward)

Length of residence in city or town where death occurred, 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Matilda Lucy Crabbe

(a) Residence: No. 803 N. Kenwood Ave. St., ... Ward. ... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence E. Crabbe

DATE OF BIRTH (month, day, year) October 7, 1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	4	24	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westmoreland Co., Va.

13. NAME George Washington Goldsbrough

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Harvey

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Lucy C. Gibson

(Address) Centreville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Centreville, Md. Date Mar. 3/36 19

19. UNDERTAKER Henry U. Meads & Son

(Address) 800 N. Carey St.

20. FILED ... Registrar

a Love Point Ferry. Escort Mrs. W. Hopper Gibson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1. 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 35 to March 1, 1936

I last saw h alive on Feb 19 1936 Death is said to have occurred on the date stated above, at 4:20 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset Feb 20 1936

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation None Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. E. Lee Taylor M. D.

(Address) 1 Winterworth Pl. Balto.

21306 **STATE OF MARYLAND—CERTIFICATE OF DEATH** 21306

3914

95B

1. PLACE OF DEATH

County 4100 Reisterstown Rd. Registration Dist. No.

Village or City No. 15-13 St., Ward

(If death occurred in a hospital or institution, give NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. if of foreign birth? 0 yrs. mos. ds.

2. FULL NAME Yetta Shapiro

(a) Residence: No. 4100 Reisterstown Rd Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Zundel

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House Wak

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Soloman

MOTHER

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Baila

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Harry Klotzman

(Address) 4100 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Wash. Blvd Date 3/2/36, 19

19. UNDERTAKER: Jos. Louis Sons

(Address) 1439 E. Baltimore St.

20. FILED 3-1-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 3 (Month) 1 (Day) 1936 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1936, to March 1st, 1936

I last saw her alive on March 1st, 1936; death is said to have occurred on the date stated above, at 6:15 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Senility (arteriosclerotic cardio-vascular disease)	
Other Contributory Causes of importance: Hypotension, Infected Bed-Sore	

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel S. Glick M.D. M. D.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

21307

F 21307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 6-5 Ward)

Registered No. 122a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Benjamin Essman

(a) Residence: No. 1817 E. North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Rose Essman

DATE OF BIRTH (month, day, year) May 10 1886

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	49	9	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 0.80

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Abba Essman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Helen

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 3/2/36 19

Hebrew Rodaly

19. UNDERTAKER Jack Levin Inc

(Address) 1439 E. Baltimore St

20. FILED 1936 19 Registrar

1-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 23, 1936, to February 29, 1936

I last saw him alive on February 29, 1936. Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Inguinal Hernia	
2. Pulmonary embolism	2-29-36
Other contributory causes of importance:	

Was an operation performed? yes Date of 2-24-36

For what disease or injury? Inguinal hernia

Name of operation Herniaplasty Date of 2-24-36

What test confirmed diagnosis? Op Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M M Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

F 21308

21308 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 Calhoun St.) (Ward) 20th

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Gehmdt Stutz

(a) Residence: No. 123 S Calhoun St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gottfried Stutz

DATE OF BIRTH (month, day, year) Sept 7 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr Frederick Stutz

(Address) 123 S Calhoun

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date March 2 1936

19. UNDERTAKER Chas J Strauss

(Address) 1121 Fort Ave

20. FILED MAR 1 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29. 1935 to Feb 27 1936

I last saw h.er alive on Feb 27 1936 Death is said to have occurred on the date stated above, at 1 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	3 yrs
Arteriosclerosis.	5 yrs
Other contributory causes of importance: Myocardial Degeneration.	3 wks

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation none Date of —

What test confirmed diagnosis Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M J Hanna M. D.

(Address) 1824 W Baltimore St.

F 21309

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21309

CERTIFICATE OF DEATH ✓ 12B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 Wyeth St St. 21-12 Ward.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Earl Wilson

(a) Residence: No. 624 N Wyeth St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of never

6. DATE OF BIRTH (month, day, year) Oct 10 1922

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13	4	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME George W Wilson

14. BIRTHPLACE (city or town) (State or country) Prince Geo Co Md

15. MAIDEN NAME Maud M Parker

16. BIRTHPLACE (city or town) (State or country) Prince Geo Co Md

17. INFORMANT George W Wilson

(Address) 624 N Wyeth St

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Hills Md Date Mar 2 1936

19. UNDERTAKER Tourtellot & Byers Inc

(Address) 1017 W Fayette St

20. FILED MAR 1 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1936 to Feb 28, 1936

I last saw him alive on Feb 28 1936 Death is said to have occurred on the date stated above, at 5.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	4 days
Secondary Anaemia	1 month
Other contributory causes of importance: Hodgkins Disease	1 year

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry F Kates. M. D.

(Address) 533 Scott St

F 21310

21310 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 82a

1. PLACE OF DEATH Belvue Sanitorium
CITY OF BALTIMORE: (No. 600 Chapel gate Lane St. 14 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Katherine Hunt Jerome
(a) Residence: No. 1613 Bolton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): widow
6. If married, widowed, or divorced HUSBAND of (or) WIFE of: James W. Jerome
7. DATE OF BIRTH (month, day, year): Sept 7 1857
8. AGE: Years 78; Months V; Days 24; If LESS than 1 day, ... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1037
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Baltimore Co Md
13. NAME: Joseph Curtis Hunt
14. BIRTHPLACE (city or town) (State or country): Baltimore Co Md
15. MAIDEN NAME: Annie E. Curtis
16. BIRTHPLACE (city or town) (State or country): Baltimore Co Md
17. INFORMANT: Helen Hunt Jerome
(Address) 1613 Bolton St
18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Cemetery Date: March 2 1936
19. UNDERTAKER: Chas. H. Slade
(Address) 942 N Eutaw ave
20. FILED: 10 a.m. March 1 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 28, 1936
22. I HEREBY CERTIFY, That I attended deceased from Feb-1, 1936, to Feb. 28, 1936
I last saw her alive on Feb 28, 1936. Death is said to have occurred on the date stated above, at 2.20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
Other contributory causes of importance:	
Senile Pneumonia	

Was an operation performed? — Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury —
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) W. Sherwood Fort M. D.
(Address) 20 E. Preston St

F 21311 F 21311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4839 Park Heights St. 27-17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles A. Trieschman

(a) Residence: No. 4839 Park Heights St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Shirley Trieschman

DATE OF BIRTH (month, day, year) Sept. 12, 872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Job Painting

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Randallstown, Md.

13. NAME Henry Trieschman

14. BIRTHPLACE (city or town) (State or country) Randallstown Md.

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Randallstown Md.

17. INFORMANT Mrs Sadie Shirley Trieschman
(Address) 4839 Park Heights.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olive, Randallstown Date 3/2/36 19

19. UNDERTAKER Vernon Lemmon
(Address) 6611 Park Heights.

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1936. to Feb 28, 1936.
I last saw h~~im~~ alive on Feb 28, 1936. Death is said to have occurred on the date stated above, at 9.30 ~~P~~ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	
Pulmonary Tuberculosis	

Name of operation ——— Date of ———

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? no Date of injury ——— 19

Where did injury occur? ———
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ———

Nature of Injury ———

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ———

(Signed) Chas. E. Jones, M. D.

(Address) 5776 Park Heights Ave

21312 F 21312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH County Balto Gen Hosp (If not in hospital, give street address)

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 24 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs 12 days mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Mary Brooks

(a) Residence: No. Sulphur Springs Rd. Catonsville (Home) Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Brooks

7. DATE OF BIRTH (month, day, year) Dec 21 1864

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	2	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Husband (Address) Sulphur Springs Rd

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 3/3 1936

19. UNDERTAKER Edw Foulkrod (Address) 2319 Pennsylvania Ave

20. FILED 3-3-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28/1936

22. I HEREBY CERTIFY, That I attended deceased from 2/16/1936 to 2/28/1936

I last saw her alive on 2/28/1936 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive arteriosclerotic Cardiovascular Renal Disease	
c Morbid decompensation -	

Other contributory causes of importance:

Degenerative Myocarditis

Acute Pulmonary Oedema

Was an operation performed? ..... Date of .....

For what disease or injury? No

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W. Alonso, M. D.

(Address) 20. Balto, Gen Hosp

21313 F 21313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Washington

(a) Residence: No. 711 Lafayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	S

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Nov 28, 1936

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME not known

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Viola Washington

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Fannie Washington
(Address) 711 Lafayette ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Pisgah Cemetery Date Mar. 2 1936

19. UNDERTAKER Page & Waters
(Address) 213-N. Pine Street

20. FILED 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28. 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1936, to Feb 28, 1936

I last saw h[illegible] alive on Feb 21, 1936. Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Francis G. Dickey M. D.

(Address) University Hospital

F 21314

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21314

93D

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2733 Fenwick Ave 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Josephine Harrington

(a) Residence: No. 2733 Fenwick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND Alfred N Harrington

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 80 years			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Wm P Dickerson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary P Larmore

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ernest G Ward
(Address) 2733 Fenwick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Mar 2nd 193[illegible]

19. UNDERTAKER Geo M. Smith & Son
(Address) 611 W Lexington St

20. FILED [illegible]

R1-1026

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1-35, 19 , to Feb 28 , 1936.

I last saw h alive on Feb 27 , 1936. Death is said to have occurred on the date stated above, at 12 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Cardiac Obstruction	Feb 28

Other contributory causes of importance:

Myocardial Insufficiency	?
Arteriosclerosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm P Lemmon M. D.

(Address) 7 E N Patterson Pl

F 21315

F 21315 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

6-3 59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 431 N. Patterson Pk Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Mary E. Heisner

(a) Residence: No. 431 N. Patterson Pk. Ave. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Heisner

DATE OF BIRTH (month, day, year) May 13 74

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	9	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Ellis

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Cassie McDonnell

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Edwd Heisner

(Address) 431 N. Patterson Pk Ave

18. BURIAL, CREMATION, OR REMOVAL. Interment Loudon Park Mar 2nd 1936

Place

19. UNDERTAKER Geo M. Gruber Son

(Address) 811 W Lexington

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1931 to Feb. 27, 1936

I last saw her alive on Feb. 26, 1936 Death is said to have occurred on the date stated above, at 6 30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 2-27-36

Other contributory causes of importance:

Diabetes — 1931

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Peter E. Fitzgerald M. D.

(Address) 643 E. Brook Ave

F 21316

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21316

CERTIFICATE OF DEATH

✓ 72-a

1. PLACE OF DEATH Maryland General Hospital St., 27-17 Ward) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George H Brunson

(a) Residence: No. 2709 Edmondson Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Katherine Brunson

DATE OF BIRTH (month, day, year) Feb 5 1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	0	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Valiant Co & Nelson

10. Date deceased last worked at this occupation (month and year) Nov. 1935

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Grand Rapids Michigan

13. NAME Albert Brunson

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Viola Miller

16. BIRTHPLACE (city or town) (State or country) Grand Rapids Mich

17. INFORMANT Hosp records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem Date March 2 1936

19. UNDERTAKER Joseph L Cook
(Address) 1007 E. Baltimore St.

Filed 2-1936 Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1936 to Feb 28 1936

I last saw him alive on Feb 28 1936. Death is said to have occurred on the date stated above, at 12:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphatic leukemia	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John J Kearney M. D.

(Address) Maryland General Hosp

spec.—2-29-28—L. F. S.—500 Bks.

F 21317

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21317

CERTIFICATE OF DEATH

108

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3131 Abell Ave ST. 17-7 WARD)

2—FULL NAME William Edwin Cassell

(a) RESIDENCE NO. 3131 Abell Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Josephine A Cassell

DATE OF BIRTH (month, day, and year) Dec. 28 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired - Brick Layer

(b) General nature of industry, business, or establishment in which employed (or employer) 0011

(c) Name of employer Self - Baltimore

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER William A Cassell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Susan Phelps

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Grace S. Logan

(Address) 3131 Abell Ave

FEB 2 - 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 1 1936

17 I HEREBY CERTIFY, That I attended deceased from Feb 29, 1936, to Mar 1, 1936.

that I last saw h/M alive on Feb 29, 1936

and that death occurred, on the date stated above, at 9.15 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. V. D. Wack, M. D.

, 19 (Address) 513 East 39th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem DATE OF BURIAL March 3" 19 36

20 UNDERTAKER Joseph H B Cook ADDRESS 1903 N. Calvert St

F 21318

21318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 N. Monroe St., 20th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret M. Grimes

If U. S. Veteran specify WAR .....

(a) Residence: No. 406 N. Monroe St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married.

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank A. Grimes.

DATE OF BIRTH (month, day, year) May 5, 1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	9	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. #37

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Galway (State or country) Ireland

Father Bryan Jackson

13. MAIDEN NAME Mary Cassidy

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Mr. Frank A. Grimes.

(Address) 406 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May 3 1936

19. UNDERTAKER Wm. Fichter & Sons

(Address) South & Paca Sts.

FILED ..... 19 ..... Registrar.

No. .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28. 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1936, to Feb. 28, 1936.

I last saw her alive on Feb. 28, 1936. Death is said to have occurred on the date stated above, at 6.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac failure.	6h
Other contributory causes of importance: Chronic myocarditis. Dementia (Malapaxis)	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Fulton Jr. M. D.

(Address) 4 N. Fulton Ave.

F 21319

F 21319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-3

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3126 Belmont Ave 16-7 Ward)
Length of residence in city or town where death occurred 61 yrs. 2 mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Charles Blanchard Phillips
If U. S. Veteran specify WAR ...

(a) Residence: No. 3126 Belmont Ave. Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Sophie Phillips

DATE OF BIRTH (month, day, year) Dec. 14, 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	2	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Right of way Agent, C. & P. Tel. Co.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...
12. BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME OF FATHER Charles B. Phillips.
14. BIRTHPLACE (city or town) (State or country) Boston Mass.
15. MAIDEN NAME OF MOTHER Fredericka Binder
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.
17. INFORMANT Miss Bertha F. Phillips
(Address) 3126 Belmont ave.
18. BURIAL, CREMATION, OR REMOVAL Mar 2 1936
Place St. Matthews
19. UNDERTAKER Wm. J. Reiker Sons
(Address) Lord & Paca sts.
FILED ... Registrar

MAR 2-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27. 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1935, to Feb 26, 1936
I last saw h... alive on Feb 26 1936 Death is said to have occurred on the date stated above, at 9.15a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach.	Some time about April 1935

Other contributory causes of importance: ...

Was an operation performed? Yes Date of 11-5-1935
For what disease or injury? Cancer of Stomach
Name of operation Gastro-enterostomy Date of 11/6/1935
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) W. J. Love M. D.
(Address) 2211 Eutaw Place

~~21320~~ F 21320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 W. Franklin St., 20 1 Ward)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mark G. Snyder

(a) Residence: No. 1906 W. Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 22 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Work Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6604

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Snyder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kate Bushmann

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) 1906 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date 3/4 1936

19. UNDERTAKER Geo. W. Lillie
(Address) 1001 Edmondson Ave.

20. FILED 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, at 12 15 a m,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of base of skull	

Other contributory causes of importance: Lobar epilepsy & fibrous stricture

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Feb 29 1936

Where did injury occur? [illegible]
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury Fell back wards from stair 3rd B

Nature of injury Fractured base of skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) [illegible] M. D.
Coroner

(Address) 12 15 Hanover

21321 F 21321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) South Balto Gen St., Ward) Hosp 9

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mr Paul Fatberg Forberg

(a) Residence: No. 707 South Highland Ave St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 26 - 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	4	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tool maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Emile Fatberg Forberg

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hilda Kraus
(Address) 707 So. Highland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lurel Date Mar 2 36

19. UNDERTAKER Lilly & Zeltmann
(Address) 1418 S Mar

20. FILED 2-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/22, 1936, to 2/29, 1936

I last saw h[illegible] alive on 2/28, 1936 Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Essential Hypertension	
Fibrinous Pericarditis	

Other contributory causes of importance:
Acute Pulmonary aedema
Generalized aedema due to Broken Compensation

Was an operation performed? Date of

For what disease or injury? NO

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) M. Alonso M. D.
(Address) So Balto Gen Hosp.

F 21322

HEALTH DEPARTMENT—CITY OF BALTIMORE

21322

CERTIFICATE OF DEATH

160-3

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., 15-9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Cross

(a) Residence: No. 20 Hundredth Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Newborn

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 17

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 30 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Univ. Hosp. Balto. Md

13. NAME John Harry Cross

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Anna Mowe

16. BIRTHPLACE (city or town) (State or country) Swansea England

17. INFORMANT (Address) John Harry Cross Baltimore, Md

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date March 2, 1936

19. UNDERTAKER Frank E. Peterson (Address) 2518 E. Baltimore St

FILED Huntington Nov 17, 1936

MAR 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-17-36, 19..., to 2-17, 19..., I last saw h.m alive on 2-27, 1936. Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra Cranial Haemorrhage	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. H. DeVilbiss M. D.

(Address) Univ. Hosp.

F 21323

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21323

131

CERTIFICATE OF DEATH

Registered No. 7710

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4429 Whitwood Ave St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Lay

(a) Residence: No. 4429 Whitwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Millie Lay

7. DATE OF BIRTH (month, day, year) June 7 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65		22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Randolph Lay

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katherine

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Millie Lay
(Address) 4429 Whitwood Ave

18. BURIAL, CREMATION, OR REMOVAL Cemetery Md. Date March 3, 1936

19. UNDERTAKER Thompson-Linton
(Address) 3615 Eastern Ave

FILED 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 29. 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30 1934 to Feb. 29 1936

I last saw him alive on Feb. 25 1936 Death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of heart	
Mitral insufficiency	1934
Other contributory causes of importance:	
Chronic Myocarditis	Sept 1934
Chronic interstitial Nephritis	Sept 1934

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None

(Signed) Albert E. Lebherz M. D.

(Address) 649 Belair Road

Spec.—9-30—A & Co.—250 Bks

F 21324

F 21324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Y 107-a

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1802 Maryland Ave ST. 12-5 WARD)

2 FULL NAME Liliana Brown

(a) RESIDENCE NO. 1802 Maryland Ave ST. ..... WARD Female
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 24 mos. ds. How long in U. S. (if of foreign birth)? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	1	14		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) New York - N.Y.

PARENTS

10 NAME OF FATHER Lionel Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jamaica West Indies

12 MAIDEN NAME OF MOTHER Susie Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Lionel Brown
(Address) 1802 Maryland Ave

15 Filed ..... 19..

MEDICAL CERTIFICATE OF DEATH X

16 DATE OF DEATH (month, day, and year) Feb. 29-36

17

I HEREBY CERTIFY, That I attended deceased from Feb 22, 1936, to Feb 28th, 1936

that I last saw h... alive on Feb 28, 1936

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Observation

(Signed) Spn Conrad Cole, M. D.

, 19 (Address) 1910 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Mar 2 1936

20 UNDERTAKER V. G. Brooks 1463 N. Carey — ADDRESS

M. D. B 1268-9

21325 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 21325

CERTIFICATE OF DEATH ✓ x 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. H-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mildred Louise White

(a) Residence: No. Pasadena Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May, 22, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C C O

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pasadena (State or country) Md.

FATHER

13. NAME Wesley F. White

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Myrtle DeVal

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Myrtle DeVal White
(Address) Pasadena Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mag. Epis. Church Cem Date March 3, 1936

19. UNDERTAKER John F. Denny
(Address) 315 Light St

20. FILED MAR 2 - 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb. 29, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary	
Bronchopneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) H. B. O'Sullivan M. D.
Coroner

(Address) 275 N. Pine

M. D. B. 1268-9

F 21326

F 21326 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 126

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 1 St. 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes Craig Shillady

(a) Residence: No. 1 Home for Incurables St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 18, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brookline, Mass.
(State or country)

FATHER

13. NAME Isaac Shillady

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Margaret Craig

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Home for Incurable Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Everett Mass Date Mar 2 1936

19. UNDERTAKER John F. Penny
(Address) 415 Light St

MAR 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 12 1935 to Feb 29 1936

I last saw her alive on Feb 24 1936 Death is said to have occurred on the date stated above, at 3.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria hypertension	1930+
Arteriosclerosis	"
Chronic Nephritis	"
Uremia	1936
Other contributory causes of importance:	
Gall stones	1936
Operation drainage of gall bladder	

Name of operation Cholecystotomy Date of 2/1/36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Hartford Hopkins M. D.

(Address) 214 Med. Arts Bldg.

M. D. B. 1268-a

21327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 Park Ave St., 14 Ward)

Length of residence in city or town where death occurred 79 yrs. 7 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Toms. FOMS

(a) Residence: No. 1429 Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of Joseph F. Toms.

7. DATE OF BIRTH (month, day, year) July 17 - 1856

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	7	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Martin Cole

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Rachel Ruckle

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Michelle Toms Tyler

(Address) 1429 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Mar. 2 1936

19. UNDERTAKER Jno. W. Jenkins & Son

(Address) 1300 Eutaw & Richard Sts

FEB 22 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-29 1936

22. I HEREBY CERTIFY, That I attended deceased from DEC. 1929 to 2-29 1936

I last saw him alive on 2-22 1936 Death is said to have occurred on the date stated above, at 7.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) CHR. ARTERIOSCLEROTIC HEART DISEASE	1925?

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) 1122 N. Paca St.

F 21328

21328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH: Mt Bello Gen Hosp (Da) Registered No. 28-2
CITY OF BALTIMORE: (No. ..... St., ... Ward.)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
U. S. Veteran (specify WAR)

2. FULL NAME: Helen Mother Maxwell

(a) Residence: No. 4211 Liberty Hgts St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 28 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	60	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME John T Maxwell Jr
14. BIRTHPLACE (city or town) (State or country) Britain

MOTHER
15. MAIDEN NAME Lucy Wright
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Miss Mary Rawlings
(Address) 4211 Liberty Heights

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date 3/2 1936

19. UNDERTAKER Lewis H Jaker & Son
(Address) 1300 Eutaw Place

20. FILED 2-1936 1936 Livingston Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/29 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, have viewed the same and from the evidence obtained by me (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury?
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
(Accident, suicide, or homicide) Accident Date of injury 3/29 1936
Where did injury occur? Liberty Hgts near Hickory Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
How injury occurred Struck by automobile
Was injury fatal? Not Crossing street

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signature) Gilbert Bailey M. D.
Coroner
(Address)

M. D. B. 1269-b

F 21329

21329 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 W. Lanvale St., 11-4 Ward)

Length of residence in city or town where death occurred about 16 yrs. mos. ..da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Gertrude Carley

(a) Residence: No. 203 W. Lanvale St., 11 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Dec. 20. 1891.

7. AGE: Years 44 | Months 2 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Registrar 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Teachers College, Towson

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation: 10 yrs.

12. BIRTHPLACE (city or town) (State or country): Newport, R. I.

MOTHER FATHER

13. NAME: John Carley

14. BIRTHPLACE (city or town) (State or country): Brookfield, Conn.

15. MAIDEN NAME: Mary Doran

16. BIRTHPLACE (city or town) (State or country): Fall River, Mass.

17. INFORMANT: Birth Certificate

(Address) Dr. Norman B. Cole

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 2 1936

19. UNDERTAKER: F. W. Jenkins, McCulloh & Orchard Sts.

(Address)

20. FILED 2-1936, 19.. Clinton Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 1, 1936.

22. I HEREBY CERTIFY That I attended deceased from 1928 to Mar. 1, 1936.

I last saw h alive on March 1, 1936 Death is said to have occurred on the date stated above, at 8:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hodgkins Disease (diagnosis made 1925).	?

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis Biopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Norman B. Cole M. D.

(Address) 622 Medical Arts Bldg.

F 21280 100 Blks.

F 21330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

REGISTERED NO. 3713

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 639-N. Shroeder St. ST. 16-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Washington Harris

(a) RESIDENCE NO. Same as above ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35- yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Harris

DATE OF BIRTH (month, day, and year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer O'Neil Co.

BIRTHPLACE (city or town) (State or country) Raleigh N. C.

10 NAME OF FATHER ? Geo. H. Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Raleigh N. C.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

Informant Mamie Harris (wife)

(Address) 639- Shroeder St.

Filed 2-1936, 19 Huntington Indiana Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25, 1936

17 I HEREBY CERTIFY, That I attended deceased from Feb. 25, 8:10, 1936, to Feb. 25, 8:20, 1936, that I last saw him alive on Feb. 25, 1936, and that death occurred, on the date stated above, at 8:20 A. m.

The CAUSE OF DEATH* was as follows:

Apoplatic Stroke

15- Minutes (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterial Pressure + Arterio-Sclerosis (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) M. E. Keeley, M. D.

, 19 (Address) 702-N. Carrollton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 3- 2 1936

UNDERTAKER Bernard P. Hendy

ADDRESS 818 Druid Hill Ave

F 21331

F 21331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 1-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2III Bank St. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? 43 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Antonina Przybyszewski

(a) Residence: No. 2III Bank St. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Przybyszewski

DATE OF BIRTH (month, day, year) Unknown

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	-	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kamienko Poland

13. NAME Joseph Lewandowski

14. BIRTHPLACE (city or town) (State or country) Kamienko Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Kamienko Poland

17. INFORMANT Mr. Joseph Przybyszewski

(Address) 2III Bank St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place St. Stanislaus Cem. Date 3/4/36 19

19. UNDERTAKER M. F. Sadowski & Sons

(Address) 1804 Eastern Ave.

Huntington Williams, 1937

Registrar

FILED 2-1936 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1935 to Feb. 29, 1936

I last saw her alive on Feb. 29, 1936 Death is said to have occurred on the date stated above, at 6:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	1 day
Other contributory causes of importance:	
Chr. interstitial nephritis	?
Chr. myocarditis	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Emil Palewicz M. D.

(Address) 1001 E. Pratt St

F 21332

Fm. 21332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 Edgewood St., 10-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Vanessie May Harman If U. S. Veteran specify WAR .....

(a) Residence: No. 419 Edgewood St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George H. Harman

6. DATE OF BIRTH (month, day, year) Jan 31 - 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME ? Smith

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Josephine Mumstraw

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT George H. Harman

(Address) 419 Edgewood St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 2 1936

19. UNDERTAKER Wm J. Ising & Sons

(Address) North + Penna Ave

20. FILED ..... 19... Huntington Williams, MD

2-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above. I. C. C.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Hip	Dec 1935
Other contributory causes of importance: Angina Pectoris	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1936

Where did injury occur? In the home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of injury Slipped or stumbled

Nature of injury Fractured Hip

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Thos. H. Phillips Coroner M. D.

(Address) 1939 Edmondson Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 21333

21333

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1037 Aisquith St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Meninger

(a) Residence: No. 1037 Aisquith St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose Meninger

6. DATE OF BIRTH (month, day, year) May 6 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In Business for himself

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Wilhelm Meninger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Florence Gross

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Rose Meninger
(Address) 1037 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date March 4 1936

19. UNDERTAKER Haney Funeral Home, Inc
(Address) 130 E. Eager St

FILED MAR 2 1936 [redacted] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 - 1935 to Feb 29 1936

I last saw him alive on Feb 28 1936 Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

Cardiac Thrombosis 2/29/36

Other contributory causes (secondary, etc.) Hypostatic Pneumonia 2/29/36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Cystoscopic Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

(Signed) J. [illegible] Thompson M.D.

(Address) 1 E Baltimore St

M. D. B. 1936

21334

HEALTH DEPARTMENT—CITY OF BALTIMORE

21334

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2820 Walbrook St. 45-6 Ward)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie M. Albert

(a) Residence: No. 2820 Walbrook St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julius F. Albert

6. DATE OF BIRTH (month, day, year) May 1 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bahrenfeld Germany

FATHER

13. NAME Frank Seaker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Jagerson

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Seaker
(Address) 2820 Walbrook St.

18. BURIAL, CREMATION, OR REMOVAL Date March 3 1936
Place Holy Redeemer

19. UNDERTAKER Henry Hoen & Sons, Inc.
(Address) 1301 E. Biddle St.

2-7 1936 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 29 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above, at 1:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis,	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hauer, M. D.
Coroner

(Address) 1215 Hanover

21335

HEALTH DEPARTMENT—CITY OF BALTIMORE

21335

CERTIFICATE OF DEATH

1. PLACE OF DEATH: On a lot in the rear of

CITY OF BALTIMORE: (No. 1021 S. Sharp St. St., 23-1 Ward)

Registered No. 190

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ---- yrs. ---- mos. ---- ds.

2. FULL NAME: Charles M. Harris. C.

(a) Residence: No. 1028 S. Sharp. St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

6a. If ~~married~~ widowed, ~~or husband~~ HUSBAND of (or WIFE of) Lottie Harris. C.

6. DATE OF BIRTH (month, day, year) September 7, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	5	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

13. NAME Jessie Harris. C.

14. BIRTHPLACE (city or town) (State or country) Virginia.

15. MAIDEN NAME Ella Slaughter. C.

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Jackson Harris. (C) brother.

(Address) 916 Beven St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date Mar. 2, 1936

19. UNDERTAKER Walter B. Long 95

(Address) 139 W. Hamley St.

20. FILED Huntington Fullbright 3/2/36

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cold and exposure.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) O. C. Steinhardt, M. D. Coroner

(Address) 1017 E. Charles St.

M. D. B 1268-9

21336

✓ F 21336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

×173

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samual T. Edwards

If U. S. Veteran specify WAR .....

(a) Residence: No. Odenten A.A.Co. Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May. 19, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Benj. Edwards

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherin Wallice

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Benj. Edwards
(Address) Odenton Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Hambulls A.A.Co. Date Feb. 3 19 36

19. UNDERTAKER J. O. Johnson Odenton
[illegible] Williams Md

20. FILED 2-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 29, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Wound	
Gun Shot of Head	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? No

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury Feb. 29, 1936

Where did injury occur? Home Odenton Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Gun shot of Head

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) H. K. Sadler M. D.
Coroner

(Address) Odenton Md.

✓ F 21337

21337 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 N. Wolfe St., 8-7 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Minerva Simpson

(a) Residence: No. 1100 N. Wolfe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Plesent Simpson

6. DATE OF BIRTH (month, day, year) 1/9/1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Charlotte Va

FATHER

13. NAME William Hooton

14. BIRTHPLACE (city or town) (State or country) Charlotte Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Eleanora Robinson
(Address) 1100 N. Wolfe.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Mar 2 1936

19. UNDERTAKER Mrs Robt A Elliott-daughter
(Address) 1100 [illegible]

2-1936 1936 APR Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/5 1936 to 2/28 1936

I last saw her alive on 2/27 1936 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	?
Other contributory causes of importance:	
chr. myocarditis	?
chr. Int. Nephritis	?

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Wayne Thomas M. D.

(Address) 1500 E. Madison

21338 ✓ F 21338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 N. Bentley St., 6-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. / mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Oliver A. Freburger

If U. S. Veteran specify WAR .....

(a) Residence: No. 412 N. Bentley St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena M. Freburger

6. DATE OF BIRTH (month, day, year) May 12/1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME — Freburger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sarah —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Andrew C. Freburger

(Address) 412 N. Bentley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Mar 2 1936

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Orleans St.

20. FILED ~~Lexington~~ Williams 1936

2-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 1936 to Feby 27, 1936

I last saw h[illegible] alive on Feby 26, 1936 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	One Year

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter W. White Jr. M. D.

(Address) 2800 Park Ave

✓ F 21339

339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland General Hospital St., 6 Ward

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 2½ yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James A League

(a) Residence: No. 403 N. Milton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. League

6. DATE OF BIRTH (month, day, year) May 23, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
68	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Job

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George League

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Disney

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Mar. 6. 1936

19. UNDERTAKER Philip Herwig Inc
(Address) 306 Orleans St.

20. FILED MAR 6 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-1- 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-17 1936, to 3-1 1936

I last saw him alive on 3-1 1936 Death is said to have occurred on the date stated above, at 9:50 p.m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver. Abdominal Ascities. (Alcoholic cirrhosis)

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John A. Barnaby M. D.

(Address) Maryland General Hosp

M. D. B. 1268-9

F 21340

3 21340 95

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. 5-1 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Allen

(a) Residence: No. 528 N Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2-16-13

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23		12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. add jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Edward Allen

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Lilly Allen

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvert Cem. Date Mar. 2, 1936

19. UNDERTAKER Edward Bryan
(Address) 1647 Orleans St

FILED 2-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1936 to Feb 28, 1936

I last saw him alive on Feb 28, 1936. Death is said to have occurred on the date stated above, at 9.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Grampos	Feb 19
Pneumococcus bacteremia	
Pneumococcus meningeles	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No, If so, specify

(Signed) Joseph D. Fackenthal Jr. M. D.
(Address) Johns Hopkins Hospital

F 21341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 N. Payson St., 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth 70 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rosa Greenfield

(a) Residence: No. 1518 N. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis

6. DATE OF BIRTH (month, day, year) 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Nathan Schlisselberg

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Simon Greenfield

(Address) 922 Chauncey Ave

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Rosedale Date 3/2/36

19. UNDERTAKER Just Leuze Son

(Address) 1139 E. Baltimore St

20. FILED MAR 2 1936 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/1/36 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7 1936 to March 1 1936

I last saw her alive on March 1 1936 Death is said to have occurred on the date stated above, at 3 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	three years

Other contributory causes of importance:

none

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton H. Cunningham M. D.

(Address) 2310 Eutaw Place

F. D. 21942 ✓ F 21342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH Bon Secours Hospital
CITY OF BALTIMORE: (No. 15-1 St., 15 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Bankup
(a) Residence: No. 2931 Lakewood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Child
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): 2/28/36
7. AGE — Years: — Months: — Days: 2 — If LESS than 1 day, hrs. or min.:
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Balto., Md.

FATHER
13. NAME Harold Bankup
14. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

MOTHER
15. MAIDEN NAME Esther Mullen
16. BIRTHPLACE (city or town) (State or country): Balto., Md.

17. INFORMANT Hosp. Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Date 3-2- 1936
19. UNDERTAKER Jack Lewis, Inc
(Address) 1429 E. Balto St
20. MAR 2 - 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1st 1936
22. I HEREBY CERTIFY, That I attended deceased from Feb. 28 1936 to March 1st 1936
I last saw him alive on March 1st 1936 Death is said to have occurred on the date stated above, at 11:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	

Other contributory causes of importance:
None

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) D. C. MacLaughlin M. D.
(Address) Bon Secours Hospital

F 21343 HEALTH DEPARTMENT—CITY OF BALTIMORE F 21343

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2017 W. Lexington St. 70-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Estella Liddell

If U. S. Veteran specify WAR .....

(a) Residence: No. 2017 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Wm F. Liddell

6. DATE OF BIRTH (month, day, year): Nov. 26 - 1868

7. AGE: Years 67 | Months 3 | Days 3 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

13. NAME: Charles H Sims

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME: Maggie Kynsey

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT: Mrs. Marie Brandt.
(Address) 2017 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place: Western Cemetery Date: Mch 3rd, 1936

19. UNDERTAKER: George E. Schmidt.
(Address) 2101 Frederick Ave.

20. FILED ... 19... Registrar

2-1936 Lexington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1935 to Feb. 29, 1936

I last saw her alive on Feb. 28, 1936 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vasc. Renal Disease - Chronic	(?) about
Myocarditis and Chronic Nephritis	1 yr ago
Other contributory causes of importance: Acute Heart Failure "Anginal"	2 hrs

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Luther E. Little, M. D.

(Address) 924 N. Charles St.

21344 ✓ F 21344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

348-82a

Registered No. 11276

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Parks

(a) Residence: No. 533 S. Luzerne St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Parks.

6. DATE OF BIRTH (month, day, year) 5-27-1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	9	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationery Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER'S MAIDEN NAME

13. NAME Boyer Parks

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Guilbert

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 3-4-36 19

19. UNDERTAKER Wendell E. Humphreys
(Address) 1501 N. Broadway

20. Filed 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/1 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/11 1936 to 3/1 1936

I last saw him alive on 3/1 1936 Death is said to have occurred on the date stated above, at 2½ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	3wk
Arteriosclerosis	7

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp

H. D. B. 1268-9

21345 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 34345

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bon Secours Hospital St. 16-1 Ward)

CITY OF BALTIMORE: (No.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth 57 yrs. mos. ds.

2. FULL NAME Mrs. Ellen J. Richmond

(a) Residence: No. 3930 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel W. Richmond

7. DATE OF BIRTH (month, day, year) April 25, 1871

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	10	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Patrick Sharkey

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Winifred Lannon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Katherine E. Richmond

(Address) 3930 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date March 3, 19 36

19. UNDERTAKER Pott & B. M. Walters

(Address) N.E. Cor Pratt & Stricker Sts

20. FILED 3-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 28, 1936.

22. I HEREBY CERTIFY, That I attended deceased from February 21, 1936, to February 28, 1936.

I last saw her alive on February 28, 1936 Death is said to have occurred on the date stated above, at 8:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	2-3-36
Chronic Myocarditis.	2-28-36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hazel L. Shanahan M. D.

(Address) Bon Secours Hospital

✓ F 21346

21346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 Westphal Pl 24-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Flora E. Miles

(a) Residence: No. 1803 Westphal Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, Divorced (write the word): Married.

6. If married, widowed or divorced (or) WIFE of: Robert L. Miles.

7. DATE OF BIRTH (month, day, year): July 8 - 1899

8. AGE: Years 36 | Months 7 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: James C. Connolly.

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME: Mary E. Browning

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Robert L. Miles.
(Address) 1803 Westphal Place.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Olivet Cem. Date: Md. 4 1936

19. UNDERTAKER: Geo. L. Berger Jr.
(Address) 10-12 Eutaw St.

20. FILED: 2-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 24 1936 to Feb 29 1936

I last saw her alive on Feb 29 1936 Death is said to have occurred on the date stated above, at 2. P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Feb 24
Other contributory causes of importance: Exhaustion	20 yr.

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) R. L. Campbell M. D.

(Address) 1644 Hanover St

M. D. B 1268-9

F 21347

21347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 210-M

1. PLACE OF DEATH Union Memorial Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 17-26 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John T. Considine 2nd — If U. S. Veteran specify WAR .....

(a) Residence: No. 711 Murdock Rd St., Arlington Ward, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb-27-1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lutchaw Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C

MOTHER FATHER

13. NAME Belle Ford

14. BIRTHPLACE (City or town) (State or country) John T. Considine 2nd

MOTHER

15. MAIDEN NAME Mrs. T. Russell Stewart

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md

17. INFORMANT Mrs T Russell Stewart
(Address) 711 Murdock Rd Arlington Md

18. BURIAL, CREMATION OR REMOVAL
Place St Marys Forans Date 3/3 1936

19. UNDERTAKER William Cook
(Address) 217 St Paul Street

20. FILED 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/29, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held ... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by ... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...
For what disease or injury?
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/29, 1936
Where did injury occur? Balto Ave Near
(Specify city or town, county, and State)
Specify whether injury occurred in home, factory, in street, or in public place street
Manner of injury Auto struck and
Nature of injury upset

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Helen Gundry Dale M. D.
Coroner
(Address) 907 N. Charles

M. D. B. 1268-9

F 21348

1348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2503 E. Federal St. St., 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E Knoop

(a) Residence: No. 2503 E. Federal St St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced (or) WIFE of: ~~HUSBAND of~~ William H Knoop

6. DATE OF BIRTH (month, day, year): Sept 28, 1873

7. AGE: Years 62; Months 5; Days 3; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): Feb 27 1936

11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER

13. NAME: Samuel R. Craig

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Talia E.

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT: Wm E. Knoop

(Address) 2503 E. Federal St

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: Mar 3rd 1936

19. UNDERTAKER: Wm Cook

(Address) 1217 St. Paul St

20. [illegible] Huntington Williams Rites

-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-1 19[illegible]

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1936 to March 1 1936.

I last saw her alive on Feb 29 1936. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolus	Feb 27
(Iron Cardiac Valve)	

Other contributory causes of importance:

Mitral Insufficiency Carditis	3 yrs ago.

Name of operation: Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Gustave A. Hoch, M. D.

(Address) 6801 Belair Rd

M. D. P. 1268-9

21349

✓ F 21349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 229 N Ellwood ave

CITY OF BALTIMORE: (No. 229 N Ellwood ave St., 8-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles H Moore

(a) Residence: No. 229 N Ellwood ave St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	married

6a. If married, ~~widowed~~ or ~~divorced~~ RUSBAND of (or) WIFE of Clara E Moore

7. DATE OF BIRTH (month, day, year) Jan 16 79

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contl Can Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan 1936

11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Isac C Moon

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Laura Hartlove

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Clara E Moon
(Address) 229 N Ellwood ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 3/4 '36

19. UNDERTAKER W M Cook
(Address) 2128 E ave

2 MAR 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 11 1936 to Feb 29 1936.

I last saw h[illegible] alive on Feb 29 1936 Death is said to have occurred on the date stated above, at 5:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Hypertensive degeneration	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] M. D.

(Address) 1513 E Baltimore

F 21350

21350 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2108 Penna. Ave St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth West

If U. S. Veteran specify WAR

(a) Residence: No. 2108 Penna Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of Moses West

DATE OF BIRTH (month, day, year) 1848

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation: (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Co Md

13. NAME Benj. White

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Julia Agnes

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Maggie Queen

(Address) 2108 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery

19. UNDERTAKER [illegible]

(Address) [illegible]

FILED 2-29-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-24-, 1936, to 2-29-, 1936

I last saw h[illegible] alive on 2-28-, 1936. Death is said to have occurred on the date stated above, at 11,15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	[illegible]

Other contributory causes of importance:

Arteriosclerosis Nephritis

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

None If so, specify

(Signed) Jos. H. Carges, M. D.

(Address) 611 N. Carey

F 21351

H. D. B. 1268-9

21351 HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 N. Stricker St., 19 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Crump

(a) Residence: No. 12 N. Stricker St., 19 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

6. If married, widowed, or divorced: HUSBAND of (or WIFE) Gertrude Crump

7. DATE OF BIRTH (month, day, year) Jan. 15, 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	1	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cheraw S. C.

13. NAME Benjamin Crump

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Martha

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Gertrude Crump

(Address) 12 N. Stricker

18. BURIAL, CREMATION, OR REMOVAL

Place National Ave Date March 3 1936

19. UNDERTAKER Joseph A Lively

(Address) 4099 R. Mount Street

20. FILED 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) Feb. 27. 1936

22. I HEREBY CERTIFY, That I attended deceased from August, 1935 to Feb 27, 1936.

I last saw h[illegible] alive on Feb. 25, 1936. Death is said to have occurred on the date stated above, at 3.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	1934
	over

Other contributory causes of importance:

Dropsy.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Douglas Sheppard, M. D.

(Address) 10 E. Mulberry ave

M. D. F. 2268-A

F 21352

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21352

CERTIFICATE OF DEATH ✓ x 66-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hosp. St., 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah T. Murray

(a) Residence: No. Frt. Ave. Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	Wht	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Murray

6. DATE OF BIRTH (month, day, year) Feb 1, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Carroll Co., Md

FATHER

13. NAME Quiggs

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Joseph Murray 2117 Ary Md.

18. BURIAL, CREMATION, OR REMOVAL Forward Chapel Conn. Date Mar. 5 1936

19. UNDERTAKER (Address) C. M. Holtz Winfield Md.

20. FILED 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1936, to Mar. 2, 1936

I last saw her alive on Mar. 2, 1936 Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema	Mar. 1936
Bronchopneumonia	Mar. 1936

Other contributory causes of importance:

Nodular goitre with hyperthyroidism
Arteriosclerotic heart disease

Name of operation Double partial Lobectomy (4th grade) Date of Feb 24 1936

What test confirmed diagnosis? BMR Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury ✓ 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of Injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Glenn Wilson Zerkel, M. D.

(Address) Hospital for Women of Md. Baltimore, Md

3-1936

F 21353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St., 7-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Francis Koska

If U. S. Veteran specify W A No Record

(a) Residence: No. 524 N. Bel Nord Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Franks

6. DATE OF BIRTH (month, day, year) Oct 23 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prague Czecho Slovakia

FATHER

13. NAME Bernard Kalista

14. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

17. INFORMANT Albert Koska

(Address) 524 N. Bel Nord Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar 3rd 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 3-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 29, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by inquiry and autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture left wrist	
& chronic myocarditis	

Other contributory causes of importance:

Acute cardiac dilatation

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Feb 24, 1936

Where did injury occur? Bel Rd

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury Fell on cellar steps

Nature of injury Fracture left wrist

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 4010 S. Bellwood Ave

M. D. B 1268-9

F 21354 HEALTH DEPARTMENT—CITY OF BALTIMORE F 21354

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 Edman Ave. St., 9-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert C. Brodie If U. S. Vet. specify W No Record

(a) Residence: No. 2106 Edman Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

8a. If married, widowed, or divorced HUSBAND of (or WIFE of) Agnes R. Brodie

6. DATE OF BIRTH (month, day, year) April 27th 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Brodie

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Rheta Vaughan

16. BIRTHPLACE (city or town) (State or country) Rhode Island

17. INFORMANT Agnes Brodie
(Address) 2106 Edman Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Mar 4th 1936

19. UNDERTAKER Wm Cook
(Address) 809 St Paul St

20. FILED ..... 19..... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance: Fracture of neck of left Femur

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Feb 22, 1936

Where did injury occur? Front of 2106 Edman Ave. Balto Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Front of home

Manner of injury Fall on Pavement

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Paul Fahrenkopf, M. D. Coroner

(Address) 919 E. North Ave

21355

F 21355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 22 E. Preston St. 11-~~Ward~~)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Henry Ford

If U. S. Veteran specify WAR No Record

(a) Residence: No. 22 E. Preston St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ WIFE/~~HUSBAND~~ of Annie E. Ford

6. DATE OF BIRTH (month, day, year) Feb 10th 1845

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
91	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale

10. Date deceased last worked at this occupation (month and year) 1921

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) St. Marys Co Md

FATHER

13. NAME William Ford

14. BIRTHPLACE (city or town) (State or country) St Marys Co. Md.

MOTHER

15. MAIDEN NAME Lucille Greenwell

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT Howard Ford

(Address) 22 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Mar 3rd 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul st

FILED ... 19... [illegible]

3-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 1st 1936

22. I HEREBY CERTIFY, That I attended deceased from Feby 16th 1936 to Mard 1st 1936

I last saw him alive on March 1 1936 Death is said to have occurred on the date stated above, at 8:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis -	?
Hypostatic Pneumonia of Apex -	?
Other contributory causes of importance:	
Enlarged Prostate -	?

Was an operation performed? No — Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Chas W Lancaster M. D.

(Address) 1327 Park Ave

F 21356 F 21356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 238 N. Fulton St. 20-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53a yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah V. Sadler

If U. S. Veteran specify WAR .....

(a) Residence: No. 238 N. Fulton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Sadler

6. DATE OF BIRTH (month, day, year) Dec 2 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joshua Warfield

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Griffith

16. BIRTHPLACE (city or town) (State or country) Church Hill Md

17. INFORMANT Howard Sadler

(Address) 238 N. Fulton

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date 3/3 1936

19. UNDERTAKER William Hook

(Address) 217 St Paul Street

FILED MAR 3 1936 Register of Wills Baltimore City

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27 1936 to March 1 1936

I last saw her alive on Feb. 28 1936. Death is said to have occurred on the date stated above, at 10:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	1 hr.

Other contributory causes of importance: Chronic myocarditis & hypostasis.

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. Baker M. D.

(Address) 4 N. Fulton Ave.

F 21357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 21357

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 John St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 4 mos. 12 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Caroline Stewart

(a) Residence: No. 1700 John St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew L. Stewart

7. DATE OF BIRTH (month, day, year) Oct. 19, 1855

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	4	12	

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Carson

14. BIRTHPLACE (city or town) (State or country) Not obtainable " " "

MOTHER

15. MAIDEN NAME Margaret Creamer

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. M. S. Hershey
(Address) 1700 John Street

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date 3/4 1936

19. UNDERTAKER Henry W. Pearson Son
(Address) 505 N. Calvert St.

20. FILED ..... 19 ..... Registrar

MAR 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Jany 30 1936 to March 1 1936
I last saw her alive on Mar 1 1936 Death is said to have occurred on the date stated above, at 10 20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cor Sclerosis Hypertonia	1934
Arterial Sclerosis	1934
Other contributory causes of importance:	
Cor Hypertrophy	1934

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Chas F. Hamilton M. D.
(Address) 3012 St Paul St

F 21358

21358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 N. Calvert St., 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. -- mos. -- ds. How long in U. S. If of foreign birth -- yrs. -- mos. -- ds.

2. FULL NAME Catherine W. Bamberger

If U. S. Veteran specify WAR .....

(a) Residence: No. 824 N. Calvert St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) May 17, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	9	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Upperco Balto. Co., Md.

13. NAME J. Ross Bamberger

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Lillian Hale

16. BIRTHPLACE (city or town) (State or country) Upperco Balto. Co., Md.

17. INFORMANT J. Ross Bamberger

(Address) 824 N. Calvert Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 3/3 1936

19. UNDERTAKER Henry W. Mears & Son

(Address) 805 N. Eutaw St.

Registrar.

FILED 3-1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 3 1936

22. I HEREBY CERTIFY, That I attended deceased from February 2 1936 to March 3 1936

I last saw h[illegible] alive on March 3 1936. Death is said to have occurred on the date stated above, at 12 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastrointestinal Intoxication	Feb 2 1936
Other contributory causes of importance:	
Cardiac Collapse	Feb 3 1936

Was an operation performed? No Date of -

For what disease or injury? -

Name of operation - Date of -

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? - (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify -

(Signed) G. Bonns Maundorfer M. D.

(Address) 100-E-20th St.

M. D. P. 1268-9

F 21359

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21359

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2812 Winchester St. 16-7 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosenia R. Grimes

(a) Residence: No. 2812 Winchester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles W. Grimes

6. DATE OF BIRTH (month, day, year): Oct. 18, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House Wife

10. Date deceased last worked at this occupation (month and year): 1925

11. Total time (years) spent at this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: George G. Allen

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Martha E. Barnett

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. Daisy S. Byers

(Address) 251 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL: Place Good Shepherd Cem. Date Mar. 3, 1936

19. UNDERTAKER: Easton Sons

(Address) Edmondson

FILED 3-1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1936 to Feb 29, 1936.

I last saw h[illegible] alive on Feb 28, 1936. Death is said to have occurred on the date stated above, at 6:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Pulmonary Oedema	3 Wks 5 Hrs
Other contributory causes of importance: General Chronic Sclerosis, Senility	7 Yrs

Name of operation: Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Kelly M. D.

(Address) 2027 Wash St

12260

F 21360

F 21360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Dickerson

(a) Residence: No. 2500 Druid Hill Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

6. DATE OF BIRTH (month, day, year) 4-1-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. White Washing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Ellen Brady

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Lukes Cemetery Date 3/4 36

19. UNDERTAKER Charles H. Burkett

(Address) 3322 Lanvale St

20. FILED 3/4 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/1, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/12, 1936 to 3/1, 1936

I last saw him alive on 3/1, 1936 Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	?
C Anemia	3 wks

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

F 21361

F 21361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

9-8

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 E. 20th. St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME ABBELLA CLYMER

(a) Residence: No. 717 E. 20th. St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Clymer

6. DATE OF BIRTH (month, day, year) Feby. 12. 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME James B. Alderson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Susan R. VanSant

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Nellie V. Clymer

(Address) 717 E. 20th. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mch. 3. 1936

19. UNDERTAKER John G. Mitchell & Sons

(Address) 2900 Eutaw Place

FILED 3-1936, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 29. 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/13/30, 19 30 to 2/29/36, 19 36

I last saw her alive on 2/29/36, 19 36 Death is said to have occurred on the date stated above, at 11.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis	9/13/30
Chronic myocarditis	9/1.3/30
Other contributory causes of importance: Myocardial insufficiency	2/27/36
Pneumonia "	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Geo. A. Lawder, M. D.

(Address) 1517 E. North Ave.

F 21362 F 21362

HEALTH DEPARTMENT—CITY OF BALTIMORE

#11389

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 76-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Clark

(a) Residence: No. Homeless St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 5-7-1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Frank Clark

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Frances Montgomery

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem Date March 3, 1936

19. UNDERTAKER Thos H Cooper
(Address) 514 N. Eutaw St

514 N. Eutaw St

20. FILED Registrar

MAR 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/17, 1935, to 2/27, 1936

I last saw h~~im~~ alive on 2/27, 1936 Death is said to have occurred on the date stated above, at 4 50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days
Myocardial insufficiency	1 yr

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Robert A. Reiter, M.D.

(Address) Balto City Hosp

M. D. No. 21363

F 21363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Sec Hospital St., 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Mason

(a) Residence: No. 1131 Druid Hill Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colrd	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas

6. DATE OF BIRTH (month, day, year) May 19 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
abt	58	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. laundry work

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Easton (State or country) Maryland

FATHER

13. NAME James Jackson

14. BIRTHPLACE (city or town) Easton (State or country) Md

MOTHER

15. MAIDEN NAME Mary Coleman

16. BIRTHPLACE (city or town) East (State or country) Md

17. INFORMANT Lillian Jackson

(Address) 1146 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 3/4 36 19

19. UNDERTAKER Wm A Jackson

(Address) 916 Pulaski St

MAR 3 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 29, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Coroner's Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance: Chronic nephritis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. M. Wright, M. D.
Coroner

(Address) 1010 S. Edmondson Ave

F 21364

F 21364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 846 W. Lexington St. St., 18-1 Ward)

Length of residence in city or town where death occurred 48 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lizzie Berry

(a) Residence: No. 846 W. Lexington St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 870

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Peter Berry

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Hall

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Peter Berry
(Address) 610 George St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 3/4 19 36

19. UNDERTAKER Wm A Jackson
(Address) 916 W Fayette

FILED ... 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March, 1, 1936 19

22. I HEREBY CERTIFY that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) Inquiry find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic Nephritis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. H. Adkins M. D.

(Address) 737 N. Broadway Coroner

F 21365 F 21365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 76-11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3238 Fait. Ave. St., Ward)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna M. Freund.

(a) Residence: No. 3238 Fait Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew F. Freund

6. DATE OF BIRTH (month, day, year) May. 13/1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mamie F. Freund.

(Address) 3238 Fait. Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar. 4 19 36

19. UNDERTAKER Lilly & Sons

(Address) Huntington Ave

FILED 3-1936, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 29/36 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1935, to Feb 29, 1936

I last saw her alive on Feb 29 1936. Death is said to have occurred on the date stated above, at 8/30 P.m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
Myocarditis -	Feb	1935
Arteris - Sclerosis -	Feb	1935
Bronchopneumonia	Feb 27	1936
Cerebral Hemorrhage	Feb 23	1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Abram J. Blackman M. D.

(Address) 3507 Fait Ave

F 21366

F 21366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. 19-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Mitchell (Margaret Wright)

(a) Residence: No. 432 N. Gilmor St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-1-24

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
11	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Sadie Boger

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cemetery Date 3/5 1936

19. UNDERTAKER Payne & Watson

(Address) 213 N. Paca St.

20. FILED MAR 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-1 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-18 1936 to 3-1 1936

I last saw h[illegible] alive on 2-24 1936 Death is said to have occurred on the date stated above, at 4:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lung, bilateral	?
Other contributory causes of importance: Tuberculosis Secondary Anemia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt. J. Martin M. D.

(Address) Balto City Hospl

M. D. B 1268-9

F 21367 HEALTH DEPARTMENT—CITY OF BALTIMORE F 21367

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5215 Eastern Ave St. 26-5 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John F. Martin

If U. S. Veteran specify WAR .....

(a) Residence: No. 5215 Eastern Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A.

6. DATE OF BIRTH (month, day, year) Nov 20 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Loner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Joseph

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dora Norseman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Dorothy Norseman (daughter)

(Address) 2002 Harvin Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Mch 4, 1936

19. UNDERTAKER George W. Zickler

(Address) 1737 E. Eager St.

20. FILED ... 17 ... Registrar

MAR 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. W. Wright, M. D.

Coroner

(Address) 1010 S. Ellwood Ave

F 21368

F 21368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#12572 V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1928 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Julia Irving

(a) Residence: No. 1804 Lorman St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-2-1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
19	18	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. pvt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME Frank Irving

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Viola Harris

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records of Balto. City Hospt
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 3/4 1936

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pennsylvania Ave

MAR 3-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/1 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/27 1936 to 3/1 1936

I last saw her alive on 3/1 1936 Death is said to have occurred on the date stated above, at 8a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	12 days
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

F 21369

F 21369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 N. Dallas St., 8-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Fasion Fasion

(a) Residence: No. 1708 N. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Willie Fasion

6. DATE OF BIRTH (month, day, year) April 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	30	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Carolina

FATHER

13. NAME Joe Jones

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Willie Fasion
(Address) 1708 N. Dallas St

18. BURIAL, CREMATION, OR REMOVAL
Place M. M. Calvary Date Mar 3 1936

19. UNDERTAKER Rayner Sanders
(Address) 1413 E. Preston St

20. FILED ... 19... Registrar

3-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1936 to Feb 24 1936

I last saw him alive on Feb 27 1936 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	1 yr ago
Interstitial Nephritis	1 yr ago
Arteriosclerosis	

Name of operation none Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) R. D. Young M. D.

(Address) 1429 E. Monument St

F 21370

F 21370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ____

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. SYDENHAM HOSP'T St., 5-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 25 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.
If U. S. Veteran specify WAR ____

2. FULL NAME Omar Alston

(a) Residence: No. 152 Calvin St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 29, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
2	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME Raleigh Alston
14. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER
15. MAIDEN NAME Virginia ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Father
(Address) 152 Calvin Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 3/3 1936

19. UNDERTAKER Mayer & Locke Inc
(Address) 1322 Edmondson Ave

FILED 3-1936, 19 ____ [signature illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1936 to Feb 29, 1936
I last saw him alive on Feb 29, 1936. Death is said to have occurred on the date stated above, at 7:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	Feb 22
Bronchopneumonia	Feb 25

Other contributory causes of importance:

Was an operation performed? No Date of ____
For what disease or injury? ____
Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) W. O. Aliff Jr. M. D.
(Address) SYDENHAM HOSP'T

F 21371

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21371

CERTIFICATE OF DEATH

12503 93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Elmer Korschner

(a) Residence: No. 612 S. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 2-15-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? Carp

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Margt. Kline

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Paul's Date 2/3/36 19

19. UNDERTAKER Fred. A. Hammerer
(Address) 1 W. Saratoga St.

DATE RECEIVED 19

MAR 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/1/1936

22. I HEREBY CERTIFY, That I attended deceased from 2/25/1936 to 3/1/1936

I last saw him alive on 3/1/1936. Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	1 wk
Hypertension	?
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp

M. D. F 21372

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21372

CERTIFICATE OF DEATH

V 94-13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Esplanade Apts. 13 Ward) Cedar Hgts. Cemetery Park

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annette L. Metzger

(a) Residence: No. Esplanade Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Metzger

6. DATE OF BIRTH (month, day, year) Dec. 6, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prop. Ladies Ready to Wear Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Louis Loeffler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Winterowitz

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Mr. Alan Metzger

(Address) 3701 Forde Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Beth Hebrew Date Mch. 4. 1936

19. UNDERTAKER David Londkeozzo & Son

(Address) 1902 Eutaw Place

FILED 3-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-28 1936 to 3/3/ 1936

I last saw her alive on 3/3 1936. Death is said to have occurred on the date stated above, at 12 20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/2/36
Other contributory causes of importance:	
Coronary Sclerosis	2/28/36

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Irving J. Wagner, M. D.

(Address) The Esplanade

F 21373

21373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2835 St Paul St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Anton H. Klare

(a) Residence: No. 2835 St Paul St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Meta H. Klare

6. DATE OF BIRTH (month, day, year) July 23 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry goods Salesman

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Anton H. Klare

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Meta Klare Bogen

(Address) 2835 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar. 4 1936

19. UNDERTAKER George J. Lehnert

(Address) 2101 E Baltimore Ave

Filed 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3 1936, to March 2 1936

I last saw him alive on March 2 1936. Death is said to have occurred on the date stated above, at 6.20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Bronchitis	

Other contributory causes of importance:

Old age

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation No Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19....

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter W. White Jr. M. D.

(Address) 2800 St Paul St

F 21374

21374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. 15-10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4014 Chatham Rd St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Franklin Hartlove

(a) Residence: No. 4014 Chatham Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 16 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	4 3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Service

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Elec. Co 1886

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas J Hartlove

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Laura Jane Sherwood

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT E H. Hartlove
(Address) 4014 Chatham Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date March 3. 1936

19. UNDERTAKER Wm J Tuckner & Son
(Address) North & Penna Ave

20. FILED ... 1936 ... Registrar.

3-1366

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1936 to Feb 29 1936

I last saw him alive on Feb 28 1936 Death is said to have occurred on the date stated above, at 12 50 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1932
Acute Cardiac dilatation	1 Day
Other contributory causes of importance: Acute Bronchitis	2/7/36

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wilmer T. Pittman M. D.

(Address) 6 East Biddle St

M. D. P. 1268-9

21375

F 21375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH Bon Secours Hosp. Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. Md. St., 20 Ward)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles E Allderdice

(a) Residence: No. 39 - N Catherine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lucille Allderdice

6. DATE OF BIRTH (month, day, year) July 11 1884

7. AGE: Years 51 | Months 7 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Industrial Paper Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm E. Allderdice

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Jennie Houser

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Lucille Allderdice

(Address) 39 N. Catherine St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem Date Mar 6. 36

19. UNDERTAKER Wm Rickert Sons

(Address) Nork & Paves

20. FILED Mar 5 36 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1936 to March 3, 1936

I last saw h/ alive on March 3, 1936 Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas	1934

Other contributory causes of importance:

Generalized Metastatic Carcinoma	1935
Cachexia	1-36

Name of operation Exploratory Laparotomy Date of 2-28-36

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Simon E. Kemp M. D.

(Address) Bon Secours Hosp.

11168 F 21376

21376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

114-B

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elmer Aubrey (Elmer Medford Aubrey) If U. S. Veteran specify WAR

(a) Residence: No. 829 Eutaw St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Alice May Aubrey

6. DATE OF BIRTH (month, day, year): 2-8-1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): Oct. 1955 Spent in this occupation: ?

12. BIRTHPLACE (city) (State or country): Virginia

FATHER

13. NAME: John Aubrey

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Amelia Medford

16. BIRTHPLACE (city or town) (State or country): Annapolis, Md.

17. INFORMANT: B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: March 4, 1936

19. UNDERTAKER: Wm. J. Tyson & Sons
(Address): North & Pa. Ave.

R 3-156 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-16-1935 to 3-1-1936

I last saw him alive on 3-1-1936 Death is said to have occurred on the date stated above, at 1 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess, left	8 days
	2 mos.
Other contributory causes of importance: Secondary anemia	?
Emaciation	?

Was an operation performed? No Date of 12-28-35

For what disease or injury? Lung abscess - left

Name of operation Incision & Drainage Date of

Lung abscess & Resection of 3rd Rib

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt J. Montfort M. D.

(Address) Balto City Hosp.

✓ F 21377

21377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 27-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Edward L. Johnson Homestead

(a) Residence: No. 324 Broxton Rd. City St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred K. Johnson

6. DATE OF BIRTH (month, day, year) Dec 7 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Purchasing agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Black & Decker Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Charles Johnson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Julia Isvill

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Mildred Johnson

(Address) 324 Broxton Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Mar 5, 1936

19. UNDERTAKER Wm J. Devaney & Sons

(Address) Fulton & Pa Aves.

20. FILED 3-1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1936 to Mar. 3, 1936

I last saw him alive on Mar. 3, 1936 Death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Emphysema	Jan 6, '36
Pericarditis	Jan 6, '36
Myocardial Insufficiency	Mar. 3, '36

Other contributory causes of importance:

Myocardial Insufficiency	Mar. 3, '36

Was an operation performed? Yes. Date of Feb. 29, 1936

For what disease or injury? Emphysema - Pericarditis

Name of operation Incision & Drainage Pericardiotomy Date of Jan 8, '36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert E. Olive M. D.

(Address) Union Memorial Hosp.

✓ F 21378

21378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME June Stegman

(a) Residence: No. 1155 Manticoke St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 18, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Stegman

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Myrtle Myers

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT John Stegman

(Address) 1155 Manticoke St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Mar 4 1936

19. UNDERTAKER Towell & Byers Inc

(Address) 1017 W Saratoga St

20. FILED MAR 3 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came

Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) [illegible] M. D. Coroner

(Address) [illegible]

F 21379 ✓ F 21379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-3

Registered No. 9-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3931 Greenmount Ave St. 9-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Lucinda Ella Goldress

(a) Residence: No. 3931 Greenmount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ (or) WIFE of Louis Goldress

6. DATE OF BIRTH (month, day, year) Aug 22nd 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife (031)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George W. Smith

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Julia Ann Ingersoll

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Louis Goldress

(Address) 3931 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 3/4 1936

19. UNDERTAKER J. M. Cook

(Address) 1244 E. Lanvale St

20. FILED [illegible] Registrar.

3-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 1st 1936

22. I HEREBY CERTIFY, That I attended deceased from February 21 1936 to March 1 1936

I last saw h[illegible] alive on March 1 1936 Death is said to have occurred on the date stated above, at 4:45 P. m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1929
Hypertension	1929
Cerebral Thrombosis	Feb 26th 1936

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, [illegible]

(Signed) Manuel B. Gutman M. D.

(Address) 2426 Eutaw Place.

21380 ✓ E 21380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 Park Avenue St. 11-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 2 mos. 6 da. How long in U. S. If of foreign birth? 69 yrs. 2 mos. 6 da.

2. FULL NAME Helen Bevan

If U. S. Veteran specify WAR None

(a) Residence: No. 1317 Park Avenue St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) ~~about~~ Dec-23-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~about~~	69	2	6 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles F. Bevan

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Sarah J. Carback

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. William B. Pierson (neice)

(Address) 1617 Pennsylvania Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Ceme. Date March-4-1936

19. UNDERTAKER Stewart & Mowen Company

(Address) 108 W. North Avenue

FILED 3-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2d. 1936

22. I HEREBY CERTIFY, That I attended deceased from Feby 24th 1936 to March 2nd 1936

I last saw h[er] alive on March 2nd 1936. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral haemorrhage — Date of onset 2-24-36

Other contributory causes of importance:

Arteria-sclerosis with repeated cerebral haemorrhage & thrombosis over period of 5 yrs

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? - Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) E. H. Van Ness M. D.

(Address) 1515 Park Ave

F 21381

21381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-8 95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Phillip Shelton

(a) Residence: No. 44 E. Church St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Susie

6. DATE OF BIRTH (month, day, year) 1-22-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	55		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Jenkins Shelton

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Indie Washington

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med. School Date Feb 3 . 1936

19. UNDERTAKER Occupational Health.
(Address)

20. FILED 1936 . 19[illegible] [illegible] Registrar.

2149

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/26 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/10 . 1933 to 2/26 . 1936

I last saw him alive on 2/26 1936. Death is said to have occurred on the date stated above, at 5-30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular disease	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Robert A. Kirk M. D.

(Address) Baltimore, Md.

21382 ✓ F 21382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 21-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Baby Boy Gibbons

If U. S. Veteran specify WAR .....

(a) Residence: No. 1108 Carroll St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-26-36

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
10 hrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME Paul B. Gibbons

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Anna L. Driver

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place U of M Med School Date Feb 3 1936

19. UNDERTAKER Commissioner Health.

(Address)

20. FILED 3 1936 [illegible]

2150

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-26, 1936, to 2-26-, 1936

I last saw him alive on 2-26, 1936 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Irogenne Sterling M. D.

(Address) Balto. City Hospital

✓ F 21383

1383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 25-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Harrell

(a) Residence: No. 2302 Annapolis Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
---				3

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Marie Davis

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Md Med School Date Feb 3 1936

19. UNDERTAKER
(Address)

3-1936 Commissioner Health

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-1 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1936, to 3-1, 1936

I last saw h[illegible] alive on 3-1 1936 Death is said to have occurred on the date stated above, at 740 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	3-1-36
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) R B Josey M. D.

(Address) Baltimore City Hospital

2132

21384 ✓ F 21384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2637 Maisel St. St. 25-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henery Kraus

If U. S. Veteran specify WAR .....

(a) Residence: No. 2637 Maisel St., ... Ward. Wesport

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Kraus

6. DATE OF BIRTH (month, day, year) Aug 4 - 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Fred Kraus

(Address) 2532 Lauretta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Louden Pk. Date March 4 1936

19. UNDERTAKER Roland L. Berkley

(Address) 612 N. Monroe St.

3-1936 Huntington Baltimore Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1936 to March 2, 1936

I last saw him alive on March 2, 1936. Death is said to have occurred on the date stated above, at 1:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	1933
Other contributory causes of importance:	
Cerebral hemorrhage	2/19/36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Urinalysis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Israel P. Menaker, M. D.

(Address) 1910 W. North Ave.

F 21385 # 12587 ✓ F 21385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Harvey

(a) Residence: No. 1630 McKean Ave. St., ... Ward. ...

(Usual place of nbode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-13-1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~74~~ Yrs 79	~~9~~ 8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Stillman

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Ford

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Mar 5, 1936

19. UNDERTAKER Edwin W. Conklin

(Address) 624 E. Eager St.

MAR 3 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/29, 1936, to 3/2, 1936.

I last saw her alive on 3/2, 1936 Death is said to have occurred on the date stated above, at 8:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	7 -
Arteriosclerosis	5 -
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A. Reitz, M. D.

(Address) Baltimore City Hosp

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

21386

CERTIFICATE OF DEATH

50 F 21386

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 565 Mosher St. 14-2 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Florence Co. Johnson

(a) Residence: No. 565 Mosher St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Johnson

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (037)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrisburg Pa.

FATHER

13. NAME Nathan Hardy

14. BIRTHPLACE (city or town) (State or country) Harrisburg Pa

MOTHER

15. MAIDEN NAME Jane Unknown

16. BIRTHPLACE (city or town) (State or country) [Pa]

17. INFORMANT Charles H. Johnson

(Address) 565 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date March 4, 36

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St.

20. FILED ... 19 ...

R3-1986

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry, find that said deceased came to death on the day stated above. 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right breast	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) O'Hara Coroner, M. D.

(Address) 120 Hanover Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21387

F 21387

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Maryland General Hospital 9-8 Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Frank D. Addison If U. S. Veteran specify WAR .....

(a) Residence: No. 1226 E Naudain ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabella Addison

6. DATE OF BIRTH (month, day, year) Sept 5, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md

FATHER

13. NAME Edward Addison

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Sophia Umbundy

16. BIRTHPLACE (city or town) (State or country) Balt Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loth Mem, Date 3/4/36 19

19. UNDERTAKER George J. Ruth Inc
(Address) 1426 Harford Ave Balto

FILED ..... 19 ..... Registrar.

MAR 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-21-36 1936 to 2-29 1936

I last saw h.. alive on 2-29 1936. Death is said to have occurred on the date stated above, at 10 50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Nephritis	
Arteriosclerosis.	
Other contributory causes of importance:	
myocardial failure.	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John W. Barnaby M. D.

(Address) Maryland General Hosp

M. D. B. 1268-9

✓ F 21388

1936

21388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Hass

(a) Residence: No. 414 Frederick Rd. St., Ward. Catonsville

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Anna

7. DATE OF BIRTH (month, day, year) 3/17/67

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash-D.C.

FATHER

13. NAME Albert Hass

14. BIRTHPLACE (city or town) (State or country) Va -

MOTHER

15. MAIDEN NAME Louisa Jamison

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records -

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Med School Date May 3 1936

19. UNDERTAKER Commissioner Health.

(Address)

FILED [illegible]

8-1936

2155

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1936 to Feb 25 1936

I last saw him alive on Feb 25 1936 Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pancreas	
Other contributory causes of importance: Anemia	

Name of operation Exploratory Laparotomy Date of Feb 18

What test confirmed diagnosis Operation? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David H. Strong Jr. M. D.

(Address) Johns Hopkins Hospital

✓ F 21389

21389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-13

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Sorrell

(a) Residence: No. 1221 Madison Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward

6. DATE OF BIRTH (month, day, year) 10-16-1852 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Mason

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Henrietta Jones

16. BIRTHPLACE (city or town) (State or country) Somerset County, Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Mar 3rd 1936

19. UNDERTAKER Elmer W. Olson
(Address) 600 Broadway

3-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/29 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/23 1934 to 2/29 1936.

I last saw her alive on 2/29 1936. Death is said to have occurred on the date stated above, at 1 1/2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular disease	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp

RAYMOND J. McDORMAN

21390

HEALTH DEPARTMENT—CITY OF BALTIMORE

21390

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland Gen'l. Hosp. 6-44 108 Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Raymond J. Mc Dorman If U. S. Veteran specify WAR

(a) Residence: No. 2232 E. Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Blanche Jones

6. DATE OF BIRTH (month, day, year) Oct. 21-1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	-	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. State Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ben Hur Life Assn

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George F. McDorman

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Charlotte F. Townsend

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date March 4- 1936

19. UNDERTAKER Horace F. Burgee
(Address) 3631 Falls Road

FILED 3-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1- 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-26 1936 to 3-1 1936

I last saw h. l m alive on 3-1 1936 Death is said to have occurred on the date stated above, at 6:45 P.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset

Other contributory causes of importance:

Bronchial asthma

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A. L. Ewald M. D.

(Address) Maryland Gen'l Hosp.

✓ F 21391

21391 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH 3828 Barrington Rd

CITY OF BALTIMORE: (No.) St. 15-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 7 mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna M. Cornbine (Corrected to Reside)

(a) Residence: No. 3823 Barrington Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Wid.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of A. R. Cornbine

6. DATE OF BIRTH (month, day, year) 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME R. Speaker

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) (?)

17. INFORMANT Step-son.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hagerstown Md. Date Mar 5 1936

19. UNDERTAKER A. K. Coffman
(Address) Hagerstown Md.

~~Huntington Baltimore Md.~~

3-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30 1936 to Mar 3 1936

I last saw h.. alive on Mar 3 1936 Death is said to have occurred on the date stated above, at 10:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Disease	?
Chronic Myocarditis, Chronic	1934
Nephritis	
Other contributory causes of importance:	
Pneumonia and Bronchial	Jan. 16 1936
Failure Acquired	

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Luther L. Little M. D.

(Address) 914 N. Charles St.

M. D. B. 1268-9

✓ F 21392

21392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+157-W

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital Ward) 7-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 00 mos. 01 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dorothy Mae Jones

(a) Residence: No. Rowes Run Pa. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 22. 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Grover C. Jones

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Minnie Mae King

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Grover C. Jones

(Address) Rowes Run Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Hill Fayette Co. Pa. Date Mch 5. 1936

19. UNDERTAKER John C. Turnbull Sons

(Address) 1900 Eutaw Place

Mar. 5 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus (Internal)	

Other contributory causes of importance:

Shock.

Was an operation performed? Yes Date of March 3-36

For what disease or injury? Hydrocephalus

Name of operation Ventriculotomy Date of 3/3/36

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker Coroner . M. D.

(Address) 1919 E. North Ave

21393 ✓ F 21393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 Midvale Road St., 27-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah E. Marsh

(a) Residence: No. Columbus, Ohio visit St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Orlando C. Marsh

6. DATE OF BIRTH (month, day, year) April 24, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	10	7 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Zanesville, Ohio

FATHER

13. NAME William Lynd

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Mary Ellen Taylor

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs. Ida M. Henderson (Address) 7 Midvale Road

18. BURIAL, CREMATION, OR REMOVAL Place Zanesville Ohio Date Mch 5, 1936

19. UNDERTAKER John O. Mitchell Sons (Address) 1900 Eutaw Place

20. FILED [illegible]

3-7-36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-3, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-5, 1935, to 3-3, 1936

I last saw h ER alive on 3-2, 1936. Death is said to have occurred on the date stated above, at 1.00 A m.

The principal cause of death and related causes of importance were as follows:

CEREBRAL HEMORRHAGE — Date of onset 3-1-36

ARTERIOSCLEROSIS

Other contributory causes of importance:

CARCINOMA OF BREAST

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John J. Sonsey M. D.

(Address) 1129 St. Paul St.

M. D. B 1268-9

21394

F 21394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 W. Mulberry St., 20-1 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME J. Henry Heil

(a) Residence: No. 1906 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 26, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. Greenebaum & Sons

10. Date deceased last worked at this occupation (month and year) Feb. 29, 1936

11. Total time (years) spent in this occupation 45 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME J. Henry Heil

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Roeth

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Albert L. Heil
(Address) 2605 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date March 4, 1936

19. UNDERTAKER Joseph H. Cook
(Address) 1003 W. Baltimore St.

20. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquiry find that said deceased came to h[illegible] death on the day stated above. 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	March 2nd. 1936

Other contributory causes of importance:
Chronic Myocarditis

Was an operation performed? No, Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no, If so, specify

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

✓ F 21395

21395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2520 Ellamont St., 15-7 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frederick Pullen Bennett

(a) Residence: No. 2520 Ellamont St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Tavenner Bennett

6. DATE OF BIRTH (month, day, year) August 29, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dryden Oil Co.

10. Date deceased last worked at this occupation (month and year) February 1936

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Hattie Bennett

(Address) 2520 Ellamont St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date March 4 1936

19. UNDERTAKER Leo P. Roos

(Address) 1003 W. Baltimore St.

3-1936 Harrington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936 to Mar 2, 1936

I last saw him alive on Mar 1, 1936 Death is said to have occurred on the date stated above, at 12.45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-26-36
Arterio sclerosis.	4 yrs.

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) M. Hanna, M. D.

(Address) 1822 W. Baltimore St.

21396 F 21396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Get-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3206 Milford Ave. St., 28-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 4 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward M. Ramsay

(a) Residence: No. 3206 Milford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie Louise Ramsay

6. DATE OF BIRTH (month, day, year): Oct 7 1872

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	63	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lieut. Police Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto Md.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Mortimer M. Ramsay

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Charlotte Williams

16. BIRTHPLACE (city or town) (State or country): Boston Mass.

17. INFORMANT: Marie Louise Ramsay
(Address): 3206 Milford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Catholic Cem. Date: Mar 5 1936

19. UNDERTAKER: Harry Kluncaco & Son
(Address): 1204 Edgewood Ave

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mch. 2/36, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 14/35, 19 to Mch 2/36, 19

I last saw h alive on Mch 2/36, 19 Death is said to have occurred on the date stated above, at 1230 P.M.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset Feb 1935

Other contributory causes of importance:

None

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Henry B. Kolb M.D.

(Address) 120 Wight

M. D. B. 1269-9

F 21397

F 21397 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5015 Cordelia Ave. St.) Ward) 18

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Benjamin Anthony Tackling

(a) Residence: No. 5015 Cordelia Ave. St.) Ward. 18

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 25 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) St. Louis Mo.

FATHER

13. NAME Anthony B. Tackling

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Fanny Lambert

16. BIRTHPLACE (city or town) (State or country) St. Louis Mo.

17. INFORMANT Jemima Tackling

(Address) 5011 Cordelia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 3/4 1936

19. UNDERTAKER Vernon Lawrence

(Address) 4611 Park Heights

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above. Found Dead

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) O. Harris, M. D.

Coroner

(Address) 216 Hanover

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. 1200 F 21398

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21398

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 W. Fayette St St., 4-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Edward S. Cline

(a) Residence: No. 5930 Erdrick St. Phila. Pa. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth A. Cline

6. DATE OF BIRTH (month, day, year) Sept. 3, 1865

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	09	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Enginere 1020

9. Industry or business in which work was done, as saw mill, bank, etc. Combustion Eng Co

10. Date deceased last worked at this occupation (month and year) Feb 4-36

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME Wm. Cline

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Amelia A. Harmon

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT F. B. Neiman

(Address) Pa.

18. BURIAL, CREMATION, OR REMOVAL Moore's Cemetary Phoenixville Pa Date Feb 4 1936

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

FILED 4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March, 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) T. H. Cullen M. D.

Coroner

(Address) 3757 W. Lippincott St.

Spec.—2-29-28—L. F. S.—500 Bks.

F 21399

F 21399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1—PLACE OF DEATH

REGISTERED NO. 15-9

CITY OF BALTIMORE: (No. 3719 Northern Pk. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mr Herbert L. Tatum

(a) RESIDENCE NO. 3719 Northern Pk. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Zetta Moreland

6 DATE OF BIRTH (month, day, and year): Jan 27, 1884

7 AGE: Years 52 | Months 1 | Days 3+ | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Supervisor 0073

(b) General nature of industry, business, or establishment in which employed (or employer): B & O. R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Daniel Tatum.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Lena Spetzler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Mrs Zetta Tatum

(Address): 3719 Northern Pk.

15 Filed [illegible]

4-1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 1, 1936

17

I HEREBY CERTIFY, That I attended deceased from Jan 28, 1936 to Mar 1, 1936

that I last saw h[illegible] alive on Mar 1, 1936

and that death occurred, on the date stated above, at 9.30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Chronic Myocarditis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) D. Walter Spencer M.D. M. D.

, 19 (Address) 3603 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem.

DATE OF BURIAL: March 4 1936

20 UNDERTAKER: Geo. L. Berger Sr

ADDRESS: 1512 Pollitt St

21400 HEALTH DEPARTMENT—CITY OF BALTIMORE 21400

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4201 Groveland Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William C. Washell If U. S. Veteran specify WAR Co Record

(a) Residence: No. 4201 Groveland Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. ~~If married, widowed, or~~ divorced HUSBAND of (or) ~~WIFE~~ of Unknown

6. DATE OF BIRTH (month, day, year) Jan 23/67

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md Ice Cream Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6086

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Rudolphus Washell

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Gergama Charles

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Estella H. Warman

(Address) 4201 Groveland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 3/5/36

19. UNDERTAKER Wilkins Cook

(Address) 1217 St Paul St

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH 11:30 AM

21. DATE OF DEATH (month, day, year) Mar 3-1936

22. I HEREBY CERTIFY, That I attended deceased from 8-4-35, 19..., to 3-3-36, 19...

I last saw him alive on 3-2-36, 19... Death is said to have occurred on the date stated above, at 11.30 A M m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
About six years	

Other contributory causes of importance:

Acute Cardiac Dilatation	
Twenty four hours	

Was an operation performed? No Date of

For what disease or injury? No

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wm Lenhardt M. D.

(Address) 910 N Fulton Ave

F 21401

HEALTH DEPARTMENT—CITY OF BALTIMORE

F21401

CERTIFICATE OF DEATH

✓ 46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 Byrd St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify War No Record

2. FULL NAME Sarah E. Rossman

(a) Residence: No. 1723 Byrd St., ... Ward. ...

(Usual place of abode) Same (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Rossman

6. DATE OF BIRTH (month, day, year) Aug-19-1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month, year) 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Hull

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret Esson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Daniel Rossman

(Address) 1723 Byrd Street

18. BURIAL, CREMATION, OR REMOVAL Lorraine Date 3/5 36

19. UNDERTAKER Miriam Book

(Address) 117 St Paul Street

FILED ... 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1935, to Mar 36

I last saw her alive on May. 2, 1936. Death is said to have occurred on the date stated above, at 330 P m.

The principal cause of death and related causes of importance were as follows:

Gastric Carcinoma

Date of onset 1935

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Walter Kohn, M. D.

(Address) 102 E. Fort Ave.

Spec.—12-9-25—A Co.—200 Blks.

21402

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21402

CERTIFICATE OF DEATH.

108

REGISTERED NO. W 2640

1-PLACE OF DEATH

City of BALTIMORE: (No. 1925 Lanvale ave St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Gladys Parks

(a) RESIDENCE NO. 1925 Lanvale ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Aug 18, 1910

7 AGE: 25 Years | Months 6 | Days 14 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Private home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER George Parks

11 BIRTHPLACE OF FATHER (city or town) Lynchburg Va

(State or country)

12 MAIDEN NAME OF MOTHER Ruth Short

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country) Chesapeake Md

14 Informant (Address) Mrs Gwynn Marina 1925 Lanvale ave

15 Filed ..... 19.....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2 1936

17 I HEREBY CERTIFY, That I attended deceased from Feb 27 1936 to March 2, 1936, that I last saw h[illegible] alive on March 2, 1936, and that death occurred, on the date stated above, at 12:15 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) .....yrs. .....mos. 7 ds.

CONTRIBUTORY (Secondary) —

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Microscopic Exam.

(Signed) W. H. Watts, M. D.

3/3, 1936 (Address) 5154 Belmont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial March 1936

ADDRESS

20 UNDERTAKER: Mrs. Robert A. Elliott Baltimore Md

M. D. B. 1258-2

F 21403

F 21403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Elizabeth Poole

(a) Residence: No. 612 N Madeira St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/19/35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Morris Poole

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Mary Williams

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

By Mt Calvary Co. Date Mar 4 1936

19. UNDERTAKER Rayne Sanders

(Address) 1413 E Preston St

20. FILED ... 19 ... Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1936 to March 2 1936

I last saw her alive on March 1 1936. Death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis—
Miliary Tuberculosis
Tuberculous Meningitis

Date of onset: About Feb. 4, 1936

Other contributory causes of importance:

Terminal Staphylococcus
Septicemia

Name of operation 0 Date of .....

What test confirmed diagnosis? X-Ray & Lumbar puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Lydia B Edwards M. D.

(Address) Johns Hopkins.

F 21404

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21404

CERTIFICATE OF DEATH

✓ 121

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Maryland General Hospital (Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Francis O. Brown

(a) Residence: No. 674 W. Fayette St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Laura V. Brown

6. DATE OF BIRTH (month, day, year) April 7, 1872

7. AGE Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
63	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Columbus Brown

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Davis

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Laura V. Brown

(Address) 674 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL Mt. Date Mar 6 19 36

Fayetteville Church Cem

19. UNDERTAKER Walter Davis

(Address) 3418 Eastern Ave.

20. Filed ..... 19 ..... Registrar.

4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/14/36 19 ..... to 3/3/36 19 .....

I last saw him alive on 3/3/36 Death is said to have occurred on the date stated above, at 12 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforation of Ascending Colon	2/14/36
Acute appendicitis	"
Peritonitis	"
Other contributory causes of importance: Bronchio-pneumonia	3/2/36

Was an operation performed? Yes Date of 2/17/36

For what disease or injury? Acute appendicitis & Perforation of colon

Name of operation Resection of perforation of colon appendectomy Date of 2/14/36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Josiah A Hunt M. D.

(Address) Maryland General Hospital

F 21405 F 21405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 172-W

1. PLACE OF DEATH Provident Hospital 14-3 Registered No.

CITY OF BALTIMORE: (No. 1514 Dennison St., (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Clifton Cole

(a) Residence: No. 2210 Druid Hill Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Cole

6. DATE OF BIRTH (month, day, year) April 3rd 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Moses Cook

14. BIRTHPLACE (city or town) (State or country) Galts.

MOTHER

15. MAIDEN NAME Mildred Rent

16. BIRTHPLACE (city or town) (State or country) Galts.

17. INFORMANT Joseph Rich
(Address) 2211 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Cem. Date March 3rd 1936

19. UNDERTAKER Archibald S. Gaddis
(Address) 2131 McCulloh St.

20. FILED [illegible] Registrar

R 4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-2 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-28 1936 to 3-2 1936

last saw h[illegible] alive on 3-2 1936. Death is said to have occurred on the date stated above, at 10:0 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laceration of Peritoneum	2 days
Strangulated Hernia	2-28

Other contributory causes of importance:

Was an operation performed? Yes Date of 2-28

For what disease or injury? Strangulated Hernia

Name of operation Herniaplasty Date of 2-28

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. H. Harris M. D.

(Address) Provident Hospital

M. D. P. 1268-9

F 21406

F 21406 HEALTH DEPARTMENT—CITY OF BALTIMORE

137

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hebrew Home for Aged & Infirm

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave St., 3-17 Ward 40

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Abraham Berman

(a) Residence: No. Belvedere & Greenspring St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Peddler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sigmund Feinblatt

(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL Henry Rosenberg Date 3-4-36

19. UNDERTAKER Jacob Louis Inc

(Address) 1439 E. Baltimore St

20. FILED [illegible] Registrar

R 4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-3- 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-20 1931 to 3-3 1936

I last saw him alive on 3-3 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	
Other contributory causes of importance:	
Prostatic hypertrophy	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Edmund Levin M. D.

(Address) Lemdale

F 21407

F 21407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 11-B

Registered No. 26-11

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 S. East Ave. St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frederick J. Witzke

(a) Residence: No. 403 S East Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha M. Witzke

6. DATE OF BIRTH (month, day, year) Dec. 31, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A.A.C.Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Witzke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna David

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bertha Witzke

(Address) 403 S. East Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lehmanites Lane Date Mch. 6 1936

19. UNDERTAKER George W. Zeigler

(Address) 1727 E. East St.

20. FILED 4-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 29, 1936 to March 3, 1936

I last saw him alive on March 3, 1936. Death is said to have occurred on the date stated above, at 1:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal "Flu"	2/24/36
Other contributory causes of importance: Acute Cardiac Failure	3/3/36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Richardson M. D.

(Address) 2939 Eastern Ave.

F 21408

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21408

CERTIFICATE OF DEATH

✓ 52

Registered No. 9-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 Harford Avenue St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Selma Oehring

(a) Residence: No. 1808 Harford Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Feodor Oehring

6. DATE OF BIRTH (month, day, year) April 23rd, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	10	9/0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Christian Neuman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Pauline Gleitsman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Feodor Oehring (Son)
(Address) 1808 Harford Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date March 5, 1936

19. UNDERTAKER George J Ruth, Inc.
(Address) 1735 Harford Avenue

20. FILED MAR 4 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1936, to March 3, 1936

I last saw her alive on March 4 1936 Death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

Dilatation of heart — Date of onset Mar 1/36

Other contributory causes of importance:

Chronic Val disease of heart — Mar 20/35

Diabetes & Carcinoma of Nose — Mar 20/35

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John W Sanderson M. D.

(Address) 1714 N. Caroline St

F 21409

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21409

CERTIFICATE OF DEATH

✓ 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1743 N. Milton Avenue St., 8-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Margaret Miller

If U. S. Veteran specify WAR .....

(a) Residence: No. 1743 N. Milton Avenue St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Miller Sr.

6. DATE OF BIRTH (month, day, year) April 4th, 1848

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
87	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME John Zink

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosein (Unknown)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry C. Miller

(Address) 1743 N. Milton Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date March 4, 1936

19. UNDERTAKER George C. Ruth, Inc.

(Address) 1735 Harford Ave.

20. FILED ... 1936 ... Registrar.

AR4-1586

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury March 2, 1936.

Where did injury occur? 1743 N. Milton Ave. Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell out of window

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Mundy Coroner, M. D.

(Address) 1919 E. Northern Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 21410

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21410

CERTIFICATE OF DEATH

22-1 107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 William St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Jack Edward Worrel

(a) Residence: No. 800 William St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 11 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	—	21 d	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Louis R Worrel

14. BIRTHPLACE (city or town) (State or country) Washington, D.C.

MOTHER

15. MAIDEN NAME Ida Stevens

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Louis R Worrel
(Address) 800 William st

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Mar 4 1936

19. UNDERTAKER John F. Denny
(Address) 715 Light St

FILED ... 19 ...

R4-1 ... St. Eugene Williamson, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 3 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1 1936 to March 3 1936

I last saw him alive on March 3 1936 Death is said to have occurred on the date stated above, at 10:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	2 days

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. H. Metcalf M. D.

(Address) 1279 Fulton Ave

F 21411

-Sarbacher-

F 21411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 20-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2694 St. Benedict St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate Sarbacher

(a) Residence: No. 2694 St. Benedict St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of John F. Sarbacher

6. DATE OF BIRTH (month, day, year) May 10-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Reick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dora Quard

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Dora A. Shipley

(Address) 2694 St. Benedict St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 3/4/36

19. UNDERTAKER J. S. Pippet & Son

(Address) 1 S. Eutaw St.

20. FILED 3-4 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1st 1936

22. I HEREBY CERTIFY, That I attended deceased from January 1935 to March 1st 1936

I last saw h alive on March 1st 1936 Death is said to have occurred on the date stated above, at 3:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal disease	1934
La Grippe	2/23/36
Pneumonia Bronchio-Terminal	2/29/36

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Physical & Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Elliot W. Johnson M. D.

(Address) 3632 Frederick Ave

R 4-1936

M. D. R. 1268-9

F 21412

Cushwa

F 21412 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2817 Rayner Ave St. 16-6 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David F Cushwa

(a) Residence: No. 2817 Rayner Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 7 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Cushwa

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Briggs

16. BIRTHPLACE (city or town) (State or country) Washington Co Md

17. INFORMANT Richard Cushwa Brother

(Address) 2739 Rayner Ave

18. BURIAL, CREMATION, OR REMOVAL New Catha

Place March 5 Date 1936

19. UNDERTAKER Mary A Gawthrop

(Address) 2843 Rayner Ave Wil

20. FILED 3-4-1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3rd 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1936 to March 3rd 1936

I last saw h him alive on March 2 1936. Death is said to have occurred on the date stated above, at 1-30 pm.

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis — Cerebral Hemorrhage

Chronic myocarditis — several years

Date of onset	Interval between onset and death
Feb 24 1936	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W Winchel M. D.

(Address) 2901 Edmondson Ave

F 21413 F 21413

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 95-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Saint Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton St. 45-7 Ward

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Miss Mary E. Cleary

(a) Residence: No. 3225 Guilford Ave. St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4 5 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	10 11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Patrick Cleary

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth - ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Rose Cleary
(Address) 3225 Guilford Ave Balto Md

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 3/5/36 19

19. UNDERTAKER J. J. Bailey & Sons
(Address) 318 W. Lafayette Ave

FILED 19 Registrar

R4-1586

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 2 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-8-30 19.. to 3-2 1936

I last saw her alive on 3-2 1936 Death is said to have occurred on the date stated above, at 4.48 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerotic cardio-vascular disease & decompensation	

Other contributory causes of importance:

Cystitis

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. J. Williamson, M. D.

(Address) St. Agnes Hospital

M. D. B 1268-9.

F 21414

F 21414 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 144-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bethesda City Hospital St., 7-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dorothy Sebeck (Sebeck) If U. S. Veteran specify WAR .....

(a) Residence: No. 901 N. Madeira St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank J. Sebeck

6. DATE OF BIRTH (month, day, year) Oct 24 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME August Fuchs

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Dorothy Rodig

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Frank J. Sebeck

(Address) 901 N. Madeira St

18. BURIAL, CREMATION, OR REMOVAL

Place Valley Rememory Date 3/5/36 19

19. UNDERTAKER J. J. Fahey & Sons

(Address) 315 E. Lexington St

20. FILED ..... 19 ..... Registrar.

R 4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by ~~autopsy~~ inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other contributory causes of importance: Pneumonia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. M. Wright Coroner, M. D.

(Address) 1101 S. Edwards St

F 21415

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21415

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH Baltimore Md

CITY OF BALTIMORE: (No. 1180 Washington Blvd St., Ward 24-2

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 10 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Mary Treulich

(a) Residence: No. 1180 Washington Blvd Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of John Treulich

6. DATE OF BIRTH (month, day, year) April 18 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jos Hammel

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. Carrie Smith

(Address) 1180 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date March 6 1936

19. UNDERTAKER Jos Deaton & Son Inc Undertakers

(Address) 219 S Fulton Ave

Filed ..... 19 ..... Registrar.

R 4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3-7.40 a.m. 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 1936 to March 3, 1936

I last saw h.e alive on March 3, 1936. Death is said to have occurred on the date stated above, at 7.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Heart Failure (Myocardial Failure, Chronic Myocarditis)	3-2-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis J. Glass M. D.

(Address) 1112 Washington Blvd

F 21416 F 21416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 Druid Hill a St., 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Melvina Boston

(a) Residence: No. 1604 Druid Hill a St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Boston

6. DATE OF BIRTH (month, day, year) 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Perry Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Cornelia Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Cornelia Sullivan
(Address) 1604 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn. Date 3-4-36 19

19. UNDERTAKER Jesse W. Bradley.
(Address) 1436 W. Baltimore St.

20. FILED 4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1936 to Feb 29 1936

I last saw ~~her~~ alive on Feb. 29 1936 Death is said to have occurred on the date stated above, at 12⁴⁰ p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edw. Jos. Sullivan M. D.

(Address) 1320 Druid Hill Ave

M. D. B. 1268-9

21417

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21417

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 S. Gilmor St. 1936 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Vichers

(a) Residence: No. 423 S. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edna Vichers

6. DATE OF BIRTH (month, day, year): Jan. 19, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	1	14	12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: John Vichers

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Edna Vichers

(Address) 423 S. Gilmor St

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Cem. Date: Mar. 6 1936

19. UNDERTAKER: Josiah Syfer

(Address) 1660 W. North Ave.

20. FILED: MAR 4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18 1936 to Mar. 3 1936

I last saw him alive on Mar. 2 1936 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 wks.
Other contributory causes of importance:	
Exhaustion	10 da.

Name of operation: none Date of

What test confirmed diagnosis? Cerebral Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. E. Campbell M. D.

May 3/36 (Address) 1644 Hanover St

M. D. F. 1268-9

F 21418

F 21418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1080 W Fairmount St., 48-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Henry Hensley

(a) Residence: No. 1080 W Fairmount Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1873.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) 12

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Allen Queen
(Address) 1080 Fairmount

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 3/5 1936

19. UNDERTAKER Frances A Hensley
(Address) 578 N Bradford St Baltimore Md

Registrar.

FILED R 4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2-1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1936 to March 2 1936. I last saw h alive on March 2 1936. Death is said to have occurred on the date stated above, at 1P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Disease of Heart	?
Pulmonary Oedema	Hrs

Other contributory causes of importance:

No

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) F. J. Norwood M. D.

(Address) 939 W Fayette

F 21419 ✓ F 21419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 545 Kirby Lane St.) (20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hattie Bailey

(a) Residence: No. 545 Kirby Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: C

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Daniel Bailey

6. DATE OF BIRTH (month, day, year): June 28 1886

7. AGE: 49 Years 4 Months 8 Days 4 5 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Centerville Md.

FATHER

13. NAME: George Handy

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Georgeanna Pikes

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Daniel Bailey (Address) 545 Kirby Lane

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Cem Date 3/5 1936

19. UNDERTAKER: Frances A. Hemsley (Address) 578 W Biddle St

FILED 19 Registrar

MAR 4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/3 1936

22. I HEREBY CERTIFY, That I attended deceased from November 21 1935 to 3/3 1936

I last saw her alive on 3/3 1936 Death is said to have occurred on the date stated above, at 11.10 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Parenchymatous Nephritis — Date of onset

Other contributory causes of importance: Exhaustion

Was an operation performed? nw Date of

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Urinanalysis Was there an autopsy? nw

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? nw If so, specify

(Signed) H. P. Hughes M. D.

(Address) 825 N. Fremont Ave

F 21420

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 21420 ✓ X 159

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Schierska

(a) Residence: No. Hollins Ferry Rd. St., ... Ward.
(Usual place of abode) Sansdowne Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-2-36

7. AGE Years	Months	Days	If LESS than 1 day, 6 hrs. or 35 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Cyprus Jerome Schierska

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Ethel Bettye Kunstler

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Ethel Schierska
(Address) Sansdowne Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date March 4 1936

19. UNDERTAKER Martin Tabor & Sons
(Address) 1822 E. North Ave.

20. FILED MAR 4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1936, to ....., 19....

I last saw her alive on March 2, 1936. Death is said to have occurred on the date stated above, at 4:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. V. Williamson M. D.

(Address) St. Agnes Hospital

F 21421

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21421

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)
CITY OF BALTIMORE: (No. St. Agnes' Hospital Wilkens + Caton Sts. Ward)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Arnold

(a) Residence: No. St. Agnes Hospital St. Home Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph Arnold
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ann Slimmer
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Catholic Charities
(Address) 415 Cathedral St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date March 5. 1936

19. UNDERTAKER Martin Fahey + Sons
(Address) 1827 N. North Ave.

MAR 4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1935, to March 3, 1936.
I last saw her alive on March 3, 1936. Death is said to have occurred on the date stated above, at 5 20 a. m.

The principal cause of death and related causes of importance were as follows:
arteriosclerotic cardio-vascular disease

Date of onset

Other contributory causes of importance:
complete heart block - Stokes-Adams Syndrome

Was an operation performed? no Date of .....

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) C. V. Williamson M. D.
(Address) St. Agnes Hospital

F 21422

21422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH Mercy Hosp

CITY OF BALTIMORE: (No. ..... St., 4-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME John Wesley Mumford 3rd

If U. S. Veteran specify WAR .....

(a) Residence: No. Woodbine Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept 11th 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) District of Columbia

FATHER

13. NAME John W Mumford

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Addie Moore

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John W. Mumford

(Address) Woodbine Md

18. BURIAL, CREMATION OR REMOVAL Freedom, Md.

Place [redacted] Date March 7. 1936

19. UNDERTAKER H. J. Chenoweth Co.

(Address) 617 H 4th S.E. Washington, D.C.

20. FILED March 7 1936 [illegible] Registrar

4-1556

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4 1936

22. I HEREBY CERTIFY, That I attended deceased from March 3rd 1936, to March 4th 1936.

I last saw h[illegible] alive on March 4th 1936 Death is said to have occurred on the date stated above, at 7.45 A.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia upper & Lower Lobes Left.

Empyema - Left.

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. J. Howe M. D.

(Address) Mercy Hosp

✓ F 21423

21423 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

X 89-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lemmert Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John. Quenton- Riley-

If U. S. Veteran specify WAR

(a) Residence: No. Parsonsburg md St., Ward. Wiconico-Co,

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 29th 1926

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9	11	25-5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parsonsburg Md

FATHER

13. NAME James Riley

14. BIRTHPLACE (city or town) (State or country) Md-

MOTHER

15. MAIDEN NAME Mary Jackson

16. BIRTHPLACE (city or town) (State or country) Md-

17. INFORMANT Myrtle Jackson (Address) 20 11. Boarman- Ave Balto Md-

18. BURIAL, CREMATION, OR REMOVAL Place Parsonsburg Md Date Mar 6 1936

19. UNDERTAKER Hill & Johnson (Address) Salisbury Md

4-1936 [illegible] NPN

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 21st 1936 to Mar 4 1936

I last saw him alive on Mar 4 1936. Death is said to have occurred on the date stated above, at 7:15 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococic Meningitis Bronchio Pneumonia Rt	3-1-36

Other contributory causes of importance:

Acute Mastoiditis complicated by Lateral Sinus thrombosis - with Right Otitis media

Was an operation performed? yes Date of 3-22-36

For what disease or injury? Mastoidectomy + Ligation Jugular vein Rt

Name of operation Date of 3-22-36

What test confirmed diagnosis Operation + Blood culture Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place NO

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) W. E. Lennon M. D.

(Address) Lemmert Hosp. Balto Md.

F 21424

F 21424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 12172

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 9-5-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry J. Emerich

(a) Residence: No. 2334 Annapolis Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of -- Widowed

6. DATE OF BIRTH (month, day, year) 6-8-56

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor & Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Ludwig Emerich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 3/4/36 19

19. UNDERTAKER Bernard G. Finch
(Address) 1135 Hanford Road.

20. FILED [illegible]

MR 4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/1 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/6 1936 to 3/1 1936

I last saw h/m alive on 3/1 1936 Death is said to have occurred on the date stated above, at 8:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6 days
Arteriosclerosis	?
Other contributory causes of importance: Senility	"
	"

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert L. Reite M. D.

(Address) Balto City Hosp

F 21425

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21425

CERTIFICATE OF DEATH

46-B

Registered No. 17-5

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore
CITY OF BALTIMORE: (No. ..... St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 42 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR Span. Amer.

2. FULL NAME Eugene F. Ulrich

(a) Residence: No. 3018 E. Taylor Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harriet Burke Ulrich

6. DATE OF BIRTH (month, day, year) May 17, 1877

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	58	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A & P Store
10. Date deceased last worked at this occupation (month and year) 10-1-35
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wurttemberg Germany

FATHER

13. NAME Gottlob Ulrich
14. BIRTHPLACE (city or town) (State or country) Schweickhein Germany

MOTHER

15. MAIDEN NAME Katherine Rauchle
16. BIRTHPLACE (city or town) (State or country) Schweickhein Germany

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date March 6 1936

19. UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 125 E. Monument Ave.

20. FILED [illegible] 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 20, 1935 to March 3, 1936
I last saw him alive on March 3, 1936. Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	1 yr.
Other contributory causes of importance:	
Carcinomatosis	Dec. '35

Was an operation performed? Yes Date of 11-4-35
For what disease or injury? Carcinoma
Name of operation Exploratory Laparatomy Date of 11-4
What test confirmed diagnosis? Clin. find. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) T. M. H. Anderson M. D.
(Address) U.S. Marine Hospital, Balto.

State No. 21426 ✓ F 21426

308937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Sprochacz

(a) Residence: No. 713 S Wolfe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 10-24-88

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	4	8 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. oyster shucker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place ST. STANISLAUS Date March 6th, 1936

19. UNDERTAKER George A Weber

(Address) 765 S Ann St

20. FILED 19 [illegible] (Registrar)

R 4-1566

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1936 to March 3, 1936

I last saw h[illegible] alive on March 3, 1936 Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of oesophagus	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? X ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Edw B Freeman, M. D.

(Address) The Johns Hopkins Hospital.

Spec.—12-8-25—A Co.—200 Blks.

F 21427

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21427

CERTIFICATE OF DEATH.

23

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 4914 Queensberry Ave. Ward) 27-127

2-FULL NAME Ida A. George

(a) RESIDENCE NO. 4914 Queensberry Ave Ward 27

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced (or) WIFE of: Robt. B. George

6 DATE OF BIRTH (month, day, and year): Nov 21, 1891

7 AGE: Years 44 | Months 3 | Days 9 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Eckhardt

(State or country): Allegany Co. Md

PARENTS

10 NAME OF FATHER: Vincent Sabilasky

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Poland

12 MAIDEN NAME OF MOTHER: Annie Daledon

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Poland

14 Informant: Robert B George

(Address): 4914 Queensberry Ave

15 Filed [illegible] 1936

Registrar

R 4-1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 3rd 1936

17 I HEREBY CERTIFY, That I attended deceased from Sept. 3 1935, to Mar. 3, 1936, that I last saw h[illegible] alive on Mar. 3, 1936, and that death occurred, on the date stated above, at 845 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary): unknown

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Culture & Microscopic

(Signed) Sherman R. Wantz, M. D.

3/3, 1936 (Address) 2601 Manhattan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Mar 6 1936.

20 UNDERTAKER: Mr. & Mrs. John W. Teufel & Son — ADDRESS: 801 W. Fayette

M. D. B. 1268-9

21428 ✓ F 21428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 741 Stirling St., 10-W Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Robert Cannady

(a) Residence: No. 741 Stirling St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 24-1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		9 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Cannady

14. BIRTHPLACE (city or town) (State or country) Ala

MOTHER

15. MAIDEN NAME Emma Meadows

16. BIRTHPLACE (city or town) (State or country) Ala

17. INFORMANT James Cannady
(Address) 741 Stirling St

18. BURIAL, CREMATION, OR REMOVAL
Place U. of M. Med. School Date March 4 19 36

19. UNDERTAKER
(Address)

20. I ... 4-1936 ... Registrar.

2150 BFN

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 24 1936 to March 4 1936

I last saw h[e] alive on March 3 1936 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Respiratory Failure	March 4 1936
Other contributory causes of importance: Acute Bronchopneumonia (primary)	May 3 1936

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) George L. Allen M. D.

(Address) 50 E Mosquito St

OCCUPATION is very important. See instructions on back of certificate.

F 21429

21429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 329 E. 22nd St., 12-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No.

2. FULL NAME Robert S. Bernard

(a) Residence: No. 329 E. 22nd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eleanor C. Bernard

6. DATE OF BIRTH (month, day, year) Dec 17. 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	2	14.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Optician 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brown Optical Co

10. Date deceased last worked at this occupation (month and year) Mar 2. 1936

11. Total time (years) spent in this occupation 29.

12. BIRTHPLACE (city or town) (State or country) Fort Robinson Nebraska.

FATHER

13. NAME Reuben F. Bernard.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Ruth L. Simpson

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Eleanor C. Bernard
(Address) 329 E. 22nd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Mar 5. 1936

19. UNDERTAKER Mr. Mrs. John W. Gentle & Son
(Address) 801 W. Fayette St.

20. FILED ... 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 3. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1936 to Mar. 3 1936

I last saw him alive on Mar. 3 1936 Death is said to have occurred on the date stated above, at 5.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Mar 2/36
Other contributory causes of importance: Nephritis Chronic	1933

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edgar C. Landrock M. D.

(Address) Medical Arts Bldg

4-1936

✓ F 21430

1430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 53-E

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No.) Lednum & Greene Sts. (Ward) 4th

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Donald McFarland

(a) Residence: No. Dalton, Georgia St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances Percy McFarland

6. DATE OF BIRTH (month, day, year) ? 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1st Nat. Bank, Dalton

10. Date deceased last worked at this occupation (month and year) January 1936

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) Dalton
(State or country) Georgia

FATHER

13. NAME Charles McFarland

14. BIRTHPLACE (city or town)
(State or country) Georgia

MOTHER

15. MAIDEN NAME Leathy Stewart

16. BIRTHPLACE (city or town)
(State or country) Georgia

17. INFORMANT Dr. Edward L. Looper
(Address) 1004 W. Madison St.

18. BURIAL, CREMATION, OR REMOVAL

Place Dalton, Ga. Date March 4, 1936

19. UNDERTAKER W. H. Cook
(Address) 1025 W. Baltimore St.

20. FILED ..... Registrar.

- 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1936 to March 4, 1936

Last saw h. alive on March 4, 1936. Death is said to have occurred on the date stated above, at 2:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	

Other contributory causes of importance:

Post-operative cardiac failure

Was an operation performed? Yes Date of March 4

For what disease or injury? Sliding skin graft

Name of operation Sliding skin graft Date of March 4

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) E. M. Robinson Jr. M. D.

(Address) University Hospital

✓ F 21431

21431 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3023 Gwynns Falls Parkway St., 15-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Josephine Zelinski

(a) Residence: No. 3023 Gwynns Falls Parkway, St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Vincent Zelinski

6. DATE OF BIRTH (month, day, year) Unknown ~~1960~~ 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~1~~ 61 Yrs Last Birthday			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithunia

FATHER

13. NAME A. Milinski

14. BIRTHPLACE (city or town) (State or country) Lithunia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithunia

17. INFORMANT Dr. Edward W. Zelinski,

(Address) 666 Washington Blvd,

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar. 5 1936

19. UNDERTAKER John Grabiauckas

(Address) 423 S. Paca, St.

4-1936 ..... Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/2 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/10 1933 to March 2 1936

I last saw her alive on 3/2 1936. Death is said to have occurred on the date stated above, at 2A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	1dy
Cardio-Vascular Renal Disease	4yrs

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Joseph G. Lowcatis M. D.

(Address) 639 Washington Blvd

M. D. B. 1968-9

21432 ✓ F 21432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH CITY OF BALTIMORE: (No.) Hospital for The Women of Maryland St., 17th Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ANNA Elizabeth HERREL

(a) Residence: No. 220 Chauncey Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: single

6. DATE OF BIRTH (month, day, year): Aug 9-1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Mr Fred Singley 215 N Charles St.

18. BURIAL, CREMATION, OR REMOVAL Place: Loudon Pk Date: 3/6/36

19. UNDERTAKER (Address): Wellage Cook 1219 St Paul St

20. Filed 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 23, 1936, to March 3, 1936

I last saw her alive on March 3, 1936 Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the breast — 2 yrs

with metastasis to the lung-right

Other contributory causes of importance:

Pulmonary edema — 3/3/36

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry M. Hansen, M. D.

(Address) Hospital for the Women of Maryland

OCCUPATION is very important. See instructions on back of certificate.

✓ F 21433

21433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St., 8-7 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME David Levinson

(a) Residence: No. 1213 N. Gay St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~ ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 18-1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Oscar Levinson

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Ruth Brooks

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Oscar Levinson

(Address) 1213 N. Gay St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Hampton Date 3/6 1936

19. UNDERTAKER Wm. McCord

(Address) 1217 E. Fayette St

4-1936 (Date) ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1936, to Mar. 3, 1936

I last saw h~~im~~er alive on March 0, 1936 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of brain	2/19/36

Other contributory causes of importance:

Mastoiditis

Acute otitis media

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Samuel H. Belgarod, M. D.

(Address) Sinai Hospital

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

F 21434

21434

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1400 Linden Ave 14-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ( ) yrs. ( ) mos. ( ) ds. How long in U. S. If of foreign birth? ( ) yrs. ( ) mos. ( ) ds.
If U. S. Veteran specify WAR No Record

2. FULL NAME Fannie G Jordan
(a) Residence: No. 1400 Linden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed or divorced HUSBAND of (or) WIFE of: John G Jordan
6. DATE OF BIRTH (month, day, year): Nov 15 1883
7. AGE: Years 52 | Months 3 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Secretary
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Director of Sanitation
10. Date deceased last worked at this occupation (month and year): Feb 28-36
11. Total time (years) spent in this occupation: 17

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER
13. NAME: Charles Hayden
14. BIRTHPLACE (city or town) (State or country): Mary's Co Md

MOTHER
15. MAIDEN NAME: Alice A Hamilton
16. BIRTHPLACE (city or town) (State or country): Balto Maryland

17. INFORMANT (Address): Mrs James A Clark 524 Harwood Ave

18. BURIAL, CREMATION, REMOVAL
Place: Loudon Park Date: March 5 1936

Undertaker: Wm H Holtzlaw & Son Address: 17 E Saratoga St

19. FILED: MAR 4 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 3 1936
22. I HEREBY CERTIFY, That I attended deceased from March 2 1936 to March 3 1936
I last saw h[illegible] alive on Mar. 3 1936 Death is said to have occurred on the date stated above, at 4.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Pneumonia	Feb 29
Other contributory causes of importance: Influenza	Feb 22

Was an operation performed? no Date of
For what disease or injury? —
Name of operation: — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm Pearce M. D.
(Address) Equitable Apts.

OCCUPATION is very important. See instructions on back of certificate.

21435 F 21435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121 Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. West Baltimore Street Hospital St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Anna Leach

(a) Residence: No. 1641 N. Smallwood St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William A. Leach

6. DATE OF BIRTH (month, day, year) April 10 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wm A. Leach
(Address) 1641 N Smallwood St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date March 7. 1936

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave

Lic. 4-1936 Irvington Baltimore, Md.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3. 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28. 1936 to March 3. 1936

I last saw her alive on March 3. 1936 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriolar Sclerotic Nephritis	?
Edema, Myocarditis	?
Acute Dyspepsia	2/28/36
Uremia	2/28/36

Other contributory causes of importance:
Post operative appendectomy 2/28/36

Was an operation performed? Yes. Date of 2/28/36

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, (How?) .....

(Signed) Paleri, M. D.

(Address) Mount Belle Gen Hosp

✓ F 21436

21436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-53

Registered No. .....

1. PLACE OF DEATH Maryland General Hospital 6-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rev. Stephen R. Treen

(a) Residence: No. 2316 Laurvale St. (W) St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs Connie Treen

6. DATE OF BIRTH (month, day, year) Nov 13 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M.E.

10. Date deceased last worked at this occupation (month and year) Feb 1936

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Treen

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Maggie Lane

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date March 6. 1936

19. UNDERTAKER Geo W. Little
(Address) 2700 Edmondson Ave

[illegible] Registrar.

20. [illegible] 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-4 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-11 1936 to 3-4 1936

I last saw h[illegible] alive on 3-4 1936. Death is said to have occurred on the date stated above, at 7 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart disease	
Myocardial Failure	
Pulmonary edema	
Infected Gums.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John W. Barnaby M. D.
(Address) Maryland General Hosp.

OCCUPATION is very important. See instructions on back of certificate.

4-1936

M. D. B 1936-2

F 21437

F 21437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 E. Preston St. 11-D Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Benjamin Franklin Kennerly Visit

(a) Residence: No. (Southern Hotel) Toronto, Ontario St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Cora S. Kennerly

6. DATE OF BIRTH (month, day, year) June 9th 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rubber Goods

10. Date deceased last worked at this occupation (month and year) March 1936

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Salisbury, Md.

FATHER

13. NAME Benjamin Franklin Kennerly

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Etta Eversman

16. BIRTHPLACE (city or town) (State or country) Maryland, Md.

17. INFORMANT Mr. K. B. Tilghman

(Address) 3138 Abell Avenue.

18. BURIAL, CREMATION, OR REMOVAL

Place Salisbury, Md. Date March 7th 19 36

19. UNDERTAKER J. M. J. Tilghman & Sons

(Address) Md.

20. FILED ... A. M. J. Tilghman

R 5-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/4 , 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury 3/4 1936

Where did injury occur? Rear of 16 E. Preston St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Garages

Manner of injury Found laying beside car motor ignition switch on

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Orrin B. Wallace M. D.

Coroner

(Address) 1031 St. Paul St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21438

M. D. B. 1265 F 21438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 E. Sharp St. 27 Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Talbott

(a) Residence: No. 805 E. Sharp St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/ 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Annarundell Co (State or country) Md

MOTHER FATHER

13. NAME Jonas Randolf Talbott

14. BIRTHPLACE (city or town) Annarundel Co (State or country) Md

15. MAIDEN NAME Eliza Moore

16. BIRTHPLACE (city or town) Charlotte N.C. (State or country)

17. INFORMANT Eliza Talbott
(Address) 805 E. Sharp St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 3/6/36

19. UNDERTAKER William H. Jackson
(Address) 1[illegible] Pennsylvania Ave

20. FILED MAR 5 - 1936, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 29, 1936, to Mar 3, 1936.
I last saw h... alive on Mar 3, 1936. Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	[illegible]

Other contributory causes of Importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) [illegible] M. D.

(Address) 109 W. Lee St.

OCCUPATION is very important. See instructions on back of certificate.

F 21439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4132 Forest Park Ave. 24-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Ernest Collison

(a) Residence: No. 4132 Forest Park Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Cora E. Collison

6. DATE OF BIRTH (month, day, year) May 7 1872

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	63	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. spinning
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Textile Co
10. Date deceased last worked at this occupation (month and year) 3/36
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Elkton (State or country) Md

FATHER

13. NAME George T. Collison
14. BIRTHPLACE (city or town) Elkton Co. (State or country) Md

MOTHER

15. MAIDEN NAME Mary M. Freeman
16. BIRTHPLACE (city or town) Elkton Co. (State or country) Md

17. INFORMANT Cora E. Collison
(Address) 4132 Forest Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date Mch 5. 1936

19. UNDERTAKER Hughes Funeral Home
(Address) 1819 E. Baltimore St.

FILED MAR 5 1936 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1935, to Mch 3, 1936
I last saw h~~im~~ alive on Mch 3, 1936 Death is said to have occurred on the date stated above, at 8:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Mch 2-36
Other contributory causes of importance:	
Arteriosclerosis & Hypertension	3 yrs

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

Signed) W B Berman M. D.
(Address) 2216 Garrison Blvd

M. D. B. 1208-3

F 21440

F 21440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 178-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. H-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Roy

(a) Residence: No. Hardwood St Brooklyn Md. Ward. A A Co, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unkown 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va.
(State or country)

FATHER

13. NAME Ralph Roy

14. BIRTHPLACE (city or town) Va.
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT H.E.Gray

(Address) Hardwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Mar 5 19 36

19. UNDERTAKER Rayner Sander

(Address) 1413 E Preston St Baltimore Md

FILED MAR 5 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 3, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ether Toxemia And Respiratory Paralysis	

Other contributory causes of importance:

Was an operation performed? Yes Date March 3,1936

For what disease or injury? Drain Anthrum

Name of operation drain Antrum and remove Date of necrose bone 3.3,1936

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. H. Crockett M. D. Coroner

(Address) 2737 N. 12th St

OCCUPATION is very important. See instructions on back of certificate.

R 5-1936

F 21441

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21441

CERTIFICATE OF DEATH

✓ 146

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 12562 St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Wilson

(a) Residence: No. 229 Myrtle Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Howard

6. DATE OF BIRTH (month, day, year) 7-7-1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	7	26.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Feb. 5 1936

19. UNDERTAKER Wendell Hippel

(Address) 1405 Eutaw St.

20. FILED [illegible]

R 5-1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 3-3 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-28 1936, to 3-3 1936

I last saw h.er alive on 3-3 1936. Death is said to have occurred on the date stated above, at 4-22 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post partum eclampsia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Dwayne Sterling M. D.

(Address) Balto City Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 21442

F 21442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St. 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Paul Jones

(a) Residence: No. 2015 Brunt st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Jones

6. DATE OF BIRTH (month, day, year) Aug. 20, 188?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Henry Jones

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Bertha Williams

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Calvary Cemetery Date 3/6, 19

19. UNDERTAKER Thomas E. Kilcoyne

(Address) 1303 Preston St

20. FILED MAR 5 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1936, to March 4, 1936

I last saw him alive on March 4, 1936. Death is said to have occurred on the date stated above, at 3.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Nov. 1935
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Karlsin M. D.

(Address) Baltimore City Hospitals

F 21443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 114-B

1. PLACE OF DEATH University Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4 ..... Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Leman Bin Sarat

(a) Residence: No. Bettus S. S. Jones City of Birmingham Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Macassar Federated Malay States

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: British Vice Consul (Address) Bello

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Calvary Cem Date Mar 5, 1936

19. UNDERTAKER: John F. Heavy (Address) 715 Eight St

RECEIVED MAR 6 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-1-36, 19..., to 3-2-36, 19...

I last saw h... alive on Mar 2, 1936 Death is said to have occurred on the date stated above, at 2:40 A m.

The principal cause of death and related causes of importance were as follows:

Lung Abscess — Date of onset 1/25/36

Other contributory causes of importance:

unk

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John W. C. Warren M. D.

(Address) University Hospital

M. D. B. 1208-9

21444

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21444

CERTIFICATE OF DEATH

1. PLACE OF DEATH Linden Ave + Brooks Lane 48

CITY OF BALTIMORE: (or) Lake Court Co. 13 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora F. Schoen

(a) Residence: No. Lake Court Co. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Ira D. Schoen

6. DATE OF BIRTH (month, day, year) May 25 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Ladies to Wear Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Sam'l Freudenthal

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bertha Levy

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. B. Schoen

(Address) Lake Court Apts

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Cem. Date Mch. 6, 1936

19. UNDERTAKER Harry Sondheim + Sons

(Address) 1962 Eastern Place

20. FILED 3/10/36, 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from May, 1935, to March 4, 1936

I last saw her alive on March 4, 1936. Death is said to have occurred on the date stated above, at 10.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis (Metastasis)	1 year
Other contributory causes of importance:	
Carcinoma of uterus (removed)	10 years
Carcinoma of breast (removed)	2½ years

Name of operation see above Date of Right breast removed 2/26/27

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Frederick Leib, M. D.

(Address) Temple Garden Apts

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. F. 1268-9

F 21445

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21445

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. Broadway & Fairmount St., 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 99 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Margaret Atterison

(a) Residence: No. 216 W. Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) April 26 1836

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	99	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Eastern Shore (State or country) Md.

FATHER

13. NAME George atterison

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Elizabeth Jones.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs Berry Stuart. (Address) Chevy Chase, Md

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Date Mch 6 1936

19. UNDERTAKER John D. Mitchell & Sons (Address) Chevy Chase

Mch 5 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1933 to Mar. 4, 1936

I last saw h er alive on Mar. 4, 1936. Death is said to have occurred on the date stated above, at 3:05A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days
Arteriosclerosis	1
Senility	—

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Myers M. D.

(Address) Church Home & Infirmary

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

21446 ✓184 21446

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 14-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Beaterice Robinson

(a) Residence: No. 1220 Etting St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 15 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW. 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frank 1. Robinson

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Beatrice Bowman

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Beatrice Robinson
(Address) 1220 Etting St

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt. Auburn Date March 7, 1930

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St.

FILED MAR 5 - 1930 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1930

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis and Septicemia	

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb. 23, 193

For what disease or injury? Injury

Name of operation To close gun shot wound of Intestins Clin Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Feb 23 1930

Where did injury occur? 210 N Schroeder St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home Accidental Disoharge of Gun

Manner of injury Gun shot of Abdomen

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. C. Nelson M. D.

(Address) 2757 Li. Ave. County

OCCUPATION is very important. See instructions on back of certificate.

F 21447

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

F 21447

Registered No. 5-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2509 Amantico Ave St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME David Ziskin

(a) Residence: No. 2509 Amantico ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cecilia Barthold

6. DATE OF BIRTH (month, day, year) Jan 5 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 15

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Ziskin

(Address) 2509 Amantico ave

18. BURIAL, CREMATION OR REMOVAL

Place Hebrew Rockdale Date March 5 1936

19. UNDERTAKER Sol Levinson & Bros

(Address) 1127 E Balto st

MAR 5 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1 1936 to March 4 1936

I last saw him alive on March 4 1936 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T.B.	
Other contributory causes of importance: Cardiac.	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Meyer Eckman M. D.

(Address) 1935 N. Wolfe Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

21448 21448

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Walker Hill

(a) Residence: No. 15 S. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) July 25 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	7	6 ?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Dump Factory)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Richmond, (State or country) Virginia

FATHER

13. NAME Marcus Hill

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mattie Smith

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Nellie Hill

(Address) 15 S. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Milford Va Date 3-6 19 36

19. UNDERTAKER Robert L Young

(Address) 804 N. Caroline St

20. FILED MAR 5 - 1936 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

Coroner

(Address)

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

F 21449 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ F 21449

92-a

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 Penna Ave ST., 14-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Mollie Simms

(a) RESIDENCE NO. 1513 Penna. ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Col	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Sims

6 DATE OF BIRTH (month, day, and year) Dec 26, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74	75	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Queens Anne Co, Md.

PARENTS:

10 NAME OF FATHER David Cooper

11 BIRTHPLACE OF FATHER (city or town) see 9 (State or country) Queen Anne Co. Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Unknown

14 Informant Joseph Simms

(Address) 1513 Penna Ave

15 Filed R 5 1936, 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-2-36

17 I HEREBY CERTIFY, That I attended deceased from 2-26-36, 19, to 3-2-36, 19, that I last saw her alive on " , 19, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Cardiac Disease

(duration) yrs. 6 mos. da.

CONTRIBUTORY (Secondary) Bronchial Asthma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F. N. Cardozo M. D.

3-2-36 (Address) 1524 W. Hill ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lebanon Cemetery

DATE OF BURIAL 3-5-1936

UNDERTAKER Wm. Geo. E. Holland

ADDRESS 1631 E. Fayette

F 21450 HEALTH DEPARTMENT—CITY OF BALTIMORE F 21450

CERTIFICATE OF DEATH

1. PLACE OF DEATH Found floating in the water between Registered No. 183
CITY OF BALTIMORE: (No. Piers 9 & 10 Locust Point 24 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred None. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Percy B. Goode.

(a) Residence: No. Ettrick, Va. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of //---------

6. DATE OF BIRTH (month, day, year) December 30, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beckford, Va.

FATHER

13. NAME Charles W. Goode.
14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Jannet Beasley.
16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Charles W. Goode. (fater)
(Address) Colonial Heights, Va.

18. BURIAL, CREMATION, OR REMOVAL
Place Tilesbury Va Date March 6, 1936

19. UNDERTAKER Wm J. Tickner & Son
(Address) North d Penna Ave

FILED MAR 5 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found February 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Drowning,
Probably accidental.

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Robert Steinhardt M. D.
(Address) 1017 S. Charles St. 3/5/36

OCCUPATION is very important. See instructions on back of certificate.

12553

E 21451

21451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 18-3 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Windeline Beckert

(a) Residence: No. 113 Collander St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 9-8-1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Theresa

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Park Date 2/5 1936

19. UNDERTAKER J. J. Raby & Son

(Address) 1318 Eutaw Pl.

[illegible] Registrar.

2-5-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-27, 1936 to 2-29, 1936

I last saw him alive on 2-29, 1936 Death is said to have occurred on the date stated above, at 5:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated femoral hernia, right	1 wk

Other contributory causes of importance:

Incarcerated inguinal ? Hernia, right

Was an operation performed? Yes Date of 2-29-36

For what disease or injury? Strangulated + incarcerated femoral hernia, right

Name of operation Herniaplasty + Resection of Omentum Date of 2-29-36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robt F. Martin M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 21452

21452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 9-8 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Smith

(a) Residence: No. 2145 Kirk Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-11-1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0067

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Furlong

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Sallie Warren

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 3/5 19 36

19. UNDERTAKER J. J. Furby & Son
(Address) 1318 Eight St.

20. 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-2 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-6-35 19 .. to 3-2 19 36

I last saw h[illegible] alive on 3-1 1936 Death is said to have occurred on the date stated above, at 1[illegible]0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	9
Secondary Anemia	?
Syphilis Genological	?

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? no

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Robt. F. Martin M. D.

(Address) Balto City Hosp[illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 21453

F 9481

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21453

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15-9 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ralph Sapero

(a) Residence: No. 3903 Norfolk Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, (Widowed,) or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-68

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Mfg 45

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wooden Boxes

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Moses Sapero

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Holmes Wash. Blvd Date 3/5/36 19

19. UNDERTAKER Jos. Kemp Sons
(Address) 1432 E. Baltimore

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1936 to Mar 4 1936

I last saw him alive on Mar 4 1936 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Arteriosclerotic heart disease	?
Other contributory causes of importance: Diabetes mellitus	1929
Carcinoma of neck	1936

Name of operation ..... Date of .....

What test confirmed diagnosis? P E Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edw R Rossman M. D.

(Address) The Johns Hopkins Hosp

OCCUPATION is very important. See instructions on back of certificate.

V S 9

21454 F 21454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth yrs. mos. da.

2. FULL NAME Mrs. Rachel Loeban

If U. S. Veteran specify WAR

(a) Residence: No. 2922 Rockrose Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 17, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Wenchick Chaim

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Reba Loeban

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Date 3/5/36

19. UNDERTAKER Jack Levy Inc
(Address) 1439 E. Baltimore St

20. FILED 3-5-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-4-36

22. I HEREBY CERTIFY, That I attended deceased from 2-24-36, to 3-4-36

I last saw her alive on 3-4-1936 Death is said to have occurred on the date stated above, at 11.50 A.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of esophagus — Date of onset

Other contributory causes of importance:

Arteriosclerotic cardiovascular disease

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theodore A. Schwartz, M. D.

(Address) c/o Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

21455 E 21455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

126

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2836 Guilford Ave. St. 12-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret MARY ELIZABETH ELLERBROCK

If U. S. Veteran specify WAR

(a) Residence: No. 2836 Guilford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If ~~MARRIED~~ widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Leo H. Ellerbrock

6. DATE OF BIRTH (month, day, year) March 8, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Bayne

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Lastner

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Leo H. Ellerbrock
(Address) 2836 Guilford Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Mar. 7th. 1936

19. UNDERTAKER Hazel Grace Hon
(Address) 118 W. Mt. Royal Ave

FILED MAR 5-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4th. 36

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15 1930 to March 4 1936.
I last saw h~~er~~ alive on March 4 1936. Death is said to have occurred on the date stated above, at 8.10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver, and removal of Half of the liver	1930
Other contributory causes of importance: Uraemia & acid Coma	1935

Was an operation performed? Yes Date of 1930

For what disease or injury? Gall stones

Name of operation Removal of Gall Bladder Date of 1930

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Stanley Grosnickle M.D.

(Address) 1100 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

F 21456

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21456

CERTIFICATE OF DEATH

95-B

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Asquith ST., 5-1 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Wilson

(a) RESIDENCE NO. 207 Asquith ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. Wilson

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	85	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Matthews Co. Virginia

PARENTS

10 NAME OF FATHER Thomas Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Thomas S. Bagnall (Address) 442 E. Baltimore St. Norfolk Va.

15 Filed MAR 5 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-3-36

17 I HEREBY CERTIFY, That I attended deceased from 12-[illegible]-1935, to 3-3-1936, that I last saw h[illegible] alive on 3-2-1936 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-Renal disease.

unknown (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) some (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D.

3-4-1936 (Address) 611 N [illegible]

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk, Virginia

DATE OF BURIAL 3/5 1936

20 UNDERTAKER [illegible]

ADDRESS [illegible] Mrs Chas L. Bailey, 1421 Jefferson

Important. See instructions on back of certificates.

F 21457

21457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 9-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

nonresident

2. FULL NAME Stephen Nickolai

If U. S. Veteran specify WAR

(a) Residence: No. Vagrant St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	?

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Stephen Nickolai

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Stephen Nickolai

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Mod School Date Mar 5 . 19 36

19. UNDERTAKER

(Address)

20. Filed Mar 5 1936 Registrar

2156

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 3 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 2 . 1936 to Mar 3 . 1936

I last saw him alive on Mar 3 . 1936 Death is said to have occurred on the date stated above, at 1.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas Faciales Idiopathic	2/25/36
Other contributory causes of importance: Acute Cardiac Failure	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirms diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If specify .....

(Signed) Ryan G. Teall M. D.

(Address) Sydenham Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

21458

F 21458

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 121

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH University Hosp. St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry Meredith

(a) Residence: No. Middletown Del St., Liberty Rd near Old Court Rd Ward. (If non-resident give city and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept 19 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Bldg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

FATHER

13. NAME Henry G. Meredith

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Mary A. Lester

16. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

17. INFORMANT Robert Fyan. Home

(Address) Middletown, Del.

18. BURIAL, CREMATION, OR REMOVAL

Place Middletown Del Date Mar. 5 1936

19. UNDERTAKER John D. Mitchell & Sons

(Address) 1400 Eutaw Place

[illegible]

R 5-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/5 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/4/36, 1936, to 3/5, 1936

I last saw h[illegible] alive on 3/5, 1936 Death is said to have occurred on the date stated above, at 8 A m.

The prinripal rause of death and related causes of importance were as follows:

acute appendicitis — 2/27/36
septicemia peritonitis — 2/4/36

Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of 3/4/36

For what disease or injury? Appendicitis

Name of operation Appendectomy Date of 3/4/36

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. V. Reese, M. D.

(Address) Kennard & Hoyt

OCCUPATION is very important. See instructions on back of certificate.

F 21459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital 17-2 108 Registered No.

CITY OF BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Chappell If U. S. Veteran specify WAR

(a) Residence: No. 917 Shields Place Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 20, 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethelehem Steel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Mill

12. BIRTHPLACE (city or town) (State or country) Victoria Va

FATHER

13. NAME Frank Chappell

14. BIRTHPLACE (city or town) (State or country) Victoria Va.

MOTHER

15. MAIDEN NAME Florence Fowlkes

16. BIRTHPLACE (city or town) (State or country) Victoria, Va.

17. INFORMANT Frank Chappell
(Address) Victoria, Va

18. BURIAL, CREMATION, OR REMOVAL
Place Burkeville, Va Date March 7, 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Month Feb. 29, 1936 to March 4, 1936

I last saw him alive on March 4, 1936. Death is said to have occurred on the date stated above, at 9:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/29

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Charles L. Hoodland, M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

R 5-1936

M. D. B 1268-9

F 21460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 6-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Emmett Jackson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1529 Mulliken St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Jackson

6. DATE OF BIRTH (month, day, year) 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crewe Va.

FATHER

13. NAME Wm. Jackson

14. BIRTHPLACE (city or town) (State or country) Crewe Va.

MOTHER

15. MAIDEN NAME Mattie Lee

16. BIRTHPLACE (city or town) (State or country) Crewe Va.

17. INFORMANT Louise Jackson

(Address) 1529 Mulliken St.

18. BURIAL, CREMATION, OR REMOVAL

Place Crewe Va. Date 3/9 1936

19. UNDERTAKER Mrs Kate R. Williams

(Address) 322 N. Schroeder St

20. BY 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Injury (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schnitker, M. D.

Coroner

(Address) 1918 E. Madison Ave.

F 21460

R 5 36

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 N Bentalou St. 15-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Abelson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1916 N Bentalou St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dora Salmen

6. DATE OF BIRTH (month, day, year): 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ree

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Abie Abelson

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Rachel —

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Dora Abelson

(Address) 1916 Bentalou st

18. BURIAL, CREMATION, OR REMOVAL

Place Southern ave Date 3/6/36

19. UNDERTAKER: Sol Levinson & Bro

(Address) 1127 E Balto st

5-1536 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-23-1935 to 3-4-1936

I last saw him alive on 3-4-36, 19... Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular disease	
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Holmes Carey, M. D.

(Address) 1014 St Paul St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 21462

F 21462 HEALTH DEPARTMENT—CITY OF BALTIMORE

53-E

CERTIFICATE OF DEATH

1. PLACE OF DEATH church home & infirmary

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 18-1 (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Elizabeth Maloney No War Record

(a) Residence: No. 943 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or husband of~~ (or) WIFE of Daniel A. Maloney

6. DATE OF BIRTH (month, day, year) Jan 14th 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or ~~Balto~~ (State or country) Maryland.

FATHER

13. NAME Samuel Hess

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Steinbach

16. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

17. INFORMANT Mr Howard Hess (brother)
(Address) 943 W Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 7th 36

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St.

20. FILED ~~Mar~~ 1936 ~~Registrar~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1935, to March 5, 1936.

I last saw her alive on March 5, 1936. Death is said to have occurred on the date stated above, at 7:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Failure	
Acidosis.	

Other contributory causes of importance:

Carcinoma of uterus	1926
Intestinal obstruction.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John C. Myers, M. D.

(Address) Church Home & Inf.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

21463 F 21463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2504 Hudson St., 1 - 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Tuttle

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2504 Hudson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, ~~or Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE of~~ Elizabeth Tuttle

6. DATE OF BIRTH (month, day, year) Aug 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Large

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rose Hartman

(Address) 2504 Hudson St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Mar 7 1936

19. UNDERTAKER Wm Cook

(Address) 1217 E. Baltimore St

20. FILED MAR 5 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4th 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1 1936 to March 4 1936

I last saw him alive on March 4 1936 Death is said to have occurred on the date stated above, at 8:- P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Apoplexy (Left Hemiplegia)	
Hypostatic Pneumonia	
Chronic Nephritis	
Hypertension	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Andrew Tomaszewski, M. D.

(Address) 2674 Eastern Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

21464

12251 ✓ F 21464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

190 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St., 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Lewis Hennick

(a) Residence: No. 235 S. Wolfe St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed,~~ or Divorced (write the word)
M	W	~~Single~~

5a. If ~~married, widowed~~ or divorced HUSBAND of (or WIFE of) Pluga Hennick

6. DATE OF BIRTH (month, day, year) 11-26-1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	3	9 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (Odd Jobs)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Large

10. Date deceased last worked at this occupation (month and year) ✗

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Oscar William Hennick

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Katherine Miller

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT (Address) B. C. H. Records + Family History Louis Wolfson 193 S. Ann St

18. BURIAL, CREMATION, OR REMOVAL Place Bachmans Cem. Date Mar 7th 1936

19. UNDERTAKER (Address) Wm Cook 127 St Paul St

~~19. FILED~~ ~~Registrar~~ ~~Deputy~~

R 5 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 4 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-11-36, 19.., to 3-4, 1936

I last saw him alive on 3-4, 1936 Death is said to have occurred on the date stated above, at 5 15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Frost-Bite Gangrene both Feet	1-26-36
Cellulitis Left Lower Leg	?
Abscess Left Lower Leg	?
Streptococcic Septicemia	?

Other contributory causes of importance:

Was an operation performed? Yes Date of 2-15-36

For what disease or injury? Abscess of Left Lower Leg

Name of operation Incision + Drainage Date of 2-15-36

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Brantigan, M. D.

(Address) Baltimore City Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1263-9

F 21465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. F 21465

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Charles L. Green

(a) Residence: No. 1648 Warwick Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Sadie Green

6. DATE OF BIRTH (month, day, year) November 11, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Journeyman

10. Date deceased last worked at this occupation (month and year) Aug 1935

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Wm H. Green

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary N. Robinson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Sadie Green

(Address) 1648 Warwick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Edgehill Cemetery Charles Town W. Va. State Mar 6 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Mar 7 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenthey, M. D. Coroner

(Address) 1918 E. North Ave.

INFORMATION should be carefully supplied. Any answer not known should be stated. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

R 5-1936

M. D. B 1268-9

F 21466

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21466

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 25-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Chas. J. Kane

If U. S. Vet. specify WAR No Record

(a) Residence: No. 2311 Annapolis Road St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth A. Kane

6. DATE OF BIRTH (month, day, year) Aug. 17 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Guard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. M. Art

10. Date deceased last worked at this occupation (month and year) Mar 6 1936

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME John Kane

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary McCluskey

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Elizabeth Kane

(Address) 2311 Annapolis R.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Phila Pa Date Mar 7 1936

19. UNDERTAKER Mulvaney Cook

(Address) 1217 St Paul Street

20. Filed MAR 5 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) [signature] M. D.

Coroner

(Address) 2731 E. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21467 # 12105 ✓ F 21467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St., 1-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 8 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Burble Belle

If U. S. Veteran specify WAR

(a) Residence: No. 3816 E. Bank St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Home

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clay Belle

6. DATE OF BIRTH (month, day, year) 3-29-1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME Rolley Henning

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Clarksburg W. Va. Date March 5 1936

19. UNDERTAKER Joseph C. Miller

(Address) 2435 E. Oliver St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-4 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-4 1936 to 3-4 1936

I last saw h~~e~~ alive on 3-4 1936 Death is said to have occurred on the date stated above, at 520 m.

The principal cause of death and related causes of importance were as follows:

Empyema, right — Date of onset 6 weeks ago

Other contributory causes of importance:

Secondary anemia — ?

Inanition — ?

Was an operation performed? yes Date of 2-20-36

For what disease or injury? Empyema, right

Name of operation Thoracotomy Date of 2-20-36

What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robt J. Grantin M. D.

(Address) Balto City Hospt

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 6-1936

12231

F 21468

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21468

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Brown

If U. S. Veteran specify WAR

(a) Residence: No. 507 W. Lafayette Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy

6. DATE OF BIRTH (month, day, year) Apr 3rd, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ok

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Julius Brown

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Kate

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem'y Date 3/7 1936

19. UNDERTAKER Walter E. Sharp

(Address) 939 W. Hamby St.

R 6-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/10 1936 to 3/3 1936

I last saw him alive on 3/3 1936. Death is said to have occurred on the date stated above, at 3 45 p. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung (?) — Date of onset 3 mo.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was illness or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Ritter M. D.

(Address) Balto City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-a

F 21469

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21469

310375

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 14-3 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susie Sheridan

(a) Residence: No. 2118 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored Black	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/14/82

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Edward Bowen

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Maggie Shew

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemetery Date 3/7 1936

19. UNDERTAKER Ted E. Nelson

(Address) 1103 Eastern Ave

20. FILED 19 [redacted]

MAR 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 29 1936 to Mch 4 1936

I last saw her alive on Mch 4 1936. Death is said to have occurred on the date stated above, at 1.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	years
Hypertension	years
Chronic non-valvular cardiac dis	years
Cardiac Insuff.	3 mos.
Other contributory causes of importance:	
	nov

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Dwight J. Ladue M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1265-9

F 21470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 S. Broadway St. 2-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence Marie Costelow

U. S. Veteran specify WAR .....

(a) Residence: No. 615 S. Broadway St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clayton

6. DATE OF BIRTH (month, day, year): July 26 1911

7. AGE: Years: 24 | Months: 7 | Days: 8 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Saleswoman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Murphy's 10¢ store

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: John Heil

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Mary Yasel

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Mrs. Florence Hoff (aunt)

(Address) 615 S. Broadway.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Mar 6 1936

19. UNDERTAKER: Martin L. E. Diffpf

(Address) 1-3 Amity St.

FILED MAR 6 - 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 5, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro spinal meningitis	Jan 7 1936
Secondary to Sydenham Hos. for 30	

Other contributory causes of importance: Probably recurrence of meningitis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. V. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave.

Please state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 21471 ✓ F 21471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 N. Lanvale St. 11-2 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ann Caroline McDonnell

(a) Residence: No. 123 N Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene McDonnell

6. DATE OF BIRTH (month, day, year) Mar 8 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	11	26 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 1937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warrenton Va

FATHER

13. NAME Dr. John A. Chilton

14. BIRTHPLACE (city or town) (State or country) Fauquier Co Va.

MOTHER

15. MAIDEN NAME Catherine Massie

16. BIRTHPLACE (city or town) (State or country) Alexandria Va

17. INFORMANT Austin M. McDonnell
(Address) Warrenton Va

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Mar 7. 1936

19. UNDERTAKER Henry W. Rukert's Sons
(Address) W. Fayette & Eutaw Sts

MAR 6 - 1936

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 3rd . 1936. to March 5 . 1936.

I last saw her alive on March 5 . 1936. Death is said to have occurred on the date stated above, at 6.15 P m.

The **principal cause of death** and related causes of importance were as follows:

Arteriosclerosis with Hypertension and Congestion of Heart action Duration of about 4 years. Cystitis

Date of onset

Other **contributory causes** of importance:

Myocardial insufficiency terminating in death

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank R. Smith M. D.

(Address) 927 N. Calvert St

F 21472

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21472

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for the Women of Maryland Ward)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARGARET W. EASTER

(a) Residence: No. Owings Mills Md St., Ward. Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3 V 1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James W. Easter

14. BIRTHPLACE (city or town) (State or country) Owings Mills Md

MOTHER

15. MAIDEN NAME Anita Tingle

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT James W. Easter

(Address) Owings Mills Md

18. BURIAL, CREMATION, OR REMOVAL

Place St Thomas Garrison Md Date Mar 7, 1936

19. UNDERTAKER Henry W Hopkins Inc

(Address) McCulloh & Orchard Sts

20. FILED MAR 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1936, to March 5, 1936

I last saw her alive on March 5, 1936 Death is said to have occurred on the date stated above, at 9:45P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aplastic Anemia	?
Fulon pneumonia	2/29/36

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry M. Hansen M. D.

(Address) Hospital for the Women of Md

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21473 ✓ F 21473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 #12765

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Henson

(a) Residence: No. 1835 N. Spring St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ? Maggie Henson

6. DATE OF BIRTH (Month, day, year) Mar 6 1875 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60 ?	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice Plant Could

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Maryland

FATHER

13. NAME Andrew Henson

14. BIRTHPLACE (City or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Phoebie Smith

16. BIRTHPLACE (City or town) (State or country) Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Longgreen Balto Co. Md. Date 3/8/ 1936

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W. Biddle St.

FILED MAR 6 - 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/4 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/1 1936 to 3/4 1936

I last saw him alive on 3/4 1936 Death is said to have occurred on the date stated above, at 7 3/4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7 days

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reite M. D.

(Address) Balto City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21474

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21474

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No. 16-1

CITY OF BALTIMORE: (No. 1007 Arlington Ave St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eliza Smith

If U. S. Veteran specify WAR ...

(a) Residence: No. 1007 Arlington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 15, 1870

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
66	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

FATHER

13. NAME John Chase

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

MOTHER

15. MAIDEN NAME Ethel Johnson

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

17. INFORMANT Alberta Smith
(Address) 817 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 3/7/ 1936

19. UNDERTAKER Frances A Hemsley
(Address) 578 W. Biddle St

20. FILED ... Registrar

MAR 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936 to March 4, 1936

I last saw h.. W alive on March 4, 1936 Death is said to have occurred on the date stated above, at 3:25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	?

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Edw. J. Mueller, M. D.

(Address) 1230 Druid Hill Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. P. 1268-9

F 21475

F 21475 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3813 Dalrymple Ave 15-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth 35 yrs mos ds.

2. FULL NAME Mr Erika Michaelson

(a) Residence: No. 3813 Dalrymple Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Israel

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob Platzow

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah Oppenheimer

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Jennie Goldschein

(Address) 3813 Dalrymple Ave.

18. BURIAL, CREMATION, OR REMOVAL

Where Rosedale Date 3/6/36 19

19. UNDERTAKER Aug. Lewis & Sons

(Address) 1731 E. Baltimore St.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-4-36 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16th, 1935, to March 4th, 1936

I last saw h alive on March 4, 1936 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1934
Chr. nephritis	1934
Chr. myocarditis	1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I. S. Michelson, M. D.

(Address) 2236 Eutaw Pl.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C52 3

F 21476 ✓ F 21476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2410 Lakeview ave 3-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 45 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Leah Ackerman

(a) Residence: No. 2410 Lakeview ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Meyer Ackerman

6. DATE OF BIRTH (month, day, year): 6-4-

7. AGE: Years 87; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Romania

FATHER

13. NAME: Jacob
14. BIRTHPLACE (city or town) (State or country): Romania

MOTHER

15. MAIDEN NAME: Sarah Ro
16. BIRTHPLACE (city or town) (State or country): Romania

17. INFORMANT: Rosa Cohen
(Address) 2410 Lakeview ave

18. BURIAL, CREMATION, OR REMOVAL: Balto Hebrew Date 3/6/36

19. UNDERTAKER: Sinai Levin Inc
(Address) 1439 E. Baltimore St

20. FILED ..... (Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5-36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3/2 ....., 1936, to 3/4 ....., 1936

I last saw her alive on 3/4 1936 Death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	
a Pulmonary Edema	

Other contributory causes of importance:

Chr Cholecystitis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation No Date of —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 ...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) A. G. Hornstein, M. D.

(Address) 733 Aisquith St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C61-0 MAR 3

F 21477 ✓ F 21477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-II

Registered No. .....

1. PLACE OF DEATH University Hosp

CITY OF BALTIMORE: (No. ..... St., 15-12 Ward) 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Forman

(a) Residence: No. 2416 Keyworth ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 28/36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Irving Forman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Anna Cohen

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Irving Forman

(Address) 2416 Keyworth ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Washington Rd Date March 6 1936

19. UNDERTAKER Sol Levinson & Bros

(Address) 1127 E Balto st

[illegible]

20. FILED MAR 6 - 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/5 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/2 . 1936 to 3/5 . 1936

I last saw him alive on 3/5 . 1936. Death is said to have occurred on the date stated above, at 6 P. m..

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	3/1/36
Intestinal obstruction	3/27/36

Other contributory causes of importance:

Was an operation performed? Yes Date of 3/2/36

For what disease or injury? Intestinal Obstruction

Name of operation Laparotomy Date of 3/2/36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C A Reis M. D.

(Address) University Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21478

V F 21478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No. 12535

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick M. Weitzell. If U. S. Veteran specify WAR .....

(a) Residence: No. 422 W. 25th St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice S. Weitzell.

6. DATE OF BIRTH (month, day, year) May 12, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME William Weitzell.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sophia Moore.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

St. Mary's Hampden Date March 7, 1936

19. UNDERTAKER Ehlmann's Sons

(Address) 3615-17 Eastern Ave

20. FILED MAR 6 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1936 to March 4, 1936

I last saw him alive on March 4, 1936 Death is said to have occurred on the date stated above, at 8 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 2-27-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. G. de Langlade M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Agnes Hospital St., 25-1 Ward)
Length of residence in city or town where death occurred 43 yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Annie L. Johnson
(a) Residence: No. Landsdown, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Johnson

6. DATE OF BIRTH (month, day, year) Oct. 4, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Virginia.

FATHER

13. NAME Harry W. Boswell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ida Witner

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Edward Johnson
(Address) Landsdown, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Mar. 7 1936

19. UNDERTAKER Frank Graceffo
(Address) 1906 Ashland Ave

20. FILED ... 19... [redacted]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 5th. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above. 11.30a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobor pneumonia	

Other contributory causes of importance:
Menengetis (Pneumonic)

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos. H. Phillips Coroner, M. D.
(Address) 1939 Edmondson, Ave.

F 21479

WRITE PLAINLY WITH PEN AND INK. PHYSICIANS should carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 21480

F 21480 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-D

19-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 754 W. Pratt St. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas E. Willis

(a) Residence: No. 404 S. Gilmore St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Daratheria Willis

6. DATE OF BIRTH (month, day, year) Aug. 3, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wesley Y. Willis

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Billison

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Dorthera Willis

(Address) 404 S. Gilmore, St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mouland Memorial Park Date March 7th, 1936

19. UNDERTAKER Leo G. Crook

(Address) 1705 N. Patterson Park Ave

20. FILED ... 19 ... Registrar

MAR 6 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1936. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poison	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury March 4, 1936

Where did injury occur? 754 W. Pratt St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry 754 W. Pratt St

Manner of injury Repairing Auto. overcome By gass from exhaust

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify overcome while working on Auto.

(Signed) T. K. Gladden M. D.
Coroner

(Address) 2757 N. Howard St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 250B

F 21481 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 21481

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH Franklin Square Hospital

Registered No. 6347

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 27-2 Ward)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Puis Adams

(a) Residence: No. 319 S. Fremont Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Adams

6. DATE OF BIRTH (month, day, year) Not Known-1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Clothing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithunia

FATHER

13. NAME Puis Adams

14. BIRTHPLACE (city or town) (State or country) Lithunia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Lithunia

17. INFORMANT Puis Adams Jr.
(Address) 319. S. Fremont. Ave,

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date March 7, 1936

19. UNDERTAKER John Greffiaucky's
(Address) 1423. S. Paca St.

20. FILED MAR 6 - 1936, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 3/4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/29/36, 1936, to 3/4, 1936

I last saw him alive on 3/4, 1936 death is said to have occurred on the date stated above, at 7.50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post influenzal broncho-pneumonia	

Other contributory causes of importance:

Chr. bronchitis
Arteria-sclerotic cardio-vascular disease

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. T. Battaglia M. D.

(Address) Franklin Sq. Hospital

Information should be carefully supplied. Avoid use of terms EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. D. H. 1908

F 21482

F 21482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5500 Ritter Ave., Raspeburg St., 26th Ward) 76-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maria Ritter

(a) Residence: No. 5500 Ritter Ave., Raspeburg, Baltimore, Md. St., 26th Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Ritter

6. DATE OF BIRTH (month, day, year) Sept. 9, 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
87 yrs.	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0-21

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In her own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 60 yrs.

12. BIRTHPLACE (city or town) Allhau (State or country) Austria

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Allhau (State or country) Austria

MOTHER

15. MAIDEN NAME Maria Musser

16. BIRTHPLACE (city or town) Allhau (State or country) Austria

17. INFORMANT Joseph Ritter, Jr.

(Address) 5500 Ritter Ave., Raspeburg, Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date March 6 19 36

19. UNDERTAKER Fuhr, Lauchu & Son

(Address) 5401 Belair Rd.

20. FILED ... 19 ... Registrar.

MAR 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1936 to March 4, 1936

I last saw h er alive on March 4 1936 Death is said to have occurred on the date stated above, at 2P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Feb. 26th
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. L. Wilkinson M. D.

(Address) 5713 Belair Rd., Halto., Md.

Information should be carefully supplied. Age should be stated EXACTLY. Abbreviations should not be used. If unknown, so state. Cause of death must be stated. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 21483

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4101 Northern Parkway) St., 27-5 Ward

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry G. Stumhoff

(a) Residence: No. 4101 Northern Parkway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Stumhoff

6. DATE OF BIRTH (month, day, year) July 4th 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet metal worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Heating

10. Date deceased last worked at this occupation (month and year) Feb. 1929

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Unknown Germany

FATHER

13. NAME Ernest Stumhoff

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Katherine Schultz

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mrs Stumhoff

(Address) 4104 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL

Parkwood Cemetery March 7th 1936

19. UNDERTAKER Frederick Lissauer & Sons

(Address) 1701 Eutaw Place

[illegible] 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1936 to March 4 1936

I last saw h[illegible] alive on March 1 1936. Death is said to have occurred on the date stated above, at 9:30 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Nephritis	1930
Other contributory causes of importance:	
Myocardial degeneration	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Pearson M. D.

(Address) 1 W. Preston

INFORMATION should be complete and accurate. Type or print. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 6 - 1936

F 21484

F 21484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a 39th & Canterbury Rd

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Ambassador Apts St., 12-1 Ward)

Length of residence in city or town where death occurred 77 yrs. 4 mos. 1 ds. How long in U. S. If of foreign birth? 77 yrs. 4 mos. 1 ds.

If U. S. Veteran specify WAR NONE.

2. FULL NAME Elizabeth L. Chapman Lowndes

(a) Residence: No. Ambassador Apts St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William C. Lowndes

6. DATE OF BIRTH (month, day, year) Nov. 4 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Allen A. Chapman

14. BIRTHPLACE (city or town) (State or country) Saybrook Connecticut.

MOTHER

15. MAIDEN NAME Mary E. Chase

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Lucien C. Lowndes (son)
(Address) Ambassador Apts

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemetery Date Mar 7 1936

19. UNDERTAKER Stewart Moran Co.
(Address) 108 W. North Ave. Baltimore Md.

20. FILED ..... 19 ..... Registrar.

MAR 6 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1936 to March 5 1936

I last saw h.e alive on March 3 1936 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 15/36
Other contributory causes of importance: Arteriosclerosis, Hypertension } Symptoms	1921

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19 ....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so specify

(Signed) Louis P. Hamburger M. D.

(Address) 1207 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

21485

HEALTH DEPARTMENT—CITY OF BALTIMORE

21485

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4205 Ridgewood Ave St. 28-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 6 mos. 9 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Barbarba Agnes Feulner

If U. S. Veteran specify WAR

(a) Residence: No. 4205 Ridgewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Feulner

6. DATE OF BIRTH (month, day, year) Aug 25 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	6	9 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Peter Hessler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary V. Loeffler

16. BIRTHPLACE (city or town) (State or country) Alsace Lorraine

17. INFORMANT Lilly W. Feulner
(Address) 4205 Ridgewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date Mar 7 1936

19. UNDERTAKER Harry R. Amoss & Son
(Address) 4204 Ridgewood Ave.

19. FILED 19 Registrar.

MAR 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1936, to March 5 1936

I last saw h-- alive on March 1 1936 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Feb 25
Other contributory causes of importance: Arterio Sclerosis	1932

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical as there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. C. Smith M. D.

(Address) 4504 Belmont Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21486 Howard L. Carroll F 21486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL Registered No. .....
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 27-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 37 yrs. 5 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Howard L. Carroll If U. S. Veteran specify WAR .....
(a) Residence: No. 2505 Hermosa Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE) Bertha Carroll

6. DATE OF BIRTH (month, day, year) Sept 16 — 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	5	17 18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maryland Motor Co
10. Date deceased last worked at this occupation (month and year) 2/14-36 11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Robert P Carroll
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME Mary C Wright
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Bertha Carroll
(Address) 2505 Hermosa Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Park Wood Cem Date 3/7 1936

19. UNDERTAKER Towell & Blyes Inc
(Address) 1017 W Lexington St

FILED MAR 6 - 1936 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4 1936

22. I HEREBY CERTIFY, That I attended deceased from February 22 1936 to March 4 1936
I last saw him alive on March 4 1936 Death is said to have occurred on the date stated above, at 12 40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Bronchial Pneumonia (Pneumococcus)	
Other contributory causes of importance:	
1. Pneumococcus peritonitis	

Was an operation performed? no Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, how? ...

Signed J. M. Mauneller M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

INSTRUCTIONS: Please answer all questions. Be sure that you state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 21487

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21487

CERTIFICATE OF DEATH

V 94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1914 Franklin St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Leon Kitzmiller

If U. S. Veteran specify WAR

(a) Residence: No. 1914 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Irene Kitzmiller

6. DATE OF BIRTH (month, day, year) May 24, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Harry C. Kitzmiller

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Annie March

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Lillian Kitzmiller

(Address) 1914 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Memorial Date 3/7 1936

19. UNDERTAKER Towell & Byrne Inc

(Address) 1017 W Cross St

20. FILED MAR 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris,	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [redacted] Coroner, M. D.

(Address) 1215 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

F 21488

F 21488

HEALTH DEPARTMENT—CITY OF BALTIMORE

54-E

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital — Registered No. ____

CITY OF BALTIMORE: (No. Wilkins + Caton Ave Ward) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Miss Kathryn M. Rosney — If U. S. Veteran specify WAR ____

(a) Residence: No. 202 E. 32 Street. Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) May 8, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
61	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None (pupil)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

FATHER

13. NAME Patrick Rosney

14. BIRTHPLACE (city or town) (State or country) --- Ireland

MOTHER

15. MAIDEN NAME Catherine Clark

16. BIRTHPLACE (city or town) (State or country) --- Ireland

17. INFORMANT Mrs. Mary A. Doyle

(Address) 202 E. 32nd Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery 3/7 1936

19. UNDERTAKER Henry C. Meagher Son

(Address) 805 N. Calvert St.

FILED MAR 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 5 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1936, to Mar. 5, 1936

I last saw h[illegible] alive on March 5 1936. Death is said to have occurred on the date stated above, at 1:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor of Abdominal Wall	Unknown
Cardio Vascular Collapse	1/36 ?
	Mar

Other contributory causes of importance:

Was an operation performed? Yes Date of 3/4/36

For what disease or injury? Abdominal Tumor.

Name of operation Incision + Drainage Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis L. Llewelyn M. D.

(Address) St. Agnes Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21489

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21489

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward) 11-4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Washington

If U. S. Veteran specify WAR

(a) Residence: No. 947 Druid Hill Avenue Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Washington

14. BIRTHPLACE (city or town) (State or country) Manning, S.C.

MOTHER

15. MAIDEN NAME Louise Williams

16. BIRTHPLACE (city or town) (State or country) Manning S.C.

17. INFORMANT Louise Washington

(Address) 947 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date March 4, 36

19. UNDERTAKER Adolphus Habkad

(Address) 917 Druid Hill Ave.

20. FILED 19 Registrar

MAR 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-3 19 36

22. I HEREBY CERTIFY, That I attended deceased from 2-25 19 36 to 3-3 19 36

I last saw him alive on 3-3 19 36 Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 2-21-36

Other contributory causes of importance: own

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) K. V. Jackson M. D.

(Address) 610 N. Arlington Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. F. 1268-9

F 21490

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21490

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 S. Charles St. St., 23-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 10 mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Fox.

(a) Residence: No. 1218 S. Charles St. St., 23rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If ~~XXXX~~ widowed, of ~~XXXXXX~~ (or) WIFE of Barbholomew Fox.

6. DATE OF BIRTH (month, day, year) April 20, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. ood

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Bartholomew Flynn.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME May McDermott.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Bartholomew Ritterman. (son)

(Address) 2607 Maisel St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mer Cathedral Cem Date 3/6/36 19

19. UNDERTAKER Fred. A. Kramer & Son

(Address) 1217 S. Charles St

20. FILED [illegible] Registrar

MAR 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above. 5.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Hemiplegia.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) [signature] M. D.

4/4/36 (Address) 1017 E. Charles St. Coroner

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 21491

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21491

CERTIFICATE OF DEATH

122a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Waram 12-5

If U. S. Veteran specify WAR

(a) Residence: No. 1716 N. Calvert St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas H. Waram

6. DATE OF BIRTH (month, day, year) Sept 12 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md. Maryland

FATHER

13. NAME George H. Parks

14. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

MOTHER

15. MAIDEN NAME Ida Parks (O.K)

16. BIRTHPLACE (city or town) (State or country) Baltimore Co., Md.

17. INFORMANT Mrs. Ida E. Hacker

(Address) 1716 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Prospect Hill Cem. 3/8/36

Towson

19. UNDERTAKER H. W. Mears & Son

(Address) 805 N. Calvert St.

20. FILED MAR 6 - 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/3/36, 19 to 3/5/36, 19

I last saw h er alive on 3/5/36, 19 Death is said to have occurred on the date stated above, at 9 1/2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Femoral Hernia	
Broncho-pneumonia	

Other contributory causes of importance:

Was an operation performed? Yes Date of 3/3/36

For what disease or injury? Strangulated Femoral Hernia

Name of operation Femoral Herniaplasty Date of 3/3/36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Josiah A. Hunt M. D.

(Address) Md. Gen. Hospital

Please fill in all information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

21492 F 21492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt. St. Agnes College, Mt. St. (Ward) Washington 15

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sister Mary Nolasco McColm

If U. S. Veteran specify WAR ...

(a) Residence: No. Mt. St Agnes College, Mt Washington Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 20, 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bath Md.

FATHER

13. NAME Robert McColm

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Elizabeth — ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Sister M. Magdalen

(Address) Mt. St Agnes Mt Washington

18. BURIAL, CREMATION, OR REMOVAL Mt. St. Agnes Cemetery

Place Mt. St. Agnes Cemetery Date 3/7/36 19

19. UNDERTAKER Thomas E. Bowman & Son

(Address) 805 N. Calvert St

FILED MAR 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1936, 1936 to March 5, 1936

I last saw her alive on March 1, 1936. Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1922
Generalized Arteriosclerosis	1926
Coronary Thrombosis	3/5/36
Other contributory causes of importance:	
Cardiac failure	3/5/36

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) N. Raymond Peters M. D.

(Address) 1908 W Lexington St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 21493

21493 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 1108

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bay City Hospital 3-1 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Vincent Kolwa If U. S. Veteran specify WAR.....

(a) Residence: No. 403 S. Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Weisbilt's

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known Poland

FATHER

13. NAME Martin

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Urbanow

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Michael Kolwa (Son)

(Address) 403 S. Bond.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Mar. 9. 1936

19. UNDERTAKER William Fiallowski

(Address) 1618 Eastern Ave.

20. MAR 6 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by ~~Inquest~~ Autopsy find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. M. Wright Coroner, M. D.

(Address) 1010 S. Edmondson Ave

N. B.—WHITE PLAINLY, WITH LEAD PENCIL. AGE should be stated EXACTLY. PHYSICIANS should be careful to see that information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 126

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1961 Pearlman Place St., E Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Catherine Parr

If U. S. Vet. specify WAR No Record

(a) Residence: No. 1961 Pearlman Place St., ... Ward.

(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ of Adam Carr

6. DATE OF BIRTH (month, day, year): Nov 19 1861

7. AGE: Years 74 | Months 3 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: James Boyle

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Balto Maryland

17. INFORMANT: Mary L Roseberg

(Address) 1751 Covington St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 3/7 19 36

19. UNDERTAKER Williams Cook Co

(Address) 1217 St Paul St

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 5 1936

22. I HEREBY CERTIFY, That I attended deceased from January 5 1935 to March 5 1936

I last saw her alive on March 5 1936 Death is said to have occurred on the date stated above, at 10:45 A.M.

The principal cause of death and related causes of importance were as follows:

Arterial Hypertension — Date of onset 3 Years

General Arteriosclerosis — 30.

Other contributory causes of importance:

Cholethiasis — 2/4/36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Examination (Was there an autopsy?)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Greenberg M. D.

(Address) 2026 E North Ave

AR 6 - 1936

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1263-9

F 21495

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21495

CERTIFICATE OF DEATH

V 121

1. PLACE OF DEATH Church Home and Infirmary

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. N. Broadway St., 16-6 Ward)

Length of residence in city or town where death occurred 9 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Florence Jenkins

No War Record

(a) Residence: No. 2721 Riggs Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If ~~married~~ widowed, ~~husband of~~ (or) WIFE of Carter Jenkins

6. DATE OF BIRTH (month, day, year) April 13, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Feb. 1936

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Jorden Lowrey

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elizabeth Grant

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Earl C. Ryder (Daughter)

(Address) 2721 Riggs Ave.

18. BURIAL, CREMATION, OR REMOVAL Episcopal Church Cemetery

Place Warsaw Va. Date Mar 8th, 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Registrar.

AR 6-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1936, to March 5, 1936

I last saw her alive on March 5, 1936. Death is said to have occurred on the date stated above, at 2:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis, diffuse	Unknown

Other contributory causes of importance:

Appendicitis, gangrenous Ruptured

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Carlton N. Adams, M. D.

(Address) Church Home & Inf.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21496

F 21496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3502 Echodale Ave St., 37-K Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Carrie Miller

(a) Residence: No. 3502 Echodale Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis H. Miller

6. DATE OF BIRTH (month, day, year) Feb. 20-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	0	14 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Henry Young
14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Barbara Ott
16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Louis H. Miller
(Address) 3502 Echodale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Mar 8 19 36

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Eutaw St

20. FILED [illegible] 3/6/36

MAR 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1935 to Mar 5 1936
I last saw h[illegible] alive on [illegible] 19[illegible] Death is said to have occurred on the date stated above, at 4 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decomp.	—
pneumonia + ascites	
Other contributory causes of importance:	
C Bronchopneumonia	—
sclerosis + Endocarditis	

Was an operation performed? — Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) Clara Junior M. D.
(Address) 4706 Harford Rd

If information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 21497

E 21497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Vernon G Hassell

(a) Residence: No. Avondale Rd St., Ward. Turner Station
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	white	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11-13-35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Lester Hassell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Nellie Leare

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Schwartz's Home Date 3/7/36 19

19. UNDERTAKER Philip Hervig Sons
(Address) 2016 Pulaski Hwy

20. FILED MAR 6 - 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 2 1936 to March 4 1936
I last saw him alive on March 4, 1936 Death is said to have occurred on the date stated above, at 7³⁰ p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute primary pneumonia	2-28-36
Other contributory causes of importance:	
Cardiac failure	3-2-36

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Lydia O'Leary M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21498

F 21498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34 - 108

125M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 26-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jerry Starfield

If U. S. Veteran specify WAR .....

(a) Residence: No. 1914 Chesapeake Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Madeline

6. DATE OF BIRTH (month, day, year) 4-28-1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Lucinda Epps

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med School Date Mar 6 1936

19. UNDERTAKER

(Address)

20. FILED MAR 6 - 1936 [illegible] Registrar.

2159 NPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/25 1936 to 2/28 1936

I last saw him alive on 2/28 1936 Death is said to have occurred on the date stated above, at 6 25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2wks.
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Baltimore City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

60

F 21499

F 21499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 9-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James A. Wright

If U. S. Veteran specify WAR

(a) Residence: No. 2015 E. 31st St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Anna Flynn Wright

6. DATE OF BIRTH (month, day, year) Jul 24 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookbinder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bindery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Wright

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Anna Wright

(Address) 2015 E 31st St.

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Date March 7 1936

19. UNDERTAKER J. J. Moran

(Address) 3005 Balto St.

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4 1936 to Mar. 5 1936

that I saw h... alive on Mar 5 1936 Death is said to have occurred on the date stated above, at 12:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus septicemia	

Other contributory causes of importance:

Pneum. Meningitis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. S. Sacks M. D.

(Address) Mercy Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AR 6 - 1936

F 21500

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21500

CERTIFICATE OF DEATH

Registered No. 6-6 159

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant Wysocki — If U. S. Veteran specify WAR ...

(a) Residence: No. 6741 Roberts Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) March 2, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	0	0	8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Andy Wysocki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Schneider

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Wm. Wysocki
(Address) 6741 Roberts Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Body left at ✓ Date ... 19

19. UNDERTAKER Hospital for
(Address) laboratory specimen

20. FILED MAR 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1936 to March 2, 1936.
I last saw him alive on March 2, 1936. Death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Prematurity (5½ mo)	
Other contributory causes of importance:	

Was an operation performed? no Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Wm. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

N.B.—WRITE PLAINLY, with ink. All questions must be answered. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 21501

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21501

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 S Madeira St., 1-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophia Paulus

(a) Residence: No. 28 S Madeira St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Paulus

6. DATE OF BIRTH (month, day, year): Not Known

7. AGE: Years 69; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stone

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: cut

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: John Meier

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Wally Meier

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Geo Paulus
(Address) 28 S Madeira

18. BURIAL, CREMATION, OR REMOVAL: Holy Redeemer March 9-36
Place Date

19. UNDERTAKER: Jos J Stein & Son
(Address) 356 N Eutaw ave

MAR 6 - 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 5th, 1936

22. I HEREBY CERTIFY That I attended deceased from Jan. 1st, 1936 to Mar. 5th, 1936

I last saw h. alive on 3/5, 1936 Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	3/4 36
Other contributory causes of importance: Arterio Sclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Thos. H. Magness M. D.

(Address) 14 E Read St

Verified 3-6-36

F 21502

F 21502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1404 Cooksie Street St. 24-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Kalas

If U. S. Veteran specify WAR .....

(a) Residence: No. 1404 Cooksie Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) April, 24th 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Rose Kalinownki

(Address) 515 S. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date 3/9/36 19

19. UNDERTAKER George A. Weber

(Address) 705 South Ann Street

MAR 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25 1936 to Mar 6 1936

I last saw h[illegible] alive on Feb. 28 1936 Death is said to have occurred on the date stated above, at 9:40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	4 yrs
Myocarditis	4 yrs

Other contributory causes of importance:

Acute Dil. of Heart 1½ hrs

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. D.

(Address) 576 Cocktown

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21503

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21503

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH Provident Hospital — Registered No. .....

CITY OF BALTIMORE: (No. 2500 Druid Hill Ave St. 17-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Wallace Anderson — If U. S. Veteran specify WAR .....

(a) Residence: No. 1003 Myrtle Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Anderson

6. DATE OF BIRTH (month, day, year) 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0074

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot Co Maryland

FATHER

13. NAME Joshua Anderson

14. BIRTHPLACE (city or town) (State or country) Talbot Co Md

MOTHER

15. MAIDEN NAME Sarah Phillips

16. BIRTHPLACE (city or town) (State or country) Talbot Co Md

17. INFORMANT Jennie Anderson

(Address) 1003 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Georgetown, Md. Date March 8, 1936

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 E Lafayette St. Baltimore Md

... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-1, 1936, to 3-4, 1936

I last saw him alive on 3-4, 1936. Death is said to have occurred on the date stated above, at 1.00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Thrombus Kephalitis	1-1-36
acute Retention	2-28

Other contributory causes of importance:

Was an operation performed? yes Date of 2-19-36

For what disease or injury? acute Retention

Name of operation Suprapubic Date of 2-19

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Boston, M. D.

(Address) Provident Hospital

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 6 - 1936

F 21504

F 21504 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 West Baltimore St., 19-3 Ward)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME CARRIE HOOPER

(a) Residence: No. 1509 West Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer C. Hooper

6. DATE OF BIRTH (month, day, year) May. 6. 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Rudoff

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Margaret Tressie

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Mc. Chillen. (Sister.)

(Address) 1509 West Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date 3. 7th. 1936

19. UNDERTAKER Robert. Brooks & Son

(Address) Calhoun & Hollins Sts.

FILED MAR 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6th. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 4. 1936. to March 6. 1936

I last saw her alive on March 6. 1936. Death is said to have occurred on the date stated above, at 2. A. m.

The principal cause of death and related causes of importance were as follows:

Cardiac Asthma — Date of onset 3/1/36
Chronic Myocarditis.

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Albert Scagnetti, M. D.

(Address) 1724 W. Lombard ST.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21505

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21505

92-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 544 E. Clement St. St. 24th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME MARY E. RIXSE

(a) Residence: No. 544 E. Clement St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Rixse Jr.

6. DATE OF BIRTH (month, day, year) May 1, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Sieck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. M. R. Lipp
(Address) 544 E. Clement St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mar. 7/36

19. UNDERTAKER J. B. Stafford & Son
(Address) 1300 EDEN PLACE

[illegible]

MAR 6 - 1936

[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 4 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 8th, 1936 to Mar 4, 1936

I last saw h e alive on Mar 4, 1936 Death is said to have occurred on the date stated above, at 9. P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrilation	Feb 8
Valvular Heart Disease	?

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Sidney V. Streett M. D.

(Address) 421 E. Fort Ave.

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21506

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21506

CERTIFICATE OF DEATH

✓ 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 Turnbridge Rd 27-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Delmond D. Shields

If U. S. Veteran specify WAR No Record

(a) Residence: No. 523 Turnbridge St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Alice Shields

6. DATE OF BIRTH (month, day, year) Jan 20 1866

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
70	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agt
9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Retired Home Friendly
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Edward Shields
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Sarah Hobby
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Alice Shields
(Address) 523 Turnbridge Rd

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Date 3/9/36

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. [illegible]

AR 7 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1936, to March 6, 1936

I last saw him alive on March 5, 1936 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation Heart	
Acute Bronchitis	3/1/36

Other contributory causes of importance:

Myocarditis	
Endocarditis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hart J. Benson, M. D.

(Address) 5111 York Rd.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

F 21507

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Rogers Ave 27-15 Ward) 5

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Alonda Beam

If U. S. Veteran specify WAR No Record

(a) Residence: Home for Aged of M. E. Church Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married,~~ Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of Joseph E. Beam

6. DATE OF BIRTH (month, day, year) April 7th 1856

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
79	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inmate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home for Aged

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME William Allen

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

MOTHER

15. MAIDEN NAME Elizabeth Alex

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Etta Cuddy

(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Mar 7th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAR 7 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5th 1936

22. I HEREBY CERTIFY, That I attended deceased from March 4 1936 to Mch 6 1936

I last saw h[illegible] alive on Mch 5 1936 Death is said to have occurred on the date stated above, at 8½ P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Other contributory causes of importance:	
Arterio Sclerosis	

Was an operation performed? No Date of ..... What disease or injury? None

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. L. Abramson M. D.

(Address) 700 Fallsway

F 21508

F 21508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 35 #12799

1. PLACE OF DEATH 12799

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Henry

(a) Residence: No. 913 Myrtle Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) 9-30-~~00~~ 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26 ~~00~~	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Levin Baltimore

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Millie Jolly

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt Calvary Date 3/9 19 36

19. UNDERTAKER Wm A Jackson
(Address) 26 E Preston

20. FILED APR 7 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-3 , 1936 to 3-5 , 1936

I last saw her alive on 3-5 , 1936 Death is said to have occurred on the date stated above, at 10:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic Peritonitis	3-1-36
Bronchopneumonia	3-3-36

Was an operation performed? no Date of —

For what disease or injury? none

Name of operation ... Date of —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS CERTIFICATE SHOULD BE FILLED OUT IN THE PRESENCE OF PHYSICIAN OR PERSON FURNISHING INFORMATION. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12267

F 21509

F 21509 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 11-3rd-4th (Ward)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Chisley (Chesley)

If U. S. Veteran specify WAR

(a) Residence: No. 1020 N. Eutaw St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 5-15-1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0-37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Hill

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mollie Silvers

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 3/7 36

19. UNDERTAKER Wm H. Jackson & Bro

(Address) 416 N. Eutaw St.

20. FILED MAR 7 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/5 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/12 1936 to 3/5 1936

I last saw her alive on 3/5 1936 Death is said to have occurred on the date stated above, at 2 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	2 yr.
Other contributory causes of importance:	
	about

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

N. B.—WHILE PERSONAL AND STATISTICAL PARTICULARS should be carefully supplied, PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 21510

21510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5102 Belleville Ave. St., 24-2 Ward.

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Hosfros,

If U. S. Veteran specify WAR .....

(a) Residence: No. 5102 Belleville Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, year) February 21. 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	--	14 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Lewis H. Hosfros,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sarah E. Farrell,

16. BIRTHPLACE (city or town) (State or country) Baltimore City

17. INFORMANT W. Lewis Pontier

(Address) 5102 Belleville Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date MAR 9 1936

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave

20. THE O... Remo...

MAR 7 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 6 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1935 to March 6 1936

I last saw her alive on March 6, 1936 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Hypertension	
Cerebral softening Edema	
Uraemia	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Polanick M. D.

(Address) 4710 Liberty Hts Ave

N. B.—WRITE PLAINLY, WITH INK. ANSWER EVERY QUESTION. If any information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 21511

F 21511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. 15-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 Clifton av St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? 77 yrs. mos. ds.

2. FULL NAME Charles Engelbach

If U. S. Veteran specify WAR

(a) Residence: No. 1805 Clifton av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Engelbach

6. DATE OF BIRTH (month, day, year) April 21, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77 78	11 10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No

10. Date deceased last worked at this occupation (month and year) June 1930

11. Total time (years) spent in this occupation 31 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ? Engelbach,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Charles H. Engelbach

(Address) 1805 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date March 9 1936

19. UNDERTAKER Geo W Little

(Address) 1800 Edmondson Ave

20. FILED MAR 7 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1936, to Mar. 5, 1936

I last saw h alive on March 5, 1936 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Cardiac Decompensation	1936
Coronary Thrombosis	1936

Other contributory causes of importance:

Chr Bronchitis	1915

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gustav Hochstein M. D.

(Address) 2726 Penna av.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21512 ✓ F 21512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Stiles Wolford

If U. S. Veteran specify WAR _____

(a) Residence: No. 628 Eislen St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jos. Wolford

6. DATE OF BIRTH (month, day, year) No. Not Known 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2037

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wm. J. Stiles

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Nickols

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Jos. Wolford

(Address) 628 Eislen St.

18. BURIAL, CREMATION, OR REMOVAL

Place W. Cal. Cem. Date Mch 5 1936

19. UNDERTAKER James A. Stamper

(Address) 1124 W. Fay St.

20. MAR 7 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day) March 4, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Personal, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Personal, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) A. B. Cochran M. D.

(Address) 737 N. Howard

N. B.—WRITE PLAINLY, WITH INDIAN INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 6

F 21513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 21513

89-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 13-5 Ward)

Length of residence in city or town where death occurred yrs. 1 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carmania Mary Leaf

(a) Residence: No. 3023 Elm Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 14, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Robert Leaf

14. BIRTHPLACE (city or town) (State or country) Chestnut Ridge Balto Co. Md

MOTHER

15. MAIDEN NAME Hilda Childs

16. BIRTHPLACE (city or town) (State or country) Reynolds, Pa.

17. INFORMANT Robert Leaf
(Address) Cockeysville, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Chestnut Ridge Date Mar 8 . 1936

19. UNDERTAKER Wm. C. Brooks & Son
(Address) Towson, Md

Filed ..... 19 ..... Registrar

MAR 7 - 1936

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Mar 6 . 1936

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1936. to March 6, 1936

I last saw her alive on March 6, 1936 Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebrospinal meningitis — Date of onset 3/5/36 acute

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lumbar Tap Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel A. Belgorod M. D.

(Address) Sinai Hospital

INSTRUCTIONS: This information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 21514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4507 St George Ave St. 7-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robt Mahoney

(a) Residence: No. 4507 St George Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estella McHone

6. DATE OF BIRTH (month, day, year) March 4 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal & Wood dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Stephen McHone

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Estella McHone

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date March 8 1936

19. UNDERTAKER Samuel N. Chase Funeral Home

(Address) 638 N. Eutaw St

20. FILED MAR 7 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18 1936 to March 5 1936

I last saw him alive on March 5 1936 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron. Interstitial Nephritis	Unknown
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? Phy Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Garland Ashcraft M. D.

(Address) 1534 Druid Hill Ave

M. D. B 1268-9

✓ F 21515

21515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 6-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gertrude Batchett

If U. S. Veteran specify WAR .....

(a) Residence: No. 11 N. Durham St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 11 96

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	-0-	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Aubrey Batchett

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Pauline Stanback

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Pauline Batchett

(Address) 11 N. Durham St.

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Date March 1936

19. UNDERTAKER Ernest H. Chase Son

(Address) 638 N. Gilmor

20. FILED MAR 7 1936, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia Puerperal	
Abortion C.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Newton, M. D.

Coroner

(Address) 1918 E. Fayette Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12572

F 21516

F 21516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 2-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Lentz

(a) Residence: No. 512 S. Ann St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-28-1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper Boss

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 1926

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem Date Mar 7 1936

19. UNDERTAKER Mrs C. Miller & Son

(Address) 2334 Jefferson St

Registrar.

MAR 7 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/4 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/28 1936 to 3/4 1936

I last saw him alive on 3/4 1936 Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 9 days

Arteriosclerosis — ?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? ..... Date of .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

21517 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 21517

CERTIFICATE OF DEATH

210 II

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mont J Caroline St. St. 24-3 Ward) 5th

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Louis Hoffman If U. S. Veteran specify WAR .....

(a) Residence: No. 1214 Riverside Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Elizabeth Hoffman

6. DATE OF BIRTH (month, day, year) July 4, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frederick Hoffman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sarah Langdon

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. J. L. Hoffman
(Address) 1214 Riverside Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/7 '36

19. UNDERTAKER J. J. Fahey & Son
(Address) 1318 Light St

20. FILED ..... 19 ..... Registrar.

MAR 7-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
accidental drowning	

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Direct Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury March 5, 1936

Where did injury occur? Mont & Caroline St - Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place.

Manner of injury Automobile went overboard

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1719 E. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

21518

CERTIFICATE OF DEATH

159 F 21518

1. PLACE OF DEATH St. Agnes Hospital — Registered No.

CITY OF BALTIMORE: (No. Wilkens & Caton ave 5-3 St., or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Lawrence Woody — If U. S. Veteran specify WAR

(a) Residence: No. 2310 James St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-6-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 10 min.
			3 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward Woody

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Fanelle Eley Crothers

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Fanelle Woody

(Address) 2310 James St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 3/8 19 36

19. UNDERTAKER Edward Foulkrod Ware Mord

(Address)

20. FILED MAR 7 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 6 , 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw him alive on March 6, 1936. Death is said to have occurred on the date stated above, at 6.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. J. Williamson M. D.

(Address) St Agnes Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-11 2505

HEALTH DEPARTMENT—CITY OF BALTIMORE

21519 21519

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital 107-a

CITY OF BALTIMORE: (No. ..... St., 24-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Peggy Ehrny

(a) Residence: No. 1448 St. Andrea St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jany 19 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. ccd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Chester D. Ehrny

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Margaret Hueson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Ehrny
(Address) 1448 Andrea

18. BURIAL, CREMATION OR REMOVAL
Place Holy Rogary Date 3/9, 1936

19. UNDERTAKER J. Few McCully
(Address) 130 E Fayette

FILED MAR 7 - 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 3/5, 1936, to 3/6, 1936

I last saw her alive on 3/6, 1936 death is said to have occurred on the date stated above, at 7.07 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset .....

Other contributory causes of importance:

None.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. T. Battaglia M. D.

(Address) Franklin Square Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21520

✓ F 21520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 539 Aisquith St., 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Cutchbuer

If U. S. Veteran specify WAR

(a) Residence: No. 539 Aisquith St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Annie Cutchbuer

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. all Kinds

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md

FATHER

13. NAME Samuel Cutchbuer

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

MOTHER

15. MAIDEN NAME Jeamie ?

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT Annie Cutchbuer (Address) 539 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 3/7/36, 19

19. UNDERTAKER Robert W Williams (Address) 1516 Mc Elderry St

FILED MAR 7 - 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 2 -, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-29-, 1936, to 3-2-, 1936

I last saw him alive on 3-2-, 1936. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 25

Other contributory causes of importance:

none

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm H. Cargiss, M. D.

(Address) 611 N. Carolina

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 21521 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21521

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital E-7 82-a St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Godfrey Jones

(a) Residence: No. 1329 N. Chiffel St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Feb 18 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	—	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME Jackson Jones

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Clara (?)

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Delia Riggs

(Address) 1329 N. Chiffel St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 3/7/36 19

19. UNDERTAKER Butler & McElderry

(Address) 315 N. Eden St

20. FILED 19 Registrar

MAR 7 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by autopsy find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemiplegia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) V. W. Wright Coroner M. D.

(Address) 1013 S. Bellevue Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 6

M. D. B. 1268-9

F 21522

✓ F 21522

HEALTH DEPARTMENT—CITY OF BALTIMORE

310485

CERTIFICATE OF DEATH

89-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 7-5

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Waddell Clark

(a) Residence: No. 620 N. Bethel St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/5/30

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0-0-0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Clark

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Evelyn Clark

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date March 7 1936

19. UNDERTAKER Edw. Bryan
(Address) 1627 Pennsylvania Ave

20. FILED MAR 7 1936, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) March 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mch-2-, 1936, to Mch-3, 1936

I last saw him alive on March-3, 1936. Death is said to have occurred on the date stated above, at 1140 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus meningitis	March 2nd

Other contributory causes of importance:

Otitis media about Feb 27

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Lydia B Edwards M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 21523

F 21523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

6-5-62

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St., Patho Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gatsy Blount

(a) Residence: No. 412 N. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 4-10-13

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk, Va.

FATHER

13. NAME John Blount

14. BIRTHPLACE (city or town) (State or country) N. Ca

MOTHER

15. MAIDEN NAME Addie Bagance

16. BIRTHPLACE (city or town) (State or country) N. Ca.

17. INFORMANT Obery Wells, 1518 Mulligan Str.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date March 6 1936

19. UNDERTAKER Edw. Bryan
(Address) 1647 Edgewood St

20. FILED MAR 7 1936, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) # 3-4-36, 19

22. I HEREBY CERTIFY, That I attended deceased from February 21. 1936, to March 4. 1936

I last saw her alive on March 3. 1936 Death is said to have occurred on the date stated above, at 1.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pellagra	unknown
Other contributory causes of importance:	
Gonorrhea	8 weeks
Myocardial failure	3 weeks

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) C. L. Reynolds, M. D.

(Address) B. C. H.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21524

F 21524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

110

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1743 Belt St. St., 7-4-64 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Bateman

If U. S. Veteran specify WAR .....

(a) Residence: No. 1743 Belt ~~Ave.~~ St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ida B. Bateman

6. DATE OF BIRTH (month, day, year) Jan. 16 (16) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R. R. Empl.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 39 yrs

12. BIRTHPLACE (city or town) (State or country) Norfolk Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Ida B. Bateman

(Address) 1743 Belt Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date 3/7 1936

19. UNDERTAKER John S. Connelly

(Address) Ave. 2nd.

20. FILED MAR 7 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5 1936

22. I HEREBY CERTIFY, That I attended deceased from February 10 1936 to March 5 1936

I last saw him alive on March 5 1936 Death is said to have occurred on the date stated above, at 1.05A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	Feb 10 1936
Fibrinous Pleurisy right side	
Other contributory causes of importance:	
Broncho Pneumonia	Feb 20 1936

Was an operation performed? none Date of .....

For what disease or injury? .....

Nature of operation Physical Examination Date of .....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. Edward Norris M. D.

(Address) 107 East Madison St.

INSTRUCTIONS: It is very important that the CAUSE OF DEATH be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 21525

21525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 506 Eden St

CITY OF BALTIMORE: (No. ..... St. 22 Ward)

Registered No. 122-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ardamer Smith

(a) Residence: No. 506 Eden St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-1-36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		7 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Eula Lee Watt

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT ...
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md. Date May 7, 1936

19. UNDERTAKER ...
(Address)

20. Filed ... 1936 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-7-36 19

22. I HEREBY CERTIFY, That I attended deceased from 3-1-36, 19 ... to 3-7-36, 19 ...

I last saw h[illegible] alive on 3-2-36 19 ... Death is said to have occurred on the date stated above, at 12[15] Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Obstruction Intestines	
	ovid

Other contributory causes of importance:

Sepsis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Dr. H. S. Tompkins, M. D.

(Address) 341 W. Hamburg

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

6

R 53

212

F 21526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 4-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Myrtle Thompson

If U. S. Veteran specify WAR

(a) Residence: No. 1709 N Spring St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Robert Thompson

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Mollie Burke

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Mar 7 1936

19. UNDERTAKER Rayne Sanders

(Address) 1413 E Preston St

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-6-0 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia (primary)	

Other contributory causes of importance:

Was an operation performed? none Date of

For what disease or injury? none

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C. Allen (Coroner) M. D.

(Address) 587 Lexington St

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21527

21527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Winters

If U. S. Veteran specify WAR None

(a) Residence: No. 300 r Orlando St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Krause

6. DATE OF BIRTH (month, day, year) Jan 12 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Cake. 0066

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME John Winters

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Rebecca Adams

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs Minnie Winters

(Address) 3002 Orlando Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Mar 10 1936

19. UNDERTAKER John Ulrich

(Address) 200 E Oliver

20. FILED MAR 7 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/7 1936

22. I HEREBY CERTIFY, That I attended deceased from Febuary 26 1936 to March 7 1936

I last saw him alive on March 7 1936. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 2/26/36

Bronchial asthma — several years.

Pulmonary Emphysema

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. M. Wilder M. D.

(Address) Sinai Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21528

21528 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH V 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4223 Greenmount Ave. St., 27-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. Emily C. Peterson

If U. S. Veteran specify WAR

(a) Residence: No. 4223 reenmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	75 ?	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0054

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John T. Peterson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Alice Kirkendall

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Mrs. Arthur D. Thompson

(Address) 4612 Shenley Drive.

18. BURIAL, CREMATION, OR REMOVAL

Place Hsso Cem. Date Mar. 1, 1936

19. UNDERTAKER John Uffrich

(Address) 2208 Orleans St.

20. [illegible] & Registrar

MAR 7 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1936 to March 2, 1936

I last saw her alive on March 2, 1936 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	

Other contributory causes of importance:

Patient was over 75 yrs of age.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward Leslie Ramsay M. D.

(Address) 812 Park Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21529

12255

F 21529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 15

Registered No. 16-10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Lorraine Bach

(a) Residence: No. 3306 E. Lombard St. St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-25-1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
7 months	0	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wm. F. Bach

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Lee

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Mar 9 1936

19. UNDERTAKER Jake Lilli & Co

(Address) 2008 Orleans

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/11 1936 to 3/6 1936

I last saw her alive on 3/6 1936 Death is said to have occurred on the date stated above, at 7 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mongolian Idiocy	Birth
Broncho pneumonia	2/15/36
Erysipelas	2/29/36

Other contributory causes of importance:

Otitis Media	3/11/36.

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Irving Rosenbaum M. D.

(Address) B'alto. City Hospital.

R 7 - 1936

F 21530 F 21530

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Clendenin St., 13-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Savonia Hampton

If U. S. Veteran specify WAR .....

(a) Residence: No. 1105 Clendenin St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6/1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57 58	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME William Hampton

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Agusta Barnes

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Daisy Hampton

(Address) 1105 Clendenin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 3/9, 1936

19. UNDERTAKER Thomas E. Kelson

Address 1330 Pennsylvania Ave.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/24, 1936 to 3/5, 1936

I last saw h— alive on 3/5, 1936 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Nephritis + Uremia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Lee Kuth, M. D.

(Address) 1 W Mt Pl

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 7 1936

F 21531

F 21531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 537 N. Lafayette St., 17th Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ruth a Wright

(a) Residence: No. 537 N. Lafayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept 29 1935

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore md

FATHER

13. NAME Ernest Webster

14. BIRTHPLACE (city or town) (State or country) Balto. md

MOTHER

15. MAIDEN NAME Ruth Wright

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Ruth Wright
(Address) 537 N. Lafayette

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 3/7 1936

19. UNDERTAKER ~~Ent~~ Thomas E. Kelan
(Address) 1303 Eastern Ave

20. FILED MAR 7 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-6 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-4 1936 to 3-6 1936

I last saw h alive on 3-5 1936 Death is said to have occurred on the date stated above, at 3 A .m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	8

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. McRae M. D.

(Address) 1126 Druid Hill Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 21532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Willie Winburg

If U. S. Veteran specify WAR .....

(a) Residence: No. 1221 Smith St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME James Winburg

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Emma ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT James Winburg

(Address) 1009 Woodyard St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 3/9 1936

19. UNDERTAKER Thomas C. Kelson

(Address) 130 3 Pressman St

20. FILED MAR 7 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Mar 5, 1936

Other contributory causes of importance: Myocarditis

Was an operation performed? no Date of —

For what disease or injury? no

Name of operation no Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jos. S. Allen, M. D.

Coroner

(Address) 501 Cresmont St.

Instructions: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

21533

HEALTH DEPARTMENT—CITY OF BALTIMORE

21533

CERTIFICATE OF DEATH

93-e

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2700 Guilford Ave. St. 12-3 Ward)

Lifetime

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME GEORGE J. PINNING

(a) Residence: No. 2700 Guilford Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katie K. Pinning

6. DATE OF BIRTH (month, day, year) March 13th. 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Marine Bank

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Pinning

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Kauuffel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Katie K. Pinning

(Address) 2700 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery. Date March 9th. 1936

19. UNDERTAKER Chas H. Dawthorn

(Address) 118 W. Mt. Royal Ave.

MAR 7 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6th. 36

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1936 to March 6, 1936

I last saw h... alive on March 6, 1936 Death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	Mar. 5. 1936

Other contributory causes of importance:

Chronic Myocarditis	Feb. 1935
Chronic Bronchitis	

Was an operation performed? No Date of None

For what disease or injury? None

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Frank M. Ogden M. D.

(Address) 2701 N. Calvert St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 21534

21534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1547 Cole St. St. 19-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Benjaminia Mew

If U. S. Veteran specify WAR

(a) Residence: No. 1547 Cole St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilson Mew

6. DATE OF BIRTH (month, day, year) Nov. 15, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick
(State or country) Maryland

FATHER

13. NAME Edward V. Titlow

14. BIRTHPLACE (city or town) Frederick
(State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth M. Dondld

16. BIRTHPLACE (city or town) Baltimore,
(State or country) Maryland

17. INFORMANT Hayes G. Heisling

(Address) 1547 Cole St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery [illegible] 1936

19. UNDERTAKER George L. Schwab

(Address) 2101 Frederick Ave.

[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 6, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above, 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Sudden

Other contributory causes of importance:

Was an operation performed? No, Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Thos. H. Childs, M. D. Coroner

(Address) 1939 Edmonson St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 7-1936

F 21535

21535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave St., 19-1 Ward)

Registered No. 122-W

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Irvin Grant

(a) Residence: No. 1624 Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 5 1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
8	7	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Ernest Grant

14. BIRTHPLACE (city or town) (State or country) Bat. W. Va

MOTHER

15. MAIDEN NAME Dorothy Sharp

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ernest Grant
(Address) 1624 Mulberry

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Mar 7, 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 E Lafayette Ave

20. FILED MAR 7 - 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 3-5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-27, 1936 to 3-5, 1936

I last saw h[illegible] alive on 3-5, 1936. Death is said to have occurred on the date stated above, at 12 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-3-36

Other contributory causes of importance:

Tuberculosis Pulmonis

Was an operation performed? No Date of 3-3-36

For what disease or injury?

Name of operation Thoracentesis Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Provident Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 21536

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21536

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 726 Greenmount Ave (Ward) 10-2

Registered No. 73

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Maddie Pearl Lewis

(a) Residence: No. 726 N. Greenmount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: Colrd
5. Single, Married, Widowed, or Divorced (write the word): yes
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of
7. DATE OF BIRTH (month, day, year): May 1921

8. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or min.
14 yrs.	10		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Scholar
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Albany Georgia

FATHER
13. NAME: Pho Felix Lewis
14. BIRTHPLACE (city or town) (State or country): Albany Georgia

MOTHER
15. MAIDEN NAME: Jonson
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Felix Lewis
(Address) 726 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL: March 18 36
Place: Johnson Apts Date 19

19. UNDERTAKER: Alphas Haskett
(Address) 918 Druid Hill Ave.

20. FILED

MAR 7 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 5th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29th 1936 to March 5th 1936
That I last saw her alive on March 5th 1936. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tubercular Peritonitis	?
Other contributory causes of importance: Pulmonary Tuberculosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas E. Bell Jr.
(Address) 718 N. Gilmor St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 3

F 21537

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21537

92-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2044 E. Preston St., 8-7 Ward)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ethel V. Jenkins

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2044 E. Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ (or) WIFE of Warren M. Jenkins

6. DATE OF BIRTH (month, day, year) April 19th 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Housewife 00-37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Feb 15th 1936

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Long Green Md

FATHER

13. NAME Wm Dobbs

14. BIRTHPLACE (city or town) (State or country) Wilmington Del

MOTHER

15. MAIDEN NAME Bennett Cole

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Warren M. Jenkins

(Address) 2044 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Mar 9th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED MAR 8 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1936. to March 6, 1936.

I last saw her alive on March 6, 1936. Death is said to have occurred on the date stated above, at 1:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhagic Pancratitis	3/2/36
Pleurisy. Non. tubercular	2/20/36
Other contributory causes of importance: Chronic Endocarditis	1933

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Albert E. Engwald, M. D.

(Address) 1613 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21538

F 21538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 S. Dennison 70-7 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR None

2. FULL NAME Geo J. Allisi

(a) Residence: No. 519 S. Dennison St., ... Ward.

(Usual place of abode) 50 yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 16 1869

7. AGE | Years 66 | Months 5 | Days 20 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year) 1935 | 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Philomena Allisi

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Philomena Lorenco

(Address) 519 Dennison St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 3/9 36

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

FILED MAR 8 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31 1936 to March 6 1936

I last saw him alive on March 6 1936 Death is said to have occurred on the date stated above, at 2:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	?

Other contributory causes of importance:

None

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Joseph L Volpe M. D.

(Address) 16 So. Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21538

F 21539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

169

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bueto & Chas. St. B&O Bldg. (St.) 27-1 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lester Clark St. Clair

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2841 Pelham Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Emmys St Clair

6. DATE OF BIRTH (month, day, year) Feb 28 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O

10. Date deceased last worked at this occupation (month and year) 3/6/369

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jarrettsville, Balto Co. Md

FATHER

13. NAME Chas. H. St. Clair

14. BIRTHPLACE (city or town) (State or country) Jarrettsville Md

MOTHER

15. MAIDEN NAME Mary A. Lytle

16. BIRTHPLACE (city or town) (State or country) Jarrettsville Md

17. INFORMANT Mrs V. St. Clair Bueto

(Address) Jarrettsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place " " Date Mar 9 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAR 7 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6th 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull Petris	
Internal Injuries	
Other contributory causes of importance: Mental Depression	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 3/6, 1936

Where did injury occur? Bueto. Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place B&O Bldg. Bueto & Chas St

Manner of injury Fell 11 flights in

Nature of injury Jump over fire escape

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Erwin B Wallace M. D.

Coroner

(Address) 1031 St Paul St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 8 1936

F 21540

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21540

CERTIFICATE OF DEATH

82-a

Registered No. N-8

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St. N Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR No Record

2. FULL NAME Nicholas Bassetti
(a) Residence: No. 3702 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marian Bassetti

6. DATE OF BIRTH (month, day, year) 1860 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76 ?			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Stone Mason
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Building Trades
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER
13. NAME Anthony Bassetti
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT B.C.H. Records & Family History
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mar 10th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 E. Pratt St

FILED MAR 8 1936 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/7, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/5, 1936 to 3/7, 1936
I last saw him alive on 3/7, 1936 Death is said to have occurred on the date stated above, at 12:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	24 hrs
Cerebral hemorrhage	?
	?
Other contributory causes of importance: Hypertension Arteriosclerosis	?

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.
(Address) Balto City Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co—200 Blks.

21541

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21541

CERTIFICATE OF DEATH.

93-C

REGISTERED NO. 27-15

(If death occurred in a hospital or institution, give its NAME instead of street and number.) No Ward Record

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2211 Rogers Ave (St.) (Ward) 27

2-FULL NAME James Whitehurst

(a) RESIDENCE No. Home for the Aged of the M. E. Church

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~: Clara Whitehurst

6 DATE OF BIRTH (month, day, and year): Dec 31 - 1851

7 AGE: Years 84 | Months 2 | Days 5 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Guest of the M. E. Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER Peter Whitehurst

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Ann Hubbard

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Records

(Address) Home for Aged of M. E. Church

15 Filed ..... 19 ..... Registrar

3-1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6 - 1936 19

17

I HEREBY CERTIFY, That I attended deceased from Jany 1st 1936 to March 6, 1936

that I last saw him alive on March 6, 1936,

and that death occurred, on the date stated above, at 7.15 P. M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ..... yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Anaemia

(duration) — yrs. ..... mos. — ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Methods

(Signed) Geo. C. Shannon, M. D.

3/6, 1936 (Address) 700 Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: Mar 9th 1936

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St. Paul St

Be sure that every item is answered. If none, write none, or the word unknown, or the proper abbreviation. See instructions on back of certificate.

M. D. B. 1965-2

F 21542

F 21542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-11

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St., 5-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME J. Clarence Brown.

(a) Residence: No. 3809 Chatham Road. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Nellie Brown.

6. DATE OF BIRTH (month, day, year) May 26. 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Frances. Lester. Brown

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Clara. V. Wilcott.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Nellie. Brown.
(Address) 3809 Chatham. Rd.

18. BURIAL, CREMATION, OR REMOVAL Angola Hill Am Havre de Grace Md Date 3-9th 1936

19. UNDERTAKER J. G. Pennington & Son.
(Address) Havre de Grace Md.

20. FILED MAR 6 - 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March. 7th. 1936

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infection Cellulitis Right Thigh Streptococcus R. Pneumo	
Other contributory causes of importance:	

Name of operation ... Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 11. 12. 1935

Where did injury occur? Road near Washington D.C.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Auto public highway

Manner of injury Auto overturned

Nature of injury Fracture of 6th 7th ribs L. side & Pelvis

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... Coroner M. D.

(Address) 215 Hanover.

Fold here in making return. Do not write in this space. Use typewriter or pen and ink. Do not use pencil. Be careful to make no erasures. Any change must be initialed by person making it. Fill in all blanks, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M.H.B. (2nd) F 21543

F 21543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 209 F

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., Ward)

Length of residence in city or town where death occurred 41 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William E. Simmons

(a) Residence: No. 5 E. Lee St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy A Sims

6. DATE OF BIRTH (month, day, year) March 1 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	—	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. street railway conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Transit Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel J. W. Simmons

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary E. Fiber

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Lucy Simms

(Address) 506 N. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date March 3rd 1936

19. UNDERTAKER Alex Disciscio

(Address) Greenmount Md.

20. FILED MAR 3 1936 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture skull with (etc)	

Other contributory causes of importance: Hypostatic pneumonia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Feb 12 1936

Where did injury occur? Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in industry

Manner of injury Fell off car while alighting

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify in line of duty

(Signed) J. W. Engle Coroner, M. D.

(Address) 1910 E. Baltimore St.

AR 8-1936

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8 V S 6

Spec.—10-9-25—A Co.—200 Bks.

F 21544

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21544

CERTIFICATE OF DEATH.

92-a

REGISTERED NO. 2640

1-PLACE OF DEATH

City of BALTIMORE: (No. 512 N. Arlington St. 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Addell Thompson

(a) RESIDENCE NO. 512 N. Arlington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): May 12, 1881

7 AGE: Years 54 55 | Months 10 9 | Days 24 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Private

(c) Name of employer: [illegible]

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Eleven Thompson

11 BIRTHPLACE OF FATHER (city or town): Balto. Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Martha Phillips

13 BIRTHPLACE OF MOTHER (city or town): Balto. Md

(State or country)

14 Informant: Mary E. Thompson

(Address): 512 N. Arlington

15 Filed ..... 19 ..... Registrar

MAR 8 - 1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 6, 1936

17 I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1935, to March 6, 1936, that I last saw h[illegible] alive on March 6, 1936, and that death occurred, on the date stated above, at 3:15 A m.

The CAUSE OF DEATH* was as follows: Chronic Valvular heart disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Mother Emmanuel

(Signed) W. H. Watts, M. D.

3/6 19 (Address) 515 N. Arlington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — Date of Burial: 3/9 1936

20 UNDERTAKER: Mrs. George E. Holland — ADDRESS: 1631 Druid Hill Ave

very important. See instructions on back of certificates.

F 21545

21545 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-C-92-a

1. PLACE OF DEATH: ST. JOSEPH'S HOSPITAL, BALTIMORE, MD.
CITY OF BALTIMORE: (No. ... St., 10-W Ward)
Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR ...

2. FULL NAME Joseph Finley

(a) Residence: No. 749 S. Fremont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

6. DATE OF BIRTH (month, day, year) Aug. 19-1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

FATHER

13. NAME Henry Finley

14. BIRTHPLACE (city or town) (State or country) Richmond, Va.

MOTHER

15. MAIDEN NAME Mary Windsor

16. BIRTHPLACE (city or town) (State or country) Richmond, Va.

17. INFORMANT Elyas Finley
(Address) 706 E. Federal St

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Date 3/9/36 19

19. UNDERTAKER Mrs. George F. Holland
(Address) 630 E. Fayette St

20. FILED MAR 10 1936 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1936 to March 5, 1936
I last saw him alive on March 5, 1936. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Aortitis and myocarditis (Syphilis)	
2. Aortic insufficiency	
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. M. Wagenseller M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

F 21546 12829 ✓ F 21546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 20-H Ward)

Length of residence in city or town where death occurred 34 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Felte

(a) Residence: No. 132 Willard St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Felte

6. DATE OF BIRTH (month, day, year) 2-20-1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila., Pa.

FATHER

13. NAME Henry Felte

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Philadelphia Pa Date Aug. 8, 1936

19. UNDERTAKER George L. Wagner
(Address) 710 Frederick Ave

20. FILED 1936

AUG 8 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/7, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/15, 1933, to 3/7, 1936

I last saw h.im alive on 3/7, 1936. Death is said to have occurred on the date stated above, at 6a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days
Arteriosclerosis	5

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A. Felte, M. D.

(Address) Balto City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

A&Co. 5-11 250B

21547 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21547

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital 11-a

CITY OF BALTIMORE: (No. Balto Md 2 - 7 St. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51yrs mos ds How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Butler

(a) Residence: No. 2418 Mace St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gillian Butler

6. DATE OF BIRTH (month, day, year) 1893/10/22

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	43	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. PWA
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Clay Butler
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Hattie Diggs
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Gillian Butler
(Address) 2418 Mace St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 3-9- 1936

19. UNDERTAKER Baker & Manning H. Wright
(Address) 1800 Pennsylvania Ave

20. FILED 3-10-1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 3/5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/25, 1936 to 3/5, 1936

I last saw him alive on 3/5, 1936 death is said to have occurred on the date stated above, at 9.45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance: Encephalitis	over

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. F. Battaglia, M. D.

(Address) Franklin Sq. Hosp.

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21548 ✓ F 21548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 E Fairmount ave St., 6-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wolf Paperman

If U. S. Veteran specify WAR .....

(a) Residence: No. 1729 E Fairmount ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rabbie

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0018

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Paperman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jennie Paperman

(Address) 1729 E Fairmount ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rosedale Date March 8, 1936

19. UNDERTAKER Sol Levinson & Bros

(Address) 1127 E Balto st

MAR 8 - 1936 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1936 to March 7, 1936

I last saw h[illegible] alive on March 7, 1936 Death is said to have occurred on the date stated above, at 9:50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Coronary thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lawrence Katzenstein, M. D.

(Address) 5806 Harford Road

OCCUPATION is very important. See instructions on back of certificate.

M. D. No. 21549 ✓ F 21549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Simon Snyder

If U. S. Veteran specify WAR .....

(a) Residence: No. 3428 Pk. Heights Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ? Celia

6. DATE OF BIRTH (month, day, year) July 29 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Snyder

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abraham Hymowitz

(Address) 3727 Pk. Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date March 8, 1936

19. UNDERTAKER Sol Levinson Bro

(Address) 1122 E. Baltimore St

20. FILED 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance: Cerebral Apoplexy

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Schenker, Coroner, M. D.

(Address) 1719 E. North Ave.

C-1936

Use state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21550

Moschet

F 21550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Hannas Hospital — 1-2 — Registered No. .....
CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Caroline Moschet

(a) Residence: No. 701 E. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Moschet

6. DATE OF BIRTH (month, day, year) June 4 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Peter Heyman
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME Elizabeth Hannen
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT William Moschet,
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dulaney Cemetery Date March 9, 1936

19. UNDERTAKER Bernard A Fink
(Address) 515 Hollins Road.

20. FILED MAR 8 1936 Wm. Curtis Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came death on the day stated above. 1.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage,	
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. Hann Coroner, M. D.
(Address) 412 E. Hannan Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 21551 ✓ F 21551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2032 Lafayett. Ave St., 8-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Gotchmer.

If U. S. Veteran specify WAR

(a) Residence: No. 2032 E. Lafayett. Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late. Emma Gotchmer.

6. DATE OF BIRTH (month, day, year) July 20/1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Flagman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pen. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Willmington Del.

FATHER

13. NAME John. Gotchman

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary. (Unknown)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Cora. May. (Douther.)
(Address) 2032 E. Lafayett Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date Mar. 9/36

19. UNDERTAKER Tilly & Zeilenhofer
(Address) 4033 E. Monument

FILED MAR 8 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 6/36 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained at said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) 1919 E. North ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

21552 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21552

CERTIFICATE OF DEATH

107a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3108 Elliott St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Teresa Hock

(a) Residence: No. 3108 Elliott St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sebastian Hock

6. DATE OF BIRTH (month, day, year) Nov 19, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 803?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Mathias

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Teresa Bejnia (Address) 3108 Elliott St

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Cem. Date 3/9 1936

19. UNDERTAKER Lilly & Fuller (Address) 40 1/2 Wolfe

FILED MAR 9 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1936 to Mar 5 1936

I last saw her alive on Mar 5 1936 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	3/1/36
Other contributory causes of importance:	
Acute Myocarditis	3/4/36

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. B. Yellowlees M. D.

(Address) 815 S. Highland Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12

F 21553

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21553

CERTIFICATE OF DEATH

207-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) U. S. Marine. Hosp. St., (Ward) 16-8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sam Santo Cerra

If U. S. Veteran specify WAR World War

(a) Residence: No. 3422 E. Pratt St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Angilia Cerra

6. DATE OF BIRTH (month, day, year) Sept. 16. 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Swingman on crane

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Camp. Holabird.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy.

FATHER

13. NAME Frank Cerra

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT August. Ruggiero (Son)

(Address) 3213 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date March 1936

19. UNDERTAKER Lilly & Deilegan

(Address) 402 S. Monroe St.

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 5/36. 19

22. I HEREBY CERTIFY, That I last saw the deceased alive on

(Inquest, Autopsy or Inquiry)

and that said deceased came to his death at the time stated above.

at 11 p.m. Surgery

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident-struck by Gas line Locomotive	3-5-36

Other contributory causes of importance:

Shock-Traumatic - Cerebral Hemorrhage - Multiple fractures left lower extremity

Was an operation performed? Yes Date of March 5-36

For what disease or injury Fracture left lower extremity

Name of operation Amputation Left thigh Date of 3-5-36

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3-5-36

Where did injury occur? Camp Holabird, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Struck by Gas locomotive

Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Incurred in line of duty

(Signed) [illegible] M. D. Coroner

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 3268-9 F 21554 ✓ F 21554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 3916 Coldspring Lane St., 95-10 50 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna L Peregoy

(a) Residence: No. 3916 Coldspring Lane St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Howard

6. DATE OF BIRTH (month, day, year) May 11 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William H Lutz

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Eliza Allen

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT J Howard Peregoy

(Address) 3916 Coldspring Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Prospect Cem Lowson Date Mar 9 1936

19. UNDERTAKER F Vernon Keehmer

(Address) 2301 Edmondson Ave

20. FILED MAR 8 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1 1936 to March 6 1936

I last saw h e alive on March 6 1936 Death is said to have occurred on the date stated above, at 430 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	Oct 1935

Other contributory causes of importance:

Toxic absorption of Cancer

Name of operation None Date of

What test confirmed diagnosis Edmund Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place No.

Manner of injury None

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) John A Evans M. D.

(Address) 612 N 40 St

OCCUPATION is very important. See instructions on back of certificate.

F 21555 Simin ✓ F 21555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Sqr. Hospital

CITY OF BALTIMORE: (No. ..... St., 3 Ward) 3-1

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ~~Simin~~ ~~Simon~~ Simon Simin

(a) Residence: No. 406 Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. upholster
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Simin
(Address) Rochester Apts

18. BURIAL, CREMATION, OR REMOVAL
Holsen Rosedale Date 3/8/36

19. UNDERTAKER Jos. Lewis Inc
(Address) 1439 E. Baltimore St

20. FILED ..... 19..... Registrar

MAR 9 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1936, to March 7, 1936
I last saw him alive on March 7, 1936 death is said to have occurred on the date stated above, at 5.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma—Pneumonia	

Other contributory causes of importance:
Generalized arteriosclerosis.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. D. J. Battaglia M. D.
(Address) Franklin Sqr. Hospital

F 21556 ✓ F 21556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 W. Cross St. 21-K Ward)

Length of residence in city or town where death occurred 66 yrs. 5 mos. 7 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard L. Burns

If U. S. Veteran specify WAR none

(a) Residence: No. 1114 W. Cross St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Mary E. Burns

6. DATE OF BIRTH (month, day, year) Sept 28. 1869.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Retired Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — B & O. R. R. 1921

10. Date deceased last worked at this occupation (month and year) — Dec 12. 1934

11. Total time (years) spent in this occupation — 47

12. BIRTHPLACE (city or town) (State or country) — Balto Md

FATHER

13. NAME — Robert Burns.

14. BIRTHPLACE (city or town) (State or country) — Balto Md

MOTHER

15. MAIDEN NAME — Georganna Lee

16. BIRTHPLACE (city or town) (State or country) — Md.

17. INFORMANT — Mary E. Burns.
(Address) 1114 W. Cross St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 10. 1936

19. UNDERTAKER Mr & Mrs. John W Tuffle Son
(Address) 801 W. Lafayette St.

20. FILED ..... 19 ..... Registrar

MAR 8 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 7. 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 5. 1936. to Mar. 7. 1936.

I last saw him alive on Mar. 7. 1936. Death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation.	Mar. 1. 36.
Other contributory causes of importance: Exhaustion.	days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify none

(Signed) Thos. C. Blade, M. D.

(Address) Med Arts Bldg.

F 21557 ✓ F 21557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. 7741

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3113 Tyndale Ave St., (Ward) 86

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death o... mos. ... ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR No

2. FULL NAME Catherine Culleton

(a) Residence: No. 3113 Tyndale Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of James Lawrence Culleton

6. DATE OF BIRTH (month, day, year) Sept. ? 1835

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	100	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Queens Co. Ireland

FATHER

13. NAME John Golden

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Mooney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs John Civiski
(Address) 3113 Tyndale Road

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date Mar 9 1936

19. UNDERTAKER Chas H Grave & Son
(Address) 1150 W Fayette ave

FILED MAR 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 6 1936

22. I HEREBY CERTIFY, That I attended deceased from June 21 1935 to Mar. 6 1936

I last saw h... alive on Mar 6 1936 Death is said to have occurred on the date stated above, at 5 or 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage a apoplexia + hemiplegia	1 day
Other contributory causes of importance: Myocarditis, hypertension	accpl years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Dental date Date of

What test confirmed diagnosis? Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Schlenger M. D.

(Address) 3345 Baltimore

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 21558 ✓ F 21558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 Wyeth St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beatrice Meyers

(a) Residence: No. 521 Wyeth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick Meyers

6. DATE OF BIRTH (month, day, year) May 23, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Abraham Croner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Abrahams

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frederick Meyers
(Address) 521 Wyeth St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date May 9 1936

19. UNDERTAKER Albert W Seregow
(Address) 440 E North Ave

20. FILED [illegible] 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2/26 . 1936 to 3/6/36 . 19 .

I last saw her alive on 3/3/36 . 19 . Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Ch. Int. Nephr.	
Uremia. Anuria	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? usual Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Bernard F. Tiers . M. D.

(Address) 910 W. Lanvale

OCCUPATION is very important. See instructions on back of certificate.

V.S.-3

F 21559 ✓ F 21559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 E. Chase St. 10-1 Ward)

Length of residence in city or town where death occurred 79 yrs. 7 mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis H. Knepper

(a) Residence: No. 1006 E. Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Knepper

6. DATE OF BIRTH (month, day, year) July 18, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O R.R.

10. Date deceased last worked at this occupation (month and year) 00?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Dont know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George W. Knepper
(Address) 1006 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL
Place Emmanuel Cem. Date March 9, 1936

19. UNDERTAKER A. Howard Eggers
(Address) 1400 N. Charles St.

FILED 8-1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1936 to March 6, 1936

I last saw h.. alive on March 6, 1936 Death is said to have occurred on the date stated above, at 9.43 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy.	
Other contributory causes of importance: Arteriosclerosis, hypertension & myocarditis.	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Schneeweis M. D.

(Address) 1337 S. Charles St.

OCCUPATION IS VERY important. See instructions on back of certificate.

M. H. 1 (Rev. 1934)

3105 360

E 21560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benj. Bogdanowicz

(a) Residence: No. 1345 S. Linwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/11/07

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutter 0072

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garment

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Adam Bogdanowicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Vera Andrews

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Reads - (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date March 11, 1936

19. UNDERTAKER Fred W Orzewski (Address) 1930 Eastern Ave.

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1936 to March 7, 1936

I last saw him alive on March 7, 1936 Death is said to have occurred on the date stated above, at 6:46 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	2 wks
Bronchopneumonia	3 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) F. C. Grossman, M. D.

(Address) The Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 21561

M. D. B. 1268-9

F 21561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2009 Eager St., 2-1 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Michel Perda

(a) Residence: No. 2009 Eager St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa

6. DATE OF BIRTH (month, day, year) Sept 12 78

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. oyster shucker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6049

10. Date deceased last worked at this occupation (month and year) Dec 24 35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Town Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Mrs Theresa Perda

(Address) 2009 Eager St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary. Date March 10. 1936

19. UNDERTAKER Fred W Orzechowski

(Address) 1930 Eastern Ave.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	
Illuminating gas	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Date of injury March 6 1936

Where did injury occur? Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home.

Manner of injury asphyxia

Nature of injury Gas from defective stove

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. F. Wright M. D.

Coroner

(Address) 101 W Eutaw St

OCCUPATION is very important. See instructions on back of certificate.

F 21562 ✓ F 21562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. 6-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp: St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Miss Sue McClintock

(a) Residence: No. 313 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 9th 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired At HOME

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Winfred McClintock

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary McMahon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Annie Schuster

(Address) 313 N Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date March 10 1936

19. UNDERTAKER

(Address) 424 N. Broadway

20. FILED MAR 9 1936 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/4 1936 to 3/7 1936

I last saw her alive on Mar. 7th 1936. Death is said to have occurred on the date stated above, at 6:35 p m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
Chronic Myocarditis

Date of onset
?
?

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Daniel O Robertson M. D.

(Address) Mercy Hosp

OCCUPATION is very important. See instructions on back of certificate.

F 21563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1097 W Fayette St., 18-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Mary L Denton

(a) Residence: No. 1097 W Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Wid

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Denton

6. DATE OF BIRTH (month, day, year) July 8 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER

13. NAME Charles Hall

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Cinderella Roberts

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Jane
(Address) 1097 Fayette

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Mar 8, 36

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 S Schroeder St.

FILED MAR 8 - 1936 19 [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1935 to March 4 1936

I last saw h alive on March 4 1936. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec
Other contributory causes of importance: Pulmonary Oedema	March

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) H H Woodward M. D.

(Address) 1097 W Fayette

F 21564 F 21564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

Registered No. 27-16

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4620 Pall Mall Rd St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William D Kennard
If U. S. Veteran specify WAR No Record

(a) Residence: No. 4620 Pall Mall Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary D Kennard

6. DATE OF BIRTH (month, day, year): Sept 19 1857

7. AGE: Years 78 | Months 5 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Real Estate Dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self
10. Date deceased last worked at this occupation (month and year): 1935
11. Total time (years) spent in this occupation: Died

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Baltus B Kennard
14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER
15. MAIDEN NAME: Sarah Carson
16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: John Kennard
(Address) 4507 Beverly Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Mortuary Date 3/10 1936

19. UNDERTAKER: Wm Cook
(Address) 1210 E Fondt St

MAR 9 - 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 25th 1936 to March 8th 1936
I last saw h[illegible] alive on March 7th 1936 Death is said to have occurred on the date stated above, at 5.40 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL ARTERIO SCHLEROSIS	?
Other contributory causes of importance: CEREBRAL THROMBOSIS	Feb 15, 1936

Was an operation performed? No Date of
For what disease or injury?
Name of operation None Date of
What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Alex A Weinstock, M. D.
(Address) 4603 Park Heights Ave

OCCUPATION is very important. See instructions on back of certificate.

F 21565

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21565

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 9-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Vet. specify W. No Record

2. FULL NAME Mrs Eliza Campbell

(a) Residence: No. 2902 Lynnwood av St., 2922 Lynnwood Place Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fredk Campbell

6. DATE OF BIRTH (month, day, year) June 29, 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME David J Lewis

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Sarah Wilson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Geo. C. Campbell
(Address) 2903 Matthew st

18. BURIAL, CREMATION, OR REMOVAL
Place Friendship M. E. Hanford & Md Date Mar 10th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 7, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Injured by fall down stairs	3-6-36
Multiple Fx Colles fracture	" " "
Subacute Fracture & Surgical neck Left Humerus	" " "

Other contributory causes of importance:

Arteriosclerosis	? 3-6-36

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 19

Where did injury occur? 2902 Lynnwood av
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury fall down stairs

Nature of injury Fracture L Hum

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A M Rosenheim, M. D.
Coroner

(Address) Coroners

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V56

MAR 9 1936

F B 24566 F 21566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-A

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3916 W. Garrison Av St., 27-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward F. Kennedy

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3916 W. Garrison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A Kennedy

6. DATE OF BIRTH (month, day, year) July 15, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rubber Factory

10. Date deceased last worked at this occupation (month and year) 3/30

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Connecticut

FATHER

13. NAME Edward Kennedy

14. BIRTHPLACE (city or town) (State or country) Torrington Conn

MOTHER

15. MAIDEN NAME Nellie Conlon

16. BIRTHPLACE (city or town) (State or country) Torrington Conn

17. INFORMANT Mrs Mary A Kennedy

(Address) 3916 Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Naugatuck Conn. Date Mar 9th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED ... 19 ... Registrar

MAR 9 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 8, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-8-36
Other contributory causes of importance: High Blood Pressure	1934

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) ... M. D. Coroner

(Address) Coroner's

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

F 21567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3520 Chestnut ave St. 43-6 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR ....

2. FULL NAME George L. Williams

(a) Residence: No. 3520 Chestnut ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Williams

6. DATE OF BIRTH (month, day, year) Feb. 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	50	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confectionary

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md

FATHER

13. NAME William Williams

14. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md

MOTHER

15. MAIDEN NAME Alice Mattingly

16. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md

17. INFORMANT Mrs. Anna Haden

(Address) Leonardtown Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Marys Cem Date 3/9/36

19. UNDERTAKER Geo. L. Beyer & Co

(Address) 1512 Hollins St.

3-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest / Autopsy / Inquiry thereon and from the evidence obtained by said Inquest / Autopsy / Inquiry and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide poisoning from inhalation of illuminating Gas	5/5/36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 5-5-36

Where did injury occur 3520 Chestnut ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Inhaling illuminating Gas

Nature of injury Carbon Monoxide poisoning

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. J. Dehuff Coroner M. D.

(Address) Leonardtown

OCCUPATION is very important. See instructions on back of certificate.

F 21568

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21568

CERTIFICATE OF DEATH

J 23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1406 (Street) Druid Hill Ave (Ward) 2
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Beatrice Lanier
(a) Residence: No. 1406 Druid Hill Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 29, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17 18	6 5	146	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canajoharie N.Y.

FATHER
13. NAME Joseph Lanier
14. BIRTHPLACE (city or town) (State or country) Georgetown S.C.

MOTHER
15. MAIDEN NAME Lester Edmondson
16. BIRTHPLACE (city or town) (State or country) Hamel S.C.

17. INFORMANT Theodora Lanier
(Address) 1406 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 3/9. 1936

19. UNDERTAKER Chas H. Adams
(Address) 911 Druid Hill Ave

20. FILED MAR 9 - 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 1936 to March 5 1936
I last saw h[illegible] alive on March 5 1936 Death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:
Pulmonary T.B. — Date of onset June 1935

Other contributory causes of importance:

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) [signature] M. D.
(Address) [illegible]

F 21569

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21569

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and nomber.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16-2 Ward)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Julia Herring (HERRIN)

(a) Residence: No. 912 Eager St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph L.

6. DATE OF BIRTH (month, day, year) Feb 10 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	—	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Herring

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph Herring

(Address) 912 Eager St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cemetery Date March 10 1936

19. UNDERTAKER Percy Hook Sons, Inc

(Address) 1301 E Eager St

20. FILED MAR 9 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of femur	
Hypostatic pneumonia	

Other contributory causes of importanre: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury March 9 1936

Where did injury occur? Baltimore Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Fall down stairs

Nature of injury Fracture left femur

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

Coroner

(Address) 1010 E. Eager St

OCCUPATION is very important. See instructions on back of certificate.

F 21570

F 21570 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2400 Hoffman St. St., 8-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 8 mos. 15 How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME EMMA D. McGUIRE

(a) Residence: No. 2400 Hoffman St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. McGuire

6. DATE OF BIRTH (month, day, year) June 20, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	8	15 (16)	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (10?)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis F. Carroll

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Anna Bernasio

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Wm. H. McGuire
(Address) 2400 Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date March 9 19 36

19. UNDERTAKER John Ulmer
(Address) 2008 Eutaw Pl.

20. FILED 3-9 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1936 to March 6, 1936

I last saw h alive on March 6, 1936 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	4 mo
Intestinal Obstruction	3 days
Other contributory causes of importance: Myocarditis	—

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed Stephen F. Stellman M. D.

(Address) 6 East Biddle St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1204-9

F 21571

F 21571 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5316 Denmore Ave St., 27-18 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hiram Tate

(a) Residence: No. 5316 Denmore Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Caroline Tate

6. DATE OF BIRTH (month, day, year) 3-18-65

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westmoreland County Va

MOTHER

13. NAME Henry Tate

14. BIRTHPLACE (city or town) (State or country) Westmoreland County Va

FATHER

15. MAIDEN NAME Caroline Smith

16. BIRTHPLACE (city or town) (State or country) Westmoreland County Va

17. INFORMANT George Tate

(Address) 5316 Denmore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 3-9-1936

19. UNDERTAKER Charles H Burkett

(Address) 328 Lanvale St

20. FILED 3-9-1936 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/7 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/31 1936 to 3/7 1936

I last saw him alive on 3/5 1936 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bright's Disease	12/1/35
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, when? .....

(Signed) [illegible] M. D.

(Address) 912 N. Gilmor St

F 21572

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21572

82-a

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 661. W. Saratoga St. 4-2 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Vincent Skirpatas

(a) Residence: No. 661. W. Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Skirpatas

6. DATE OF BIRTH (month, day, year) Not Known - 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 088

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithunia

FATHER

13. NAME ~~Not Known~~ Motieus Skirpstas

14. BIRTHPLACE (city or town) (State or country) Lithunia

MOTHER

15. MAIDEN NAME ~~Not Known~~ Victoria ?

16. BIRTHPLACE (city or town) (State or country) Lithunia

17. INFORMANT Joseph Skirpatas
(Address) 661. W. Saratoga St,

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date March 10 1936

19. UNDERTAKER John Trotliauer Sr
(Address) 423. S. Paca St,

20. FILED MAR 9 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1936 to March 7 1936

I last saw him alive on March 6 1936 Death is said to have occurred on the date stated above, at 6 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930 ?
Other contributory causes of importance: Cerebral Hemorrhage	3-6-36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edward F. Mulany M. D.

(Address) 682 Washington Blvd

OCCUPATIONS are very important. See instructions on back of certificate.

F 21573

F 21573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH #9821

122-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St., 10-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Millie White (Wyatt)

(a) Residence: No. 704 Ensor St., St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-10-60

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or min.
76	75	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic at home, do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Deceased

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Deceased

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Balto. City Hospt. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem. Date March 11 1936

19. UNDERTAKER Mrs. Robt. A. Elliott-daughter

(Address) 1129 Caroline St.

20. FILED

MAR 9 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/9, 1935 to 3/5, 1936

I last saw her alive on 3/6 1936 Death is said to have occurred on the date stated above, at 3¼ p. m.

The principal cause of death and related causes of importance were as follows:

	Duration
(a) Bronchopneumonia	2 days
(b) Abdominal hernia	?
Intestinal obstruction (c)	2wks

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 21574

M. D. B 1268-9

F 21574 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 65 V 174

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 6-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Johnnie Killibrew

(a) Residence: No. 308 N. Bond St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 15, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lorton N. C.

MOTHER FATHER

13. NAME Isaac Killibrew

14. BIRTHPLACE (city or town) (State or country) Lorton N. C.

15. MAIDEN NAME Ida Slaten

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Ida Rogers

(Address) Raynes Point, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Holmes Cem. Date March 11th 1936

19. UNDERTAKER H. S. Frank Elliott-Douglas

(Address) 1600 Pennsylvania Ave.

FILED MAR 9 1936 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab Wound of Heart	

Other contributory causes of importance:

Hemorrhage

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury March 6, 1936

Where did injury occur? Orleans & Bond St. - Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Stab wound of heart. Knife

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schumber, M. D. Coroner

(Address) 1918 E. Northern

OCCUPATION is very important. See instructions on back of certificate.

F 21575

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21575

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 10-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ephesian Scott

(a) Residence: No. 803 N. Eden Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Scott

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME James Scott

14. BIRTHPLACE (city or town) (State or country) Bluford S.C.

MOTHER

15. MAIDEN NAME Louisiana

16. BIRTHPLACE (city or town) (State or country) Bluford S.C.

17. INFORMANT Mary Scott (Wife)

(Address) 803 N. Eden St.

18. BURIAL, CREMATION, OR REMOVAL

Place Bluford S.C. Date March 11 1936

19. UNDERTAKER Robert L. Young

(Address) 804 N. Carey St.

19 .. Registrar

9-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-3 , 1936 , to 3-8 , 1936

I last saw him alive on 3-8 , 1936 Death is said to have occurred on the date stated above, at 1:30 H. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2-27-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) K. L. Jackson M. D.

(Address) 600 N. Arlington

21576 F 21576

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 108

1. PLACE OF DEATH — Registered No. 15-2

CITY OF BALTIMORE: (No. 1628 W. Fulton Avenue St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 2 mos. 29 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Shirley Myers — If U. S. Veteran specify WAR

(a) Residence: No. 1628 W. Fulton Avenue. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ------

6. DATE OF BIRTH (month, day, year) Dec 7th 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----

10. Date deceased last worked at this occupation (month and year) ----

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME T. Robert Myers

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Evelyn M. McKinney

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. T. R. Myers
(Address) 1628 W. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Memo Date Mar 9th 1936

19. UNDERTAKER Wm. Tukner & Sons
(Address) North & Penna Ave

FILED 3-9-1936, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/5, 1936 to 3/6, 1936

I last saw h er alive on 3/6, 1936 Death is said to have occurred on the date stated above, at 7 25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	?

Other contributory causes of importance: Child was Under Nature Malnutrition

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. D. Volpeit, M. D.

(Address) 4216 Liberty Hts Ave

T 21577 T 21577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 50

1. PLACE OF DEATH St Agnes Hospital Aug 5-1 Registered No.
CITY OF BALTIMORE: (No. Wilkens & Caton St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel E. Sartorius (E for Eleanor) If U. S. Veteran specify WAR

(a) Residence: No. Arbutus Ave. St. Halethorpe Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of George H. Sartorius

6. DATE OF BIRTH (month, day, year) July 14 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~37~~ 38	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

FATHER

13. NAME Thomas M. Hughes

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

MOTHER

15. MAIDEN NAME Mary Jefferson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hosp Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 10, 1936

19. UNDERTAKER Wm J. Tieferen & Son.
(Address) North & Pa Ave

20. FILED MAR 9 1936, 19 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1936, to March 7, 1936
I last saw her alive on March 7, 1936 Death is said to have occurred on the date stated above, at 8 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Left Breast	2 years
Metastasis to Bone	6 mo.
Pleural Effusion	1 Mo

Other contributory causes of importance:

Was an operation performed? Yes Date of 12 yrs ago
For what disease or injury? Carcinoma Breast
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, Specify

(Signed) Carl G Markel M. D.
(Address) St Agnes Hosp.

F 21578

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21578

CERTIFICATE OF DEATH

72-N

1. PLACE OF DEATH South Baltimore General Hosp. Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 1510 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 1 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Mollie Celeste Mitchell If U. S. Veteran specify WAR .....

(a) Residence: No. 3909 Garrison Blvd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Celeste Mitchell

6. DATE OF BIRTH (month, day, year) Jan 11 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter & Decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Interior Decorator

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John R. Mitchell

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Morse

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. John Richard Mitchell (Address) C.C.C. Camp 1370. Crewe Va

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date Mar. 9. 1936

19. UNDERTAKER Wm. McCue & Sons. (Address) Fort Lee Va

Filed ..... 19 ..... Registrar

MAR 9 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 4. 1936 to March 7. 1936

I last saw h alive on March 7. 1936 Death is said to have occurred on the date stated above, at 4:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Chronic Lymphoid Leukemia	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William Dronfield M. D.

(Address) South Baltimore Gen Hosp.

F 21579

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21579

CERTIFICATE OF DEATH

✓ 47-B

28-44

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 Brookwood ~~xxxxx~~ Road) Hunting Ward

Length of residence in city or town where death occurred 60 yrs. 6 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ella L. Saumenig

(a) Residence: No. 703 Brookwood Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) Aug 9th 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----

10. Date deceased last worked at this occupation (month and year) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Howard Co., Md.

FATHER

13. NAME Henry W. Saumenig

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Mar 9th 1936

19. UNDERTAKER (Address)

FILED MAR 9 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 6 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 to Mar. 6 1936.

I last saw her alive on Mar. 5 1936. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia - Exhaustion	Mar 1936
Carcinoma of lung	July 1935
Other contributory causes of importance: Carcinomatosis	July 1935

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? phys. lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E Urbach Smith M. D.

(Address) 817 Park Ave.

F 21580

F 21580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 111-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4301 Groveland Ave. 26-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 90 yrs. 0 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Virginia Garland Craig

If U. S. Veteran specify WAR .....

(a) Residence: No. 4301 Groveland Ave. Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Belden F. Craig.

6. DATE OF BIRTH (month, day, year): Feb. 8, 1846

7. AGE: Years 90 | Months 0 | Days 27 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Geo. W. Moore

14. BIRTHPLACE (city or town) (State or country): Somerset Co. Md.

MOTHER

15. MAIDEN NAME: Marcia R. Harrison

16. BIRTHPLACE (city or town) (State or country): Md Towson Pa

17. INFORMANT: Mrs. Laura C. Birdwood

(Address) 4301 Groveland ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Greenmount Cem. Date May 9, 1936

19. UNDERTAKER: Wm. McClure Sons

(Address) North & Pres.

20. FILED ... 19 ... Registrar

MAY 9 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/2, 1936 to 3/6, 1936

I last saw her alive on 3/6, 1936. Death is said to have occurred on the date stated above, at 8.25 A m.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia — Date of onset 4 days duration

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? ✓

Name of operation ✓ Date of .....

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry Russell, M. D.

(Address) 1962 Groveland Ave.

F 21581

F 21581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 3-5-131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3147 Crittenton Place (St.) (Ward) 13

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma L. Small

(a) Residence: No. 3147 Crittenton Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sylvester Small.

6. DATE OF BIRTH (month, day, year) June 16, 1863.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Joseph Smith

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Mary Price.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT H. Laurence Small.
(Address) 3107 Eberly Ave.

18. BURIAL, CREMATION, OR REMOVAL
St. Mary's Hampden Date March 9, 1936

19. UNDERTAKER Ehinowith Son.
(Address) 3615-17 Chestnut Ave

FILED 9-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1931, to March 6, 1936

I last saw h LY alive on March 6, 1936 Death is said to have occurred on the date stated above, at 10:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Cerebral Hemorrhage	3/3/36
Cardio-Renal - Vascular disease	31 2036
Other contributory causes of importance: Myocardial insufficiency	3/3/36

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) J M Nelson M. D.

(Address) 348 N 36th St

F 2158

F 2158 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., Ward 3)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME James [illegible] Marantco

(a) Residence: No. 3433 Greenmount Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6. DATE OF BIRTH (month, day, year): Sept 26, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Died

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Mr. Charles Marantco

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Mary Cangelosi

16. BIRTHPLACE (city or town) (State or country): New Orleans

17. INFORMANT (Address): Charles Marantco 3433 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: March 10, 1936

19. UNDERTAKER (Address): John F. Moran 3000 E. Balto St

FILED: 3-9-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1936 to Mar 8 1936.

I last saw her alive on Mar 8 1936 Death is said to have occurred on the date stated above, at 2:50 A. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia, right

Date of onset 2-19-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Robin Kerr M. D.

(Address) Union Memorial Hosp Balto

21583 Eucastia Foskey V 21583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 Shields St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eucastia Foskey

(a) Residence: No. 913 Shields St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 8, 1935.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME James Crumple

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Mary Foskey

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary F. Foskey
(Address) 913 Shield St City

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 3/8 1936

19. UNDERTAKER Frances E. Hemsley
(Address) 578 W. Biddle St.

20. FILED ..... 19..... Registrar .....

9-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/8 1936

22. I HEREBY CERTIFY, That I attended deceased from March 4 1936 to Mar 8 1936
I last saw her alive on Mar 7 1936 Death is said to have occurred on the date stated above, at 6a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (primary)	3/2 1936
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, state how .....

(Signed) H. H. Crumple M. D.

(Address) 913 Shield St City

F 21584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. 6-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1431 N. Montford Ave. St., Ward)

Length of residence in city or town where death occurred 5/6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John F. Dubert

(a) Residence: No. 1431 N. Montford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Frederick Dubert

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Angella Callela

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Frederick Dubert.
(Address) 1431 N. Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 3-9-3[illegible] 19

19. UNDERTAKER Kendall E. Humphreys
(Address) [illegible] N. Broadway

20. [illegible] 19 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

X

21. DATE OF DEATH (month, day, year) March 2 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the date stated above.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia (Primary)	
Other contributory causes of importance: —	

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
— If so specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) 1918 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

9-1936

F 21585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 21585

V 124-2

Registered No. 13-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4007 Falls Road, St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Daisy May Todd.

(a) Residence: No. 4007 Falls Road, St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Married.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Jerry Todd.

6. DATE OF BIRTH (month, day, year) Nov 19, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendant.

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Woodwood, Sanatorium

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bel Air. Harford Co. Md.

FATHER

13. NAME Martin Russell.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Susan Keener.

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Annie Hare.

(Address) 4007 Falls Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Providence Date Mar 10 1936

19. UNDERTAKER Walter R. McNamee.

(Address) 4114 Falls Road.

FILED 9-1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1936 to March 7, 1936

I last saw h-er alive on March 7, 1936 Death is said to have occurred on the date stated above, at 9:50 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Atrophic Cirhosis of Liver

Secondary Anemia

Other contributory causes of importance:

Pulmonary Edema

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Hirschi M. D.

(Address) 4037 Falls Road

M. D. B. 1263-9

F 21586

21686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 36

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ned Harrison

(a) Residence: No. Grasons Point, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of [redacted] Mary J. Harrison

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Henry Harrison

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary J. Harrison (Address) Grasons Point Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date March 10 1936

19. UNDERTAKER Edw Bryon (Address) 1647 Orleans St

20. FILED ..... 19 ..... Registrar.

MAR 9 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia ? Urinary Retention ?	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Kent Schaffer M. D. Coroner

(Address) 1918 E. Madison

OCCUPATION is very important. See instructions on back of certificate.

21587

F 21587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 522 Brune St. 17-3 (Ward)

Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Montague

If U. S. Veteran specify WAR

(a) Residence: No. 522 Brune St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Montague

6. DATE OF BIRTH (month, day, year) Nov 30 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lab

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month, day, year) Sept 1933

11. Total time (years) spent in this occupation 1/2

12. BIRTHPLACE (city or town) (State or country) Westminster Md

FATHER

13. NAME Hezekiah Montague

14. BIRTHPLACE (city or town) (State or country) Westminster Md

MOTHER

15. MAIDEN NAME Estes

16. BIRTHPLACE (city or town) (State or country) Westminster Md

17. INFORMANT Ella Montague

(Address) 522 Brune St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Mar 9, 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St

MAR 9 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1936 to Mar 6 1936

I last saw h— alive on March 6 1936 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Feb 1935
	over
Other contributory causes of importance:	
arteriosclerosis	months 1935

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, where?

(Signed) W. Lester Eagle M. D.

(Address) 1717 Eutaw Pl

F 21588

F 21588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No. 13-5

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3131 Keswick Road St., 13 Ward.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alice A. Meyls

(a) Residence: No. 3131 Keswick Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Lewis O. Meyls

6. DATE OF BIRTH (month, day, year): Aug. 30-1856

7. AGE: Years 79 | Months 6 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Carroll Co. Maryland

FATHER
13. NAME: George B. Houck
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. Lulu A. Egerton
(Address) 3131 Keswick Road

18. BURIAL, CREMATION OR REMOVAL
Place: Woodlawn Date: March 10 1936

19. UNDERTAKER: Horace F. Burgee
(Address) 3631 Falls Road

20. FILED 19 Registrar

R 9-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 7th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 26th 1936 to Mar. 7th 1936

I last saw he alive on Mar 7th 1936 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	2-24-36
Other contributory causes of importance: Bronchial Pneumonia	3-4-36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

I HEREBY CERTIFY, That I attended deceased from Feb 26th 1936 to Mar. 7th 1936, that I last saw h[illegible] alive on Mar 7th 1936 and that death occurred on the date stated above, at 7 P. M.

Signed: George J. E. Cross M. D.
(Address) 28 W 25th St.

AaCo. 5-31 250B

F 21589 HEALTH DEPARTMENT—CITY OF BALTIMORE F 21589

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Sq. Hospital

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 18 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theresa Rochet

(a) Residence: No. Haven De Grace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph E. Rochet

6. DATE OF BIRTH (month, day, year) Nov. 22 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Salvatore Marino

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rosaria Battaglia

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Rosaria Marino
(Address) Gehb Ave Dorchester Hghts

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date March 11-36

19. UNDERTAKER Frank Wells Rose
(Address) 52 N. Monty St.

20. FILED MAR 9 1936, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1936 to March 8, 1936

I last saw her alive on March 8, 1936 death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism (pulmonary + cerebral)	

Other contributory causes of importance:

Pneumonia — Post-partum

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. E. Battaglia M. D.

(Address) Franklin Sq. Hospital

F 21590 ✓ F 21590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Hickwood & Green St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1/2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert Peterson or Alfred Peterson

(a) Residence: No. none St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) — 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME James Peterson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Louise Bates

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Sarah Peterson

(Address) 721 N. 29th St. Richmond Va

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond Va Date Mch 12 1936

19. UNDERTAKER James A Stango

(Address) 142 W Leigh St

Filed ..... 19 .....

Registrar

9-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1936 to Mar 8 1936

Last saw h alive on Mar 8 1936 Death is said to have occurred on the date stated above, at 7:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive C-V-disease	12/25/35
Myocarditis	1/28/36

Other contributory causes of importance:

Uremia	2/25/36

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

21. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John Mac Warren M. D.

(Address) University Hospital

F 21591

F 21591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#1706

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 19-1 Ward)

Length of residence in city or town where death occurred life ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Etta Smith

(a) Residence: No. 1631 W. Mulberry St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-21-19

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frank Smith

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Parnela Holmes

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Ct Date 3/10/36 19

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery St

3-9 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/2 1936 to 3/6 1936

I last saw her alive on 3/6 1936 Death is said to have occurred on the date stated above, at 7½ a. m.

The principal cause of death and related causes of importance were as follows:

Labar Pneumonia — Date of onset 2wk

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Bald City Hosp.

F 21592

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21592

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 159 W. Hamburg St., (or) 23-1 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Mc Guffin

(a) Residence: No. 159 W. Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10/31/1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50 51	4	5 4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME Peter Ennis

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Catherine Wise

(Address) 159 W Hamburg St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Ct Date 3/9/ 1936

19. UNDERTAKER Isaiah L Brown & Son

(Address) 108 W Fayette St

3-9 1936 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/5/36. 19

22. I HEREBY CERTIFY, That I attended deceased from 3/1 1936 to 3/5/36 1936

I last saw her alive on 3/4/36 Death is said to have occurred on the date stated above, at 4½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 Day
Other contributory causes of importance:	
Interstitial Nephritis	2 mo

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) 1141 Carrollton Ave

F 21593 F 21593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611½ N. Bethel St., 7-5 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. dy. How long in U. S. If of foreign birth? yrs. mos. dy.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Smith

(a) Residence: No. 611½ N. Bethel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	widowed

5a. If married, widowed, or divorced (or) WIFE of Joseph Smith

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

FATHER

13. NAME James Crayton

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

MOTHER

15. MAIDEN NAME Mary Wolford

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

17. INFORMANT Mrs Rebecca Ward (Address) 611½ N. Bethel St

18. BURIAL, CREMATION, OR REMOVAL Place Cardtown Md Date 3/10/36 19

19. UNDERTAKER Estate Whitelam (Address) 1515 McCulloh St

20. FILED ... 19 ... Registrar

R9-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/7 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/23 1936 to 3/7 1936

I last saw her alive on 3/6 1936 Death is said to have occurred on the date stated above, at 3 30 m. p.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis (Uremia)	Jan 36

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no (If so, specify)

(Signed) Wayne Thomas M. D.

(Address) 1500 E. Fayette St

F 21594

21594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. Balto. Ward) 10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Herman Dreitscher

(a) Residence: No. 605 McCabe Ave. St., Walto Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie K. Dreitscher

6. DATE OF BIRTH (month, day, year) March 6, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Dreitscher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Gertrude Jaeker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Annie K. Dreitscher (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Western Cemetery Date March 9 1936

19. UNDERTAKER J. Leon Tuller, Inc. (Address) 1511 North Ave.

1936 [redacted] 46-B

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-6 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20 1936 to ... 19...

I last saw him alive on 3-6 1936 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 6 Days

Cancer of stomach — 1 Year

Other contributory causes of importance:

Was an operation performed? Yes Date of 2-29-36

For what disease or injury? Carcinoma of stomach

Name of operation gastro-enterostomy Date of 2/29/36

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Morken M. D.

(Address) Sinai Hosp.

M. D. P. 1268-9 "C"

21595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 28-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 7 mos. d.s. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sister Mary Burch

(a) Residence: No. Savannah, Ga. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 2-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0.65

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Savannah Ga.

FATHER

13. NAME Richard Burch

14. BIRTHPLACE (city or town) (State or country) Charlestown South Carolina

MOTHER

15. MAIDEN NAME Mary Reigler

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mother M. Placida

(Address) Mt St Agnes Convent

18. BURIAL, CREMATION, OR REMOVAL

Place Mt St Agnes Date 3/10 1936

19. UNDERTAKER Wesley W. Mears & Son

(Address) 505 N. Calvert St.

20. FILED 9 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1935, to March 8, 1936

I last saw her alive on March 8, 1936 Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	?
Diabetes	?

Other contributory causes of importance:

Senile Dementia	?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton P. Ifell M. D.

(Address) Mount Hope Retreat.

21596 ✓ F 21596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 95-B

1. PLACE OF DEATH St. Agnes' Hospital 95-1 Registered No.

CITY OF BALTIMORE: (No. Wilkens & Caton St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Donahue If U. S. Veteran specify WAR

(a) Residence: No. Arbutus Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) ---

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) maryland

FATHER

13. NAME Thomas Donahue

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Frances Hines

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Agnes C. Donahue
(Address) 2601 N. Charles Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery 3/10 1936

19. UNDERTAKER Harry C. Myers & Son
(Address) 8-5 N. Calvert St.

20. FILED - 1936 [redacted]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 16, 1936 to March 8, 1936

I last saw him alive on March 8, 1936 Death is said to have occurred on the date stated above, at 5 00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-renal disease	

Other contributory causes of importance:

Hypertension
Cerebral hemorrhage

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) C. V. Williamson, M. D.

(Address) St. Agnes Hospital

Sykora

F 21597

21597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSP St. 25-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Lykora

(a) Residence: No. 1626 Bonhill Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Antonia Pollack Lykora

6. DATE OF BIRTH (month, day, year) July 26 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	7	12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... at 40

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Michael Lykora

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Hof Rieva

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Antonie Lykora

(Address) 1626 Bonhill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date March 11 1936

19. UNDERTAKER Frank Brach & Son

(Address) 1906 Eutaw St

19 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1936, to March 7, 1936

I last saw h/ alive on March 7, 1936. Death is said to have occurred on the date stated above, at 11 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral hemorrhage	March

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Wm C Lufkin Jr. M. D.

(Address) SYDENHAM HOSPITAL

V F 24508

24508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 4 Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Leroy Spriggs

(a) Residence: No. New W Balt office St., Ward. Maryland
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 5 1925

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chaneys P.O. Md.

FATHER

13. NAME Robert Spriggs

14. BIRTHPLACE (city or town) (State or country) Chaneys P.O. Maryland

MOTHER

15. MAIDEN NAME Louise Watkins

16. BIRTHPLACE (city or town) (State or country) Chaneys P.O. Md.

17. INFORMANT Louis Spriggs (Address) Jewell P.O.

18. BURIAL, CREMATION, OR REMOVAL Place Chaneys Md Date Mar 10 1936

19. UNDERTAKER J. B. Johnson (Address) Annapolis Md

Registrar

FILED 9-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1936 to March 8 1936

I last saw him alive on March 8 1936 Death is said to have occurred on the date stated above, at 1.15 a.m.

The principal cause of death and related causes of importance were as follows:

Miliary Tuberculosis ORW — Date of onset 1/12/36
Tuberculous meningitis — 2/15/36?
Tuberculous peritonitis — 2/15/36?

Other contributory causes of importance:

Thrombosis
Malnutrition

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) C. L. Joslin M. D.

(Address) 1100 Eutaw St. Balto. Md.

11 Spec—1-30—M. & T.—250 Bks.

21599

✓ F 21589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46-E

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 536 Hurley Lane ST., 20-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret C. Lutz

(a) RESIDENCE NO. 536 Hurley Lane ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word): Widowed

5a ~~If married, widowed, or divorced~~ (or) WIFE of Louis W. Lutz

6 DATE OF BIRTH (month, day, and year) March 30 1896

7 AGE: Years 37 | Months 11 | Days 7 | If LESS than 1 day, ... hrs. or ... min.

43

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John J. McLaughlin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dublin, Ireland

12 MAIDEN NAME OF MOTHER Margaret Hudson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) London England

14 Informant Margaret Schoenfelder (Address) 2414 Wilkins Ave

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/7/36

17 I HEREBY CERTIFY, That I attended deceased from 1/15/ 1936 to 3/7/36 19...,

that I last saw h-r alive on 3/6/36 19...,

and that death occurred, on the date stated above, at 8:42 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

Influenza

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? Clinical findings & Hist.

(Signed) Benson Fry, M. D.

3/11, 1936 (Address) 410 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 3/10/1936

UNDERTAKER: Charles W. Dill — ADDRESS: 3109 Eutaw

M. D. R. 1268-9

✓ F 21600

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 3[illegible]9774
F 21600

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leland Hoover

(a) Residence: No. 1603 Llewellyn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7-4-12

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles E Hoover

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Grace Davis

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mouland Park Date Mar 9 19 36

19. UNDERTAKER Albert W Deregay
(Address) 4[illegible] & Pratt Balto

20. FILED 1936 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1936 to March 8 1936

I last saw h[illegible] alive on March 8 1936. Death is said to have occurred on the date stated above, at 100 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Rheumatic heart Disease	1927
Subacute bacterial endocarditis	1935 Sept.

Other contributory causes of importance:

Name of operation [illegible] Date of

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John A Lemmington M. D.

(Address) Johns Hopkins Hospital

✓ F 21601

F 21601 HEALTH DEPARTMENT—CITY OF BALTIMORE

X/37

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 12-6 Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR None

2. FULL NAME Walter C. Carew

(a) Residence: No. Dames Quarter, Maryland St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Cora Todd Carew

6. DATE OF BIRTH (month, day, year) April 22, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lighthouse Keeper

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Nanticoke Maryland

FATHER

13. NAME Thomas Carew

14. BIRTHPLACE (city or town) (State or country) Dames Quarter Md.

MOTHER

15. MAIDEN NAME Emily Andrews

16. BIRTHPLACE (city or town) (State or country) Nanticoke Va.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore cem. Date Mch. 10, 1936

19. UNDERTAKER George W. Zimbler
(Address) 1737 E. Eager St.

MAR 9 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 9, 1936 to March 6, 1936

I last saw him alive on March 6, 1936. Death is said to have occurred on the date stated above, at 12:23 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy, prostate	2 yrs.
Pyelonephritis, chronic	18 mos
Uremia, acute	1 wk.

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb. 10, 1936

For what disease or injury? Hypertrophy, prostate

Name of operation Cystotomy, suprapubic Date of 2-10-36

What test confirmed diagnosis Lab. & Clinical findings Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. M. H. Anderson. M. D.

(Address) U.S. Marine Hospital, Balto. Md.

M. D. B 1268-9.

21602 ✓ F 21602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John K. McClure

If U. S. Veteran specify WAR .....

(a) Residence: No. 1533 N. Broadway St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Edith J. McClure

6. DATE OF BIRTH (month, day, year) April 19, 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman Bottle Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glass Mfg.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charleston W. Va.

FATHER

13. NAME Daniel J. McClure

14. BIRTHPLACE (city or town) (State or country) Charleston W. Va.

MOTHER

15. MAIDEN NAME Lula Bowman

16. BIRTHPLACE (city or town) (State or country) Charleston W. Va.

17. INFORMANT Mrs. Edith J. McClure

(Address) 1533 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Spring Hill, Charleston Date 3/9. 1936

19. UNDERTAKER W. M. Cook

(Address) 1241 Eutaw St

FILED MAR 9 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mastoiditis Skull	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of No

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury March 3, 1936

Where did injury occur? 1533 N. Broadway - Balto Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down Steps

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schwartz, M. D.

Coroner

(Address) 919 E. Fayette St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

21603 F 21603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Robert T Mason

(a) Residence: No. 508 Myrtle Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec, 11, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Marlo Mason

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Serva Mason

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Serva Mason

(Address) 508 Myrtle Vav

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Mar 9 1936

19. UNDERTAKER Chas. E. Cooper.

(Address) 514 N. Pathus St

20. 1936 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) E. R. Opdelun M. D.

(Address) 2737 N. Wolfe St

F 21604 ✓ F 21604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 9822

51-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1923 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Jackson

(a) Residence: No. 515 Calvin St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-26-1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52	51	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 50 40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elmira Thomas

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records of Balto. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cof Church Rem. Date 3/10 19 36

19. UNDERTAKER Wm. A Jackson
(Address) 916 Pennsylvania Ave

Registrar

R 9 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-6 1936

22. I HEREBY CERTIFY That I attended deceased from 10-9 1935 to 3-6 1936

I last saw him alive on 3-3-1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancinoma of prostate	?

Other contributory causes of importance:

secondary anemia	?
Emaciation	?
Syphilis, serological test	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Physical exam Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If specify

(Signed) Robt. F. Montrim M. D.

(Address) Balto City Hospt

M. H. R. 1268-9

F 21605

F 21605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2228 Linden Ave. St. 13-W Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Esther L. Ephraim

(a) Residence: No. 2228 Linden Ave. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Isaac Ephraim

6. DATE OF BIRTH (month, day, year) May 1, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME W. S. Levy

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Betsy Jacobs

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Ralph Ephraim
(Address) 2228 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Cem. Date Mch. 10, 1936

19. UNDERTAKER Ward Sondheim & Son
(Address) 1902 Eutaw Place

Filed Mch 9 1936, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1935 to March 8, 1936

I last saw h alive on March 6, 1936 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute otitis media	3-5-36
Other contributory causes of importance: Septicemia	3-6-36

Name of operation None Date of —

What test confirmed diagnosis See Reverse side Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I. S. Leeman, M. D.

(Address) 1107 St. Paul St.

21806 F 21806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Smith Baltimore Gen. Hosp. Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 14 Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charlie Sledge

(a) Residence: No. 1631 Pennsylvania St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word).
M	Black	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 85 y			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 3/10 36

19. UNDERTAKER J J Flaherty Son
(Address) 1318 Eager St

9-1936 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1936 to March 7, 1936

I last saw h alive on March 7, 1936 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Lobar pneumonia	3/2
Myocardial failure	3/7

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No.
If so, specify

(Signed) M. D.

(Address)

M. D. B 1268-9

21607

✓ F 21607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 Hanover St. 22-1 Ward)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julian Phillips

if U. S. Veteran specify WAR .....

(a) Residence: No. 708 Hanover St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Phillips

6. DATE OF BIRTH (month, day, year) Sept 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Indian B.W.I.

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Ellen Sutton

(Address) 708 Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cem Date 3/10 1936

19. UNDERTAKER Walter R. Sprigg & Sons

(Address) 132 W. Hamburg St.

20. FILED ..... Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac broken compensation	May 6 1936

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jean [illegible] M. D.

(Address) 750 Arlington Ave

✓ F 4 21608

21608 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 20-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME John F. Dietz.
(a) Residence: No. 3203 Strickland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Emma Dietz.

6. DATE OF BIRTH (month, day, year) May 23, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	10	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Interior Decorator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME Peter Dietz.
14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER
15. MAIDEN NAME Mary Flair
16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date March 11 1936

19. UNDERTAKER George L. Schnaar
(Address) 2111 Frederick Ave. Huntington Avenue, City

20. FILED ..... Registrar.

- 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20 1934 to March 8 1936
I last saw he alive on March 8 1936 Death is said to have occurred on the date stated above, at 7 53 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1932

Other contributory causes of importance:

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leon H. Feldman M. D.
(Address) Balto. City Hospitals.

M. D. B. 1268-9

1609

F 21609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4301 Roland Ave Kirkleigh Villa St. 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Belle Tongue

(a) Residence: No. 1801 N Bolton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
abt	76	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. abt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Maryland

FATHER

13. NAME Thomas John Tongue

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Maryland

MOTHER

15. MAIDEN NAME Virginia Tobb.

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Mrs E Tongue

(Address) 700 Fenden. Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date March 9" 1936

19. UNDERTAKER Joseph H Cook

(Address) 003 N. Gate St

FILED 9 1936 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 1931 to March 9 1936

I last saw her alive on March 7 1936. Death is said to have occurred on the date stated above, at 2 15 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
cerebral hemorrhage.	3/4/36
Other **contributory causes** of importance:	
arthritis, back	1929
senile dementia (chronic illness and death of sister brother same)	3/20/36

Name of operation None Date of

What test confirmed diagnosis? clinical methods Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Frankl C. Smith, Jr. M. D.

(Address) 1014 St Paul Street

AACo. 5-31 250B

F 21610

21610

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St., 21-2 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Dixon

(a) Residence: No. 1035 W. Cross St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Isabelle A. Dixon

6. DATE OF BIRTH (month, day, year) April 1, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	11 10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction Work

10. Date deceased last worked at this occupation (month and year) March 2, 1936

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) Annapolis
(State or country) Maryland

FATHER

13. NAME George Dixon

14. BIRTHPLACE (city or town) Anne Arundel Co.
(State or country) Maryland

MOTHER

15. MAIDEN NAME Marie Trott

16. BIRTHPLACE (city or town) Anne Arundel Co.
(State or country) Maryland

17. INFORMANT Mr. Luther Dixon
(Address) 1035 W. Cross St.

18. BURIAL, CREMATION, OR REMOVAL
Place Annapolis, Md. Date March 11 1936

19. UNDERTAKER Wm. D. Cook
(Address) 100 W. Dallas Street

FILE 9 1936 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936 to March 8, 1936

I last saw h[illegible] alive on March 8 1936 death is said to have occurred on the date stated above, at 9:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	2-25-36

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Ewer Moores, M. D.

(Address) Franklin Square Hosp.

21611

✓ F 21611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 828 Rutland Av St., 7-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Betty Ann Williams

(a) Residence: No. 828 Rutland Av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/26/36

7. AGE Years	Months	Days 12	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Alfred Allen Williams

14. BIRTHPLACE (city or town) (State or country) Wilmington N.C.

MOTHER

15. MAIDEN NAME Minnie Carnegie

16. BIRTHPLACE (city or town) (State or country) Durham N.C.

17. INFORMANT Alfred Williams
(Address) 828 Rutland Av

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Mar 10 1936

19. UNDERTAKER Rayner & Sanders
(Address) 1413 E Preston St
Huntington Williams, N.C.

20. [illegible] 1936

RPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/9 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/26 1936 to 3/9 1936

I last saw her alive on 3/9 1936 Death is said to have occurred on the date stated above, at 10:40 m. A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Rayner Sanders M. D.

(Address) 1306 E. Monument

21612 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hosp H-1 St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 30 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Pope

(a) Residence: No. 317 Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Pope

6. DATE OF BIRTH (month, day, year) July 15, 863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME John Pope

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Despina, Bellas

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Angelo Pope (Nephew)
(Address) 317 Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cem Date 3/10 1936

19. UNDERTAKER Guy C. Forlano
(Address) Fulton & Fayette
Huntington Williams, MD

FILED 9-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8-1936

22. I HEREBY CERTIFY, That I attended deceased from 2-17-1936 to 3-8-1936

I last saw him alive on 3-8-1936 Death is said to have occurred on the date stated above, at 840 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophic prostate	3 yrs.

Other contributory causes of importance:

Bronchopneumonia	1 wk
acute Cardiac Dilatation	2 days

Was an operation performed? Yes Date of 2-28-36

For what disease or injury? Hypertrophic prostate

Name of operation Suprapubic prostatectomy Date of 2-28-36

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. M. Waghelstein, M. D.

(Address) c/o Mercy Hosp.

21613

T 21613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2820 Oakley Ave St. 27-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Philip Mason Johnson

If U. S. Veteran specify WAR 1/16 Record

(a) Residence: No. 2820 Oakley Ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ella S. Johnson

6. DATE OF BIRTH (month, day, year) March 28-1854.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	11	16	15

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tinkerer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va.

FATHER

13. NAME James Johnson

14. BIRTHPLACE (city or town) (State or country) Weldon North Carolina

MOTHER

15. MAIDEN NAME Eliza Mason

16. BIRTHPLACE (city or town) (State or country) Weldon North Carolina

17. INFORMANT Virginia Zink

(Address) 2823 Oakley Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Mar 11 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams, WV

R 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8- 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1- 1936 to March 8 1936

I last saw him alive on March 7 1936. Death is said to have occurred on the date stated above, at 11:20 a m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 3-1-36

Other contributory causes of importance:

Hypertension

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chester Rikard, M. D.

(Address) 2532 Edmondson Ave

F 21614

21614 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 107-A

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. Calvert St. 25-th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Oehs

If U. S. Veteran specify WAR No Record

(a) Residence: No. 533 Cambria St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 9th 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Geo. Oehs

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Emma Bauer

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Geo. Oehs

(Address) 533 Cambria St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Mar 11 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

R 13 1936 Huntington Williamson, W Va

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 9 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-5-36, 19..., to 3-9-36, 19...

I last saw him alive on 3-9 19 36 Death is said to have occurred on the date stated above, at 5.00 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia right

Date of onset 3-5-36

Other contributory causes of importance:

Empyema right

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H H Kane, M. D.

(Address)

F 21615

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21615

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. West Baltimore General Hosp St., [illegible] Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mr. John Wagner

(a) Residence: No. 514 S. Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE)~~ Grace Wagner

6. DATE OF BIRTH (month, day, year) Jan 6th 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Mar 1936

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Wagner

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Murphy

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Grace Wagner
(Address) 514 S. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 12th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED MAR 13 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/8 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/5 1936 to 3/8 1936

I last saw h[illegible] alive on 3/8 1936 Death is said to have occurred on the date stated above, at 11 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Acute decompensation	
Other contributory causes of importance: Diabetes - Pneumonia	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) George Schochet M. D.
(Address) West Balto Gen Hospital

FM 21616

F 21616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 N. Monroe St., 16-H Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Theodore Seeger

No War Records

(a) Residence: No. 1011 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) about 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) March 1935

11. Total time (years) spent in this occupation about

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Theodore Seeger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothy (unknown)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sallie V. Seeger

(Address) 1011 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar. 11, 1936

19. UNDERTAKER Wm. Cook

(Address) 1219 St. Paul St.

FILED MAR 10 1936 Clinton Pinkerton, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 16, 1936 to March 8, 1936

I last saw him alive on March 7, 1936 Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic bronchiectasis with terminal pneumonia and myocardial failure.	Sept. 1935.

Other contributory causes of importance:

Chronic bronchiectasis with terminal pneumonia and myocardial failure.

Name of operation None Date of

What test confirmed diagnosis? Sputum neg. for T.B. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S/ Sandie Wallace, M. D.

(Address) 2839 Wallbrook Ave.

F 21617

21617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 95-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 Montpelier St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME Gertrude I Bauers

(a) Residence: No. 612 Montpelier St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ralph E Bauers

6. DATE OF BIRTH (month, day, year) Jan 29. 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT (Address) Ralph E Bauers 612 Montpelier St

18. BURIAL, CREMATION, OR REMOVAL

Place Bells Date Mar 10 1936

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED MAR 10 1936 Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8 1936

22. I HEREBY CERTIFY, That I attended deceased from October 2, 1935 to March 6, 1936

I last saw her alive on March 6 1936 Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilitation	Mar 8
Endocarditis	Unknown
Myocarditis	Unknown

Other contributory causes of importance:

Enlarged Liver	Unknown

Was an operation performed? No Date of ----

For what disease or injury? ----

Name of operation ---- Date of ----

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George Morgan Jones M. D.

(Address) 401 East 30th Street

F 21618

F 21618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH — CITY OF BALTIMORE: (No.) 2211 Rogers Ave Home for the Aged of the M. E. Church (St.) (Ward) 5

Registered No. F-15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John B Simmons

If U. S Veteran specify WAR

(a) Residence: No. Home for the Aged of the M. E. church. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E.

6. DATE OF BIRTH (month, day, year) Jan 24. 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	1	14	4

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash D C

FATHER

13. NAME Robert Simmons

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Shaw

16. BIRTHPLACE (city or town) (State or country) Rockville Md

17. INFORMANT Etta Cuddy Ave

(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL Md

Place Ivy Hill Laurel Date 3/11 1936

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

FILED 3/11 1936 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1935 to March 8, 1936.

I last saw him alive on March 7, 1936. Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic — Date of onset

Other contributory causes of importance:

Senility
Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George E. Shannon, M. D.

(Address) 700 Fulton Ave

F 21619, F 21619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ + 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Geo W Miller (JR.) If U. S. Veteran specify WAR .....

(a) Residence: No. Lutherville Md. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E,Miller

6. DATE OF BIRTH (month, day, year) Jan. 22, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Co. Md.

FATHER

13. NAME Geo. W.Miller

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Hedrick

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mary E,Miller Lutherville Md.

18. BURIAL, CREMATION, OR REMOVAL Harlem Gardens Date 3/11/36 19

19. UNDERTAKER (Address) Walter Davis 3418 Clipper Ave.

20. Date Rec'd 19 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Trauma.	
Probably Fracture of Skull.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury March 6, 1936

Where did injury occur? Home Lutherville Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Felldown Steps

Nature of injury Probably Fracture of Skul

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. R. Ordeman M. D.

(Address) 737 W. Mulberry

F 21620

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21620

CERTIFICATE OF DEATH

93-E

Registered No. 28-4

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 4219 Vermont Ave. St., (Ward) 28-4
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Harry M. Bush

(a) Residence: No. 4219 Vermont Ave. St., Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret P. Bush (nee Miller)

6. DATE OF BIRTH (month, day, year) Aug. 13, 1880.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pressman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. McCormick Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

FATHER

13. NAME Henry Bush

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mangum

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mrs. Margaret P. Bush 4219 Vermont Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date March 11, 1936.

19. UNDERTAKER Harry A. Cattell
(Address) 4101 Edmondson Ave.

DEC 7 1936 Clayton Whitmore, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/6, 1936, to 3/8, 1936
I last saw him alive on 3/8, 1936 Death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 3/6/36

Other contributory causes of importance:

Chronic Nephritis

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Alpha H Crowther M. D.
(Address) 4209 Fredrick Ave.

F 21621

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21621

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH: Ventura Convalescence Home — Registered No. _____
CITY OF BALTIMORE: (No. 4515 Garrison Blvd. St., 20-7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred (10) yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.
If U. S. Veteran specify WAR _____
2. FULL NAME: Pauline S. Kruse
(a) Residence: No. 3935 Edmondson Ave. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Augustus H. Kruse

6. DATE OF BIRTH (month, day, year) Oct. 8, 1864.

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
71	5	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER
13. NAME Lawrence Sauer
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Mary Hertzinger
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT: Mrs. Marie P. Miller,
(Address) 3935 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date March 10, 1936.

19. UNDERTAKER: Harry F. Wiltze
(Address) 4101 Edmondson Ave.

10 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9-, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-15-, 1935, to 3-9-, 1936

I last saw h[illegible] alive on 3-8-, 1936. Death is said to have occurred on the date stated above, at 7.20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	5/15/35
Generne arteriosclerosis	7/15/35
	3/4/36

Other contributory causes of importance: Bronchopneumonia

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) George A Barden, M. D.
(Address) 1507 E. North Ave.

F 21622

F 21622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH #12797

186a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St. 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR Spanish American War

2. FULL NAME Harry DeHaven

(a) Residence: No. 2117 E. Preston St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie C Lfn Sparrow

6. DATE OF BIRTH (month, day, year) 1-8-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year) March 2nd 1936

11. Total time (years) spent in this occupation 2 Months

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME William Lfn Sparrow

14. BIRTHPLACE (city or town) (State or country) Harford County Md.

15. MAIDEN NAME Fannie ? Robinson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Carmel Date March 10 1936

19. UNDERTAKER Sterry Lutz
(Address) 1203 N. Broadway

20. FILED 1936 [illegible] Registrar

10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1936 to March 8, 1936

I last saw him alive on March 8, 1936. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull (?)	3 yrs ago
Encephalomalacia	unknown
(Recent symptoms began March 3, 1936)	
Other contributory causes of importance:	
Recurrent epilepsy	2 yrs ago.

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical & pathological Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 3 yrs ago 19

Where did injury occur? At home Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down steps

Nature of injury Clench Fract.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. A. de Santella M. D.

(Address) Baltimore City Hospitals

F 21823

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21823

92-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3017 Gilsa Ave St., 27-3 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Theresa Gerald Ertel

(a) Residence: No. 3017 Gilsa Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nicholas Ertel

6. DATE OF BIRTH (month, day, year) Mar 21 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Nicholas Ertel
(Address) 3017 Gilsa Ave

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Date 3/11 1936

19. UNDERTAKER Leonard J. Buck
(Address) 5305 Harford Rd

20. FILED MAR 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/8 1936

22. I HEREBY CERTIFY, That I attended deceased from February 11 1936 to March 8 1936

I last saw her alive on March 8 1936 Death is said to have occurred on the date stated above, at 5:10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	
Pulmonary Oedema	
Other contributory causes of importance:	
Mitral Insufficiency and Stenosis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thos. Kolb Coleman M. D.

(Address) 1515 Bentalou St.

F 21624

F 21624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 W. North ave. St., 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Ebaugh

(a) Residence: No. 1631 W. North ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Abner Ebaugh

6. DATE OF BIRTH (month, day, year) July 22-1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saleslady

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John R. Burke

14. BIRTHPLACE (City or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Catherine —

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Imanda E. Matthews

(Address) Raifert Apts

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar. 11. 1936

19. UNDERTAKER Josiah Dyer

(Address) 1600 E. Lexington St.

20. FILED ..... 19 ..... Registrar

R 191936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, at 10:13 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right breast with Metastasis to the lung.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Hann M. D.

Coroner

(Address) 1215 Hanover

M. D. B 1268-9

F 21625

F 21625 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier # 4 Pratt St. 4-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Richard Good

If U. S. Veteran specify WAR .....

(a) Residence: No. R. 7 - Old Court Rd St. Fifth Dist. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Good

6. DATE OF BIRTH (month, day, year) Mch 8-1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lithographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ab 3

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME F W Good

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Julia C Walsh

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Mary E Good

(Address) 3201 W Lombard

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar 19 1936

19. UNDERTAKER Sumwalt Funeral Home

(Address) North Ave

MAR 19 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc. Date of Injury 3/6 1936

Where did injury occur? # 4 Pratt St. Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Unknown

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Orrin B. Wallace M. D. Coroner

(Address) 1031 St. Paul St.

21626

HEALTH DEPARTMENT—CITY OF BALTIMORE

21626

CERTIFICATE OF DEATH

✓ 162

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4301 Groveland Ave (Ward) 28-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 87 yrs. 11 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marian Howison Moore

(a) Residence: No. 4301 Groveland Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year): Apr. 8, 1848

7. AGE: Years 87 | Months 11 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year): Batts

11. Total time (years) spent in this occupation: Md.

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME: Geo. W. Moore

14. BIRTHPLACE (city or town) (State or country): Somerset Co Md.

MOTHER

15. MAIDEN NAME: Martha Howison

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mrs. Laura C. Birdwood

(Address) 4301 Groveland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenmount Cem. Date: May 11 1936

19. UNDERTAKER: Wm. Pickerell Sons

(Address) W. Ft. Ave.

20. FILED MAY 11 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 9 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/2 1936 to 3/8 1936

I last saw h. alive on 3/8 1936 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Cleargen	2-32

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry Cassell M. D.

(Address) 3902 Groveland Ave

F 21627

21627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 118

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2143 Presstman St. 15-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Maude A. Sharretts.

(a) Residence: No. 2143 Presstman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Grayson W. Sharretts.

6. DATE OF BIRTH (month, day, year): June 20, 1853

7. AGE: Years 82 | Months 8 | Days 18 | If LESS than 1 day, hrs. or min. .....

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Woodstock Pa.

13. NAME of father: D. E. W. Sharretts.

14. BIRTHPLACE (city or town) (State or country): Pa.

15. MAIDEN NAME of mother: Kate R. Goodyear.

16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMANT: Mr. Ralph C. Sharretts

(Address) 4209 Maine Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Date Mar 11 1936

19. UNDERTAKER: Wm. Fletcher Bond

(Address) North & Fulton Aves.

20. FILED MAR 10 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1936 to March 9, 1936

I last saw her alive on March 8, 1936. Death is said to have occurred on the date stated above, at 7.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyloric obstruction	Feb. 27
Other contributory causes of importance: senile dementia	Many Yrs

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? yes Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) James A. Clarke, M. D.

3.9.36 (Address) Freeway apts.

F 21628

F 21628

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 31

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Mercy Hospital 4-1

CITY OF BALTIMORE: (No. Calvert St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John C. Somers

(a) Residence: No. 6416 Windsor Mills Rd. St., Ward. Woodlawn Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Ruth M. Somers

6. DATE OF BIRTH (month, day, year) May 15th 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit Co.

10. Date deceased last worked at this occupation (month and year) Mar. 1935

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Rock Hall Md.

FATHER

13. NAME John H. Somers

14. BIRTHPLACE (city or town) (State or country) Somerset Co. Md.

MOTHER

15. MAIDEN NAME Elizabeth Meekins

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Self

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date March 11, 1936

19. UNDERTAKER Wm. J. Tuckner & Son

(Address) North & Calhoun

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 9 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-23-, 1936 to 3 - 9, 1936

I last saw him alive on 3 - 9 1936 Death is said to have occurred on the date stated above, at 1240 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Tuberculosis of Larynx	
Post operative pneumonia	
Tbc. pleurisy	

Other contributory causes of importance:

Was an operation performed? Yes Date of March 4th

For what disease or injury?

Name of operation Laparotomy Date of March 4th

What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. - Kane M. D.

(Address) .....

AdCo. 5-31 2508

F 21629

21629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 11-a

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 N. Carey St., 19-1 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mabel Frances Ross

(a) Residence: No. 302 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Ross

6. DATE OF BIRTH (month, day, year) Sept 17 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	5	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Garments

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Robert Hunter

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Maud Palmer

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Maud Hunter
(Address) 302 N Carey St

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Auburn Date Mch 11 1931

19. UNDERTAKER James A Kane
(Address) 142 Argyle St

20. FILED MAR 19 1936 Walter Williams

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 3/7/1936

22. I HEREBY CERTIFY, That I attended deceased from 3/4/1936 to 3/7/1936

I last saw [illegible] alive on 3/7/1936 death is said to have occurred on the date stated above, at 6:10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3/5/36

Other contributory causes of importance:

Influenza

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Ritter, M. D.

(Address) 304 N. Carey Street

21630 F 21630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 17-3 Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Floyd Grant

(a) Residence: No. 765 George St. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Floyd Grant

14. BIRTHPLACE (city or town) (State or country) Florida

MOTHER

15. MAIDEN NAME Cecelia Williams

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Cecelia Grant
(Address) 765 George St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Mar 11, 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St.

20. FILED MAR 12 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 3-9 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-7 . 1936, to 3-9 . 1936

I last saw him alive on 3-9 . 1936. Death is said to have occurred on the date stated above, at 6:30 H m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	2-9-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) R. H. Jackson M. D.

(Address) 609 N. Arlington

F. 21631 # 12811 F 21631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 24

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6y yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. 764 George St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-6-1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
20 months		8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Roland Jones

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Irene Dickson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Mar 10, 1936

19. UNDERTAKER Mrs Katey R Williams
(Address) 322 N. Schroeder St.

20. FILED MAR 10 1936 Registrar for Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/3, 1936 to 3/8, 1936

I last saw h\m alive on 3/8, 1936. Death is said to have occurred on the date stated above, at 4.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	2/17/36
Other contributory causes of importance:	

Was an operation performed? No. Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? → Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Irving Rosenbaum Jr. M. D.

(Address) Baltimore City Hospital

M. D. B. 1268-9

F 21632

21632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Sec Hospital, St., 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella V. Kane

If U. S. Veteran specify WAR .....

(a) Residence: No. 307 S. Robinson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel W.

6. DATE OF BIRTH (month, day, year) Sept 15 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward J Brown

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ann Howard

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Elva Anderson (daughter)

(Address) 614 N. Fairfield St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date March 11th 1936

19. UNDERTAKER H Sander & Sons

(Address) 710 Fleet St

Filed ..... 19 ..... Huntington Williams, Registrar

101936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic poisoning	
Chronic nephritis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) ..... M. D.

Coroner

(Address) 610 S. Calvert St

M. D. B. 1268-9

F 21633

21633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Mosher St., 16-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 1 mos. 16. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stephenie Lawenpost

(a) Residence: No. 1110 Mosher St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
F	Col	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Lawenpost

6. DATE OF BIRTH (month, day, year) 9/27/877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	5	10 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elizabeth City N. C.

FATHER

13. NAME George Woodhouse

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Hanna McGhee

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Paul Sawyer

(Address) 1110 Mosher

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Mar. 12 1936

19. UNDERTAKER Saml. F. Chase & Son

(Address) 638 N. Eutaw St.

MAR 10 1936

Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

X

21. DATE OF DEATH (month, day, year) 3/8 1936

22. I HEREBY CERTIFY, That I attended deceased from Mch 5 1936 to Mch 8 1936

I last saw h alive on Mch 7 1936 Death is said to have occurred on the date stated above, at 12 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza,	3/1/36
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) D. J. Hatcher M. D.

(Address) 1110 Mosher

M. D. P. 1263-9

21634

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21634

CERTIFICATE OF DEATH

V 958

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Levindale Home 7-17 (Ward).

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Schechter

(a) Residence: No. Belvedere at Greenspring Square Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced (or) WIFE of: Late Samuel

6. DATE OF BIRTH (month, day, year): 1861

7. AGE — Years: 75 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Peretz Schechter

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Hannah Perel

16. BIRTHPLACE (city or town) (State or country): Russia.

SIGNATURE OF INFORMANT

17. INFORMANT: BELVEDERE AVE.

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Int. Carroll Co. Date: March 10 36

19. UNDERTAKER: Sol Levinson Bro

(Address) 1127 E. Baltimore St.

10 1936 Huntingtown, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-10, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-12, 1935, to 3-10, 1936

I last saw her alive on 3-11, 1936 Death is said to have occurred on the date stated above, at 5:45 A m.

The principal cause of death and related causes of importance were as follows:

Cardiac hypertrophy — Date of onset:
Auricular fibrillation
Hypertension
Arteriosclerosis

Other contributory causes of importance:
Chr. Bronchitis

Name of operation: Date of:

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place:

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify:

(Signed) D Edmund Kern, M. D.

(Address) Levindale

M. D. B. 1285-b

21635 HEALTH DEPARTMENT—CITY OF BALTIMORE 21635

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 25-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Randall.

(a) Residence: No. Landsdown, Md. Hammond Ferry Rd.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

a. If married, HUSBAND of XXXXXXXXXX Sarah E. Randall.

6. DATE OF BIRTH (month, day, year) September 11, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	5	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick burner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

13. NAME Richard Randall.

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

15. MAIDEN NAME Mary Arnold.

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

17. INFORMANT Sarah E. Randall. (wife)
(Address) Hammond Ferry Rd. Landsdown, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date Nov. 11, 1936

19. UNDERTAKER George L. Hohnst
(Address) 5101 Frederick Ave.

20. FILED 10 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nail punctured wound of the right foot.	2/28/36
Other contributory causes of importance: Acute Tetanus	3/6/36

Name of operation None. Date of

What test confirmed diagnosis? inquiry. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? Landsdown Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of injury stepped on nail

Nature of injury Nail punctured wound.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

3/7/36 (Address) 1017 E. Charles St. Coroner

M. D. B 1268-9

21636

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 21636

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital 107-a

CITY OF BALTIMORE: (No. ..... St., 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paul Alfonsie Williams If U. S. Veteran specify WAR .....

(a) Residence: No. 205 N. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Baby.

6. DATE OF BIRTH (month, day, year) July 11 - 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Paul A. Williams

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lesta Powell

16. BIRTHPLACE (city or town) (State or country) Annapolis Md

17. INFORMANT Alice Powell

(Address) 205 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL

Asbury Cem Annapolis Md Date March 11, 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 E Lanvale St

FILED ..... 19 ..... Williams, M.D.

MAR 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 7 , 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above, at 4.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
1	Mar 7-1936

Other contributory causes of importance:

Convulsions Some day

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Eutaw Pl

M. D. R. 1268-9

F 21637

21637 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 W Fayette St., 18-2 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fleming James

(a) Residence: No. 1106 W Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col.	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Martha James

6. DATE OF BIRTH (month, day, year) Sept. 22 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER'S FATHER'S

13. NAME Fleming James

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Walter James

(Address) 1106 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Mar 11, 1936

19. UNDERTAKER Mrs Kate R. Williams

(Address) 322 N Schroeder St.

20. FILED ... 19... Registrar

MAR 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6/36

22. I HEREBY CERTIFY, That I attended deceased from 3/1/36 to 3/6/36

I last saw him alive on 3/4/36 Death is said to have occurred on the date stated above, at 7:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis.	1/12/36
a Circulatory Disturbance	

Other contributory causes of importance:

Arteriosclerosis. Aortic (Syph.)

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Earl Cox M. D.

(Address) 314 N. Carrollton Ave

M.D. B. 1268-9

F 21638

F 21638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 22-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Logan

(a) Residence: No. 813 Bevans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 16 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Alfred Logan

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) N. C

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Ct Date 3/12/36 19

19. UNDERTAKER Isaiah L Brown & Son
(Address) 1042 Montpelier St

... 19 H. Eugene Williams, M.D.
Registrar.

10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 7. 1936 to March 8. 1936

I last saw him alive on March 8. 1936 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st Pneumonia	3/5/36

Other contributory causes of importance: TB (?)

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph J. Sadusky, M. D.

(Address) Johns Hopkins Hospital

M. D. B. F 21639

F 21639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 Littman St. No-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Thomas

(a) Residence: No. 1705 Littman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Johnson

6. DATE OF BIRTH (month, day, year) 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
31				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chester Co Pa

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Elizabeth Johnson

(Address) 1705 Littman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 3/10 19 36

19. UNDERTAKER Wm A Jackson

(Address) 516 Fremont

19 1936 Ft Lincoln Cemetery, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 2 days,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from Lungs	

Other contributory causes of importance: None

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, Specify

(Signed) O Mann Coroner M. D.

(Address) 1215 Hanover

M.H.D. P 1268-9

F 21640

F 21640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat 29-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 1 mos. ? ds. How long in U. S. If of foreign birth? 72 yrs. 8 mos. 28 ds.

2. FULL NAME James Thomas Frawley

(a) Residence: No. Washington, D.C. 728 Buchanan St. N.W. Ward. No War Service

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Agnes B. Frawley

6. DATE OF BIRTH (month, day, year): June 8-1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	28	1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: J. C. Bruninger Co

10. Date deceased last worked at this occupation (month and year): Dec/13/35.

11. Total time (years) spent in this occupation: 10 yrs

12. BIRTHPLACE (city or town) (State or country): Richmond Virginia

FATHER

13. NAME: Timothy Frawley

14. BIRTHPLACE (city or town) (State or country): Manassas Virginia

MOTHER

15. MAIDEN NAME: Margaret Kormagle

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Miss Margaret Frawley (daughter)

(Address) 728 Buchanan St. Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Cathedral Cem. Date: Mar/10/36 19

19. UNDERTAKER: Stewart & Brown Company

(Address) 5 W. Saratoga St. Baltimore, Md.

R 10 1936 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1936, to March 9, 1936

I last saw h[illegible] alive on March 9, 1936. Death is said to have occurred on the date stated above, at 5:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arterio-sclerosis	?
Other contributory causes of importance:	
Cerebral hemorrhage	3/1/36

Name of operation: None Date of: —

What test confirmed diagnosis? Physical Was there an autopsy? No

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William P. Hall, M.D.

(Address) Mount Hope Retreat.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 21641

F 21641

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 628 S. Hanover St. St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ---mos.---ds. How long in U. S. If of foreign birth 35 yrs. ---mos.---ds.

2. FULL NAME Harry Snyder.

(a) Residence: No. 628 S. Hanover St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married XXXXXXXXXXXX
HUSBAND of
(or XXXXXXX Rose Snyder.

7. DATE OF BIRTH (month, day, year) September 15 1902 Do not know.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer Saloon keeper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Isaac Snyder.

14. BIRTHPLACE (city or town) (State or country) Russia.

15. MAIDEN NAME Annie --------

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rose Snyder. (wife)
(Address) 628 S. Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Date 3-10- 1936

19. UNDERTAKER Jack Levine Inc
(Address) 1429 E. Balto. St.

MAR 10 1936 ~~St. to Williamsport, Md~~ City

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laceration of the brain.	
Pistol shot wound of the right temple.	
Suicide.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 3/9/36 19 .....

Where did injury occur? 628 S. Hanover St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Pistol shot wound

Nature of injury Laceration of the brain

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

3/10/36 (Signed) Otto Reinhardt M. D.
Coroner

(Address) 1017 E. Charles St.

21642 ✓ F 21642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital Ward) 9

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bessie Blechman

If U. S. Veteran specify WAR .....

(a) Residence: No. 3507 East Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 30 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Maryland

FATHER

13. NAME Max Blechman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dr. Blechman

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rozedale Dec 3/11/36 19

19. UNDERTAKER Jos. Levy & Sons (Address) 1439 E. Balto St

20. FILED ..... 19 Huntington, West Virginia, MAR 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by Autopsy Inquest and that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcic Septicemia	

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Blechman, M. D. Coroner

(Address) 1919 E. North Ave

T 21643

T 21643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 17-1 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Reed

(a) Residence: No. 519 Moore Alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	[illegible]

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) about 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) [illegible]

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) [illegible]

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date 3/10/ 1936

19. UNDERTAKER Frances A Hemsley
(Address) 5 [illegible] Pulaski St
Huntington Williams, M.D.
Registrar

20. FILED 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said [illegible] find that said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	Feb 17 1936

Other contributory causes of importance Myocarditis & Alcoholism

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) George L Allen M. D.
(Address) 501 Pennsylvania Ave

M. D. B 1268-b

F 21644

F 21644 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Maryland Gen Hospital St., 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William F. Foreman

(a) Residence: No. 1220 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE of~~: Sarah Foreman

6. DATE OF BIRTH (month, day, year): Oct 9 1877

7. AGE: 58 Years 59 | Months 5 4 | Days 0 28 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): Hope Md

FATHER
13. NAME: Benj. B Foreman
14. BIRTHPLACE (city or town) (State or country): Hope md

MOTHER
15. MAIDEN NAME: Barrie Malcolm
16. BIRTHPLACE (city or town) (State or country): Hope md

17. INFORMANT: Sarah Foreman
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Hope md Date: 3/11/36, 19

19. UNDERTAKER: Wm. Ver. H Hoffman
(Address): 1631 Druid Hill Ave

Huntington Williams, M.D.
Registrar

, 19

10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 7, 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the above named deceased on the day stated above, and that I last saw deceased alive on

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Duration	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Thos. H. Pullen M. D.
Coroner

(Address) 1939 Edmondson Ave.

F 21645 ✓ F 21645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12854 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St. 20-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1929 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah C. Hubbell

(a) Residence No. 2218 Wilkens Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry

6. DATE OF BIRTH (month, day, year) 12-17-1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrisonburg, Va.

MOTHER FATHER

13. NAME James Landis

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mary McCall

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Balto. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date March 11th. 1936

19. UNDERTAKER Geo. L. Berger Jr.
(Address) 1812 Eutaw Pl.

20. FILED Huntington Williams M.D.
(Registrar)

MAR 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-5 1936 to 3-9 1936

I last saw her alive on 3-9 1936 Death is said to have occurred on the date stated above, at 8:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated gangrenous Appendicitis	3-7-36
Generalized Peritonitis	3-9-36

Other contributory causes of importance:

Was an operation performed? Yes Date of 3-5-36

For what disease or injury? Ruptured Appendix

Name of operation Appendectomy Date of 3-5-36

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

M. D. P. 1268-9

F 21646

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21646

CERTIFICATE OF DEATH

157-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Croll

(a) Residence: No. 3019 Guilford Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) March 6, 1936

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME G Lochman Croll

14. BIRTHPLACE (city or town) (State or country) Sparrows Point Md

15. MAIDEN NAME Anne Louise Densmore

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 3/10 19 36

19. UNDERTAKER Henry H. Jenkins Son & Co.

(Address) 2-4 Cathedral St. Baltimore

Filed 19 Registrar

3 10 1936 Huntington Pittsburgh, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1936 to March 9, 1936

I last saw her alive on March 9, 1936 Death is said to have occurred on the date stated above, at 2 35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital malformations (spina bifida with myelocoele)	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Hugh C. Degenhardt, M. D.

(Address) Church Home & Infirmary

F 21647

F 21647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3227 Ramona Ave St., 16-3 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie Grieb (Mary Wilhelmina Grieb)

(a) Residence: No. 3227 Ramona Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Grieb

6. DATE OF BIRTH (month, day, year) Jan. 17, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Geo, Barlage

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Zurline

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. R.C.Schwartz

(Address) 3227 Ramona Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar. 11 36

19. UNDERTAKER Henry W. Mapledon

(Address) 835 W. Calvert st.

0 1936 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1932 to March 8, 1936

I last saw her alive on March 8, 1936

to have occurred on the date stated above, at 9.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1932
Chronic Interstitial Nephritis	1935
Cerebral Hemorrhage	Feb. 23, 1936

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, ...

(Signed) E. H. Corddun M. D.

(Address) 2757 W. North Ave

M. D. B. 1388

21648

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21648

CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospital (St.) 18-2 (Ward)

Length of residence in city or town [redacted] mos. 8a. How long in U. S. If of foreign birth? ....yrs....mos....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME [redacted] Brooks

(a) Residence: No. 1014 Sarah Ann Ln St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widowed

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of John R. Brooks

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Buckingham County Virginia

FATHER

13. NAME Eldridge Taylor

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Maria (?)

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Charles Brooks

(Address) 1066 W Lafayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Mar 10, 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder

FILED MAR 10 1936 Burlington Williams, D

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (apoplexy)	

Other contributory causes of importance .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. W. Wright Coroner M. D.

(Address) 1010 S. Gilmor St

21649 F 21649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 S. Bouldin St. St. 26-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles F. Oconor

If U. S. Veteran specify WAR

(a) Residence: No. 318 S. Bouldin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma Oconor

7. DATE OF BIRTH (month, day, year) Jan. 1/1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	2	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wester. Md. Grain Elevaters.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland,

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Julia Barrett

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Emma Oconor (wife)
(Address) 318 S. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mar. 11/36

19. UNDERTAKER Tully & Zacharias
(Address) 403 S. Eutaw St.

20. FILED 01936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 8/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from Mar-4 . 1936 to Mar 8 . 1936

I last saw h[illegible] alive on Mar-7 . 1936 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis — Date of onset
Chronic bronchitis

Other contributory causes of importance:
Senesia —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? C Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Joseph Tenbey M. D.

(Address) 1441 E. Eutaw St.

21650

✓F 21650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-13

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3200 Ravenwood Ave St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John A. Kissner.

(a) Residence: No. 3200 Ravenwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) June 15/1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John A. Kissner.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret. Kreles

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine Kissner. (Sister)
(Address) 220 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer. Date Mar. 11/36

19. UNDERTAKER Talbert & Williams, Inc.
(Address) 1[illegible] St. Wort[illegible]

10 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 7/36

22. I HEREBY CERTIFY, That I attended deceased from March 3 1936 to March 7 1936

I last saw ~~him~~ alive on March 7 1936 10/30pm Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Dis	1 yr
Other contributory causes of importance:	
Grippe	4 days

Was an operation performed? Date of

For what disease or injury? none

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas. S. Kerr M. D.

3/9/36 (Address) 4082 Fat Park Ave

F 21651

21651 HEALTH DEPARTMENT—CITY OF BALTIMORE

46-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH University Hospital 4-7 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Zachariah Warrington

(a) Residence: No. 22. Sophia St. Cardiff (Wales) Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Annie Warrington not known

6. DATE OF BIRTH (month, day, year) .....

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on Steamships David Dawson

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 0 0 6

12. BIRTHPLACE (city or town) (State or country) Wales

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) " "

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Capt. on Boat. (Address) David Dawson

18. BURIAL, CREMATION, OR REMOVAL Mt Calvary. Date 3-11th 1936

19. UNDERTAKER Bernard C Hart (Address) 121 E West St Huntington Williamson W Va

U 1536

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/11, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/19, 1936, to 3/8, 1936.

I last saw him alive on 3/8, 1936. Death is said to have occurred on the date stated above, at 6 P.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia - Left Lower. Carcinoma of Stomach

Date of onset 3/5/36 1934

Other contributory causes of importance .....

Was an operation performed? No Date of 2/28/36

For what disease or injury? Carcinoma of Stomach

Name of operation Billroth #1 Date of 2/28/36

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) C H Rees M. D.

(Address) University Hospital

21652 ✓ T 21652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 16-8

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 781 Grantley St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie R Hilbert
If U. S. Veteran specify WAR

(a) Residence: No. 781 Grantley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or divorced (write the word): Widow
6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas. Hilbert.
7. DATE OF BIRTH (month, day, year): Oct. 4th 1863
7. AGE: Years 72; Months 5; Days 5; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

PARENTS
12. BIRTHPLACE (city or town) (State or country): Md
13. NAME: Chas. Carl.
14. BIRTHPLACE (city or town) (State or country): Germany.
15. MAIDEN NAME: Not known.
16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Mrs Robt. Gladmon
(Address) 781 Grantley St
18. BURIAL, CREMATION, OR REMOVAL: Mem 3-11-36
Druid Hill Pk. St Pauls Date
19. UNDERTAKER: Mrs Chas A Roberts
(Address) 3327 Edmondson Ave
Registered 1936 E. Eugene Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 9th 1936
22. I HEREBY CERTIFY, That I attended deceased from Nov. 8th, 1930 to Mar. 9, 1936
I last saw her alive on Mar. 9, 1936 Death is said to have occurred on the date stated above, 5.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	1929
chronic interstitial nephritis	1930
myocarditis	1930
Other contributory causes of importance: cerebral hemmorhage	3/7/36

Was an operation performed? None Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. A. Kemp M. D.
(Address) 3030 Edmondson Ave

F 21653

F 21653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 154

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3524 6th St. Brooklyn 7th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. 7 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Richard L Phelps

(a) Residence: No. 3524 6th St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 22 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn Md

MOTHER FATHER

13. NAME Richard A Phelps

14. BIRTHPLACE (city or town) (State or country) Severn Md

15. MAIDEN NAME Susie Raffell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr. Richard A Phelps

(Address) 3524 6th St Brooklyn

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Mar 11, 1936

19. UNDERTAKER John F Denny

(Address) 215 Light St

MAR 10 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1935 to March 8, 1936

I last saw him alive on March 8, 1935 Death is said to have occurred on the date stated above, at 7½ p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Osteomyelitis	3 yrs.
Amyloidosis	1 yr.
Terminal Bronchopneumonia	—

Other contributory causes of importance:

Was an operation performed? yes Date 1934

For what disease or injury? Osteomyelitis

Name of operation — ? Date of

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Lawrence McLeran M. D.

(Address) 104 W. Madison St.

Spec.—1-30—M. & T.—250 Bks

✓ F 21654

21654

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 102 S. Augusta Ave. (St.) 20-8 (Ward)

2-FULL NAME Harvey P. Morhiser.

(a) RESIDENCE NO. 102 Augusta Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. -/--mos.-- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6 If married, widowed, or divorced
HUSBAND of
~~WIFE of~~ Mary Morhiser

7 DATE OF BIRTH (month, day, and year) June 28, 1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Police Captain.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Annapolis, Md.

10 NAME OF FATHER John S. Morhiser.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Annapolis, Md.

12 MAIDEN NAME OF MOTHER Mary Playford.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Annapolis, Md.

14 Informant John Morhiser. (brother)
(Address) 102 Augusta Ave.

15 Filed ..... 1936 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9, 1936

17 I HEREBY CERTIFY, That I attended deceased from December 16th 1935 to March 9th 1936.

that I last saw him alive on March 8th 1936.

and that death occurred, on the date stated above, at 2 a. m. m.

The CAUSE OF DEATH* was as follows:

Cardio vascular renal disease

(duration) 5 yrs. mos da.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical diagnosis

(Signed) Otto M. Reinhardt, M. D.

3/9/36 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL March 11, 36

20 UNDERTAKER Joseph B Cole

ADDRESS 1003 West Baltimore St.

M. D. B 1268-9

F 21655

21655 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 11-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John J. O'Donnell If U. S. Veteran specify WAR

(a) Residence: No. 1327 W. Mt. Royal Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE~~ of) Margaret O'Donnell

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Goods

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salem N. J.

FATHER

13. NAME William H. O'Donnell

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah A. Mulvihill

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary O'Donnell

(Address) 1327 W. Mt. Royal Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Date 3/11/1936

19. UNDERTAKER

(Address)

0 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence

(Inquest, Autopsy, or Inquiry)

obtained by said Inquest

(Inquest, Autopsy or Inquiry)

find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction (Adhesions)	

Other contributory causes of importance:

Shock

Was an operation performed? Yes Date of Intestinal Obstruction March 7-36

For what disease or injury?

Name of operation Laparotomy Date of No

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Rabenberg, M. D. Coroner

(Address) 1917 E. Fifth Ave

F 21656

21656 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH University Hospital 16-3

CITY OF BALTIMORE. (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME John Malone

If U. S. Veteran specify WAR .....

(a) Residence: No. 1629 Laurens St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Malone

DATE OF BIRTH (month, day, year) 1901

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longshoreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Tip Malone

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Jennie Denova

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Martha Malone

(Address) 1629 Laurens St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Va Date 3/11 19 37

19. UNDERTAKER Thomas E. Kelly Jr.

(Address) 1600 Pennsylvania Ave.

MAR 10 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-7-36, 19

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1936, to March 7, 1936

I last saw him alive on March 7, 1936. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3-2-36

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John M. E. Warren, M. D.

(Address) University Hospital

M. D. B 1268-9

F 21657

21657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2a Half Moon alley (Ward) 5-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William Rushin

(a) Residence: No. 2a Half Moon Alley Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	B	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) —

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) —
(State or country)

13. NAME .....

14. BIRTHPLACE (city or town) .....
(State or country)

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) —
(State or country)

INFORMANT —
(Address)

BURIAL, CREMATION, OR REMOVAL
Place [illegible] Med School Date March 12, 1936

UNDERTAKER .....
(Address)

FILED ..... 19... Registrar.

2108 THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Chas B Wallace M. D.
Coroner

(Address) .....

M. D. B 1265-9

F 21658

21658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 McKean St. 10-2 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Minnie Brooks Brown

(a) Residence: No. 909 McKean St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unk

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Inquest.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lynn School Date March 19 36

19. UNDERTAKER Undertaker Unknown.

(Address) Per Wm. P. WOODALL

20. FILED ..... 19 ..... Registrar

2165 THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an Inquest, A Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	2/27/36

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation No Date of .....

What test confirmed diagnosis? Inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) George L. Gelbert M. D. Coroner

(Address) 501 Cathedral St.

1659

F 21659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH, Maryland General Hosp

CITY OF BALTIMORE: (No. ..... St., 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lyttleton Coppedge

(a) Residence: No. 510 Lemmon St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 27, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	4	9	10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosp

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER FATHER

13. NAME Ray Coppedge

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hosp records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Mar 10, 1936

19. UNDERTAKER

(Address)

20. FILED ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 28, 1935 to March 6, 1936

I last saw him alive on March 5, 1936 Death is said to have occurred on the date stated above, 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset ?

Other contributory causes of importance:

Chronic Nephritis — 11-13-35

Was an operation performed? Yes Date of 12-12-35

For what disease or injury? Fibroma of Uterus 11-13-35

Name of operation Excision of Fibroma Date of 12-12-35

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) ..... M. D.

(Address) Maryland General Hosp

2171

21660

HEALTH DEPARTMENT—CITY OF BALTIMORE

21660

CERTIFICATE OF DEATH

X 105

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hosp. St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph V. White Jr.

(a) Residence: No. Cockeysville, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) May 13 1934

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	9	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Joseph Voss White Jr.

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

15. MAIDEN NAME Edith Hilbur Miller

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT (Address) E. Hilbur Miller Shawan Balto Co Md

18. BURIAL, CREMATION, OR REMOVAL Place St Johns Hortons Date March 9th 1936

19. UNDERTAKER (Address) Henry W. Jenkins Sons Co 1 E Fulton & Orchard Sts

Huntington Williams, M.D.

0 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-6 , 1936, to 3-9 , 1936

I last saw him alive on 3-9 , 1936 Death is said to have occurred on the date stated above, at 10:16 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute streptococcus laryngitis and tracheitis	3-6-36
Other contributory causes of importance: Bronchopneumonia, right	3-8-36

Was an operation performed? Yes Date of 3-7-36

For what disease or injury? Obstruction of larynx

Name of operation Tracheotomy Date of 3-7-36

What test confirmed diagnosis Culture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robin MacLaren M. D.

(Address) Union Memorial Hospital

F 21661

1661 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1640 E Monument St., 7-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Arthur E Brown

(a) Residence: No. 1640 E. Monument St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Color	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 16 1864

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	2	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Bric
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brick-maker.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.
13. NAME OF FATHER Thomas Brown.
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.
15. MAIDEN NAME OF MOTHER Annie Adams
16. BIRTHPLACE (city or town) (State or country) Md.
17. INFORMANT Mrs Mary Green.
(Address) 1640 E Monument St
18. BURIAL, CREMATION, OR REMOVAL Ship to Phila Pa. Date March 11 1936
19. UNDERTAKER Mrs. Robert A. Elliott-Douglas
(Address) 1129 N. Carolina st.

FILED 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1936 to Mar 7 1936
I last saw h alive on Mon 8 1936 Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach — Date of onset 6 Mo.

Other contributory causes of importance:
not known

Was an operation performed? No — Date of .....
For what disease or injury? no
Name of operation none Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Richard E Eslinger M. D.
(Address) 1514 E Balto St
Balto Md

21662

✓ F 21662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 N. Carolina St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Josiah Roles

(a) Residence: No. 212 N. Carolina St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col.	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61 1875	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Joseph Junius Roles.

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Julia Johnson

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Julia Roles
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem. Date 3/7/1936

UNDERTAKER Theodore S. Wilson
(Address) 11 E. Saratoga St

Filed 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8- , 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-5- , 1936, to 3-8- , 1936

I last saw h— alive on 3-7- , 1936. Death is said to have occurred on the date stated above, at 8.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal disease	Unknown

Other contributory causes of importance:

Senna	Unknown

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) [illegible], M. D.

(Address) 611 N. Carey

21663 F 21663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

29

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 7 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sr. Mary Leonore Moulton

(a) Residence: No. Mercy Hosp. St., Baltimore Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 27, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sister (Religious)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Convent

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 69 yrs

12. BIRTHPLACE (city or town) (State or country) Balto City.

13. NAME John A. Moulton

14. BIRTHPLACE (city or town) (State or country) Balt.

15. MAIDEN NAME Margaret A. Owens

16. BIRTHPLACE (city or town) (State or country) Balt. Co. Md.

17. INFORMANT Admission Card.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. St. Agnes Date 8/11 1936

19. UNDERTAKER Henry W. Miears and Son

(Address) 802 N. Eutaw St.

Registrar

D 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-28-35 to 3-9-36 19...

I last saw h[illegible] alive on 3-9-36. Death is said to have occurred on the date stated above, at 11:37 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous ulcerated adenitis	8 months
Chronic Cystitis	—
Chronic Myocarditis	—

Other contributory causes of importance:

Senility.

Was an operation performed? Yes Date of 8-5-35

For what disease or injury? Tuberculous adenitis.

Name of operation Incision & Curettage Date of 8-5-35

What test confirmed diagnosis? Pathology Was there an autopsy? No.

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. A. Brannon, M. D.

(Address) Mercy Hospital

F 21664

1664 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt. St. Agnes College St. Washington St. Ward 5

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sister Mary Joachim McGrath

(a) Residence: No. Mt. St. Agnes College St. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug 28, 1848

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	6	11	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John McGrath

14. BIRTHPLACE (city or town) (State or country) Tyrone, Ireland

15. MAIDEN NAME Jane ?

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Sister M. Delores

(Address) Mt. St. Agnes, Mt Washington

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. St. Agnes Cem. Date 3/11 1936

19. UNDERTAKER Henry C. Mears and Son

(Address) 802 N. Calvert St.

Huntington Williams, Inc.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1932 to March 9, 1936

I last saw her alive on March 9, 1936 Death is said to have occurred on the date stated above, at 7:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Disease	1925
Chronic Arthritis Hypertro	1932
Other contributory causes of importance:	
Bronchopneumonia	2/28/36
Uremia	3/3/36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) N. Raymond Peters, M. D.

(Address) 1908 W. Lexington St.

F 21665

1665 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 W. Fort Ave St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew J. Bannon

If U. S. Veteran specify WAR

(a) Residence: No. 112 W. Fort Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Bannon

7. DATE OF BIRTH (month, day, year) Feb. 16, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66		22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Freight Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R. Co.

10. Date deceased last worked at this occupation (month and year) Jan. 24 1934

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) West Virginia

13. NAME OF FATHER Don't Know

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Catherine Hapennie

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary E. Bannon

(Address) 112 W. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar. 12, 1936

19. UNDERTAKER A. Howard Ecker

(Address) 1400-02 Light St

FILED Huntington, Indiana

0 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1934 to Mar. 8, 1936

I last saw him alive on Mar. 8, 1936 Death is said to have occurred on the date stated above, at 11:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
and Arteriosclerosis	1934
Other contributory causes (Importance):	
Exhaustion	3/7/36

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If specified

(Signed) R. L. Campbell M. D.

3/9/36 (Address) 1644 Hanover St

F 21666

1666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Germania Apts 2 West (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 70 yrs. ..... mos. ..... ds.

2. FULL NAME Augusta Koerth

If U. S. Veteran specify WAR .....

(a) Residence: No. Baltimore Payson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Koerth

7. DATE OF BIRTH (month, day, year) Mar 25 1846

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	89	11	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Augusta Koerth

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Mantzgel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Sophie Koerth

(Address) Baltimore & Payson St

18. BURIAL, CREMATION, OR REMOVAL Place Pikesville Cemetery May 11 1936

19. UNDERTAKER F. B. Hartnett & Son

(Address) 322 Eutaw Place.

ID 1936 Huntington Millinger, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9th 1936

22. I HEREBY CERTIFY, That I attended deceased from March 2 1936 to March 9 1936

I last saw her alive on March 8 1936 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	5 yrs. ago
Other contributory causes of importance: Cerebral hemorrhage	3/9/36

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Benj. O. McCleary, M. D.

(Address) 400 N. Payson St.

21667 F 21667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2145 N Baltimore St. 10-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry E Stevens

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2145 N Baltimore St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Stevens

7. DATE OF BIRTH (month, day, year) Feb. 2. 1886

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	1	7	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Cutter

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Geo Haas & Sons

11. Date deceased last worked at this occupation (month, day, year) Dec 1935 | 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Ennis Md

13. NAME OF FATHER Geo B Stevens

14. BIRTHPLACE (city or town) (State or country) Ga

15. MAIDEN NAME OF MOTHER Ella Batchler

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Curtis Stevens (Address) 2145 N Balt St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Mar 12th 1936

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED 1 1 1936 Arlington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1- 1935 to Mar 9- 1936

I last saw him alive on 3/9- 1936 Death is said to have occurred on the date stated above, at 5:15 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (acute	11/35
Other contributory causes of importance:	
Cardiac decompensation	

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas A Cohn M. D.

(Address) 2145 N Balto St

21668

HEALTH DEPARTMENT—CITY OF BALTIMORE 21668

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

Registered No. 1051

CITY OF BALTIMORE: (No. South Baltimore General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Hattie Parks. No War Record

(a) Residence: No. 1021 Valley St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: (or) WIFE of William Parks.

DATE OF BIRTH (month, day, year) December 5, 1860

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	75	3	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

BIRTHPLACE (city or town) (State or country) Pennsylvania.

13. NAME George McFarland.

14. BIRTHPLACE (city or town) (State or country) Pennsylvania.

15. MAIDEN NAME Rosanna Haviland.

16. BIRTHPLACE (city or town) (State or country) Pennsylvania.

INFORMANT Helen Turnbaugh. (niece)

(Address) Timonium, Md.

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Mar 13th 1936

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED MAR 11 1936 Wilmington for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonic.	
Myocardial Insufficiency.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto Reinhardt, M. D. Coroner

3/10/36 (Address) 1017 E. Charles St.

F 21669

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21669

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 E. Chase St. 10-1 Ward)

Length of residence in city or town where death occurred 50 yrs. .. mos. .. da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Margaret Rosenthal

If U. S. Veteran specify WAR No Record

(a) Residence: No. 927 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Married, Widowed, Divorced~~ (write the word): ~~Widowed~~

6a. If married, ~~widowed~~ or ~~divorced~~: August Rosenthal

6b. DATE OF BIRTH (month, day, year): Nov 26th 1859

7. AGE: Years 76; Months 3; Days 12; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): Feb 1936

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: Mc Kewan

14. BIRTHPLACE (city or town) (State or country): "

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Minnie Traguer
(Address) 4821 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mar 12th 1936

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

FILED MAR 14 1936 Huntington Wilkinson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 8th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1935 to Mar 8, 1936

I last saw h~~e~~ alive on Mar 8, 1936 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Endocarditis — Date of onset: ?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Hunter Howard M. D.

(Address) 3136 Harford Rd.

21670 F 21670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 Warwick ave St. 15-3 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mary Joan Kane

(a) Residence: No. 1817 Warwick ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of James C. Kane

DATE OF BIRTH (month, day, year) June 13-1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fisherman

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

7. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Anne Jones

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Caroline Hanson

16. BIRTHPLACE (city or town) (State or country) Denmark.

17. INFORMANT Caroline Keating

(Address) 1625 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Mar 13th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

FILED MAR 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9 — , 1936.

22. I HEREBY CERTIFY, That I attended deceased from Feb -3- , 1936, to March 9 — , 1936

I last saw h[illegible] alive on March 8 — , 1936. Death is said to have occurred on the date stated above, at 6:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation of Heart	3-5-36.

Other contributory causes of importance:

Organic Heart Disease

Chronic Bronchitis

Was an operation performed? no Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? P. S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chester Kilands, M. D.

(Address) 2532 Edmondson Ave.

F 21671

21671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 N. Potomac St. 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify war or record

2. FULL NAME William A. Roth

(a) Residence: No. 1211 N. Potomac St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widower

6. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ of Margaret E. Roth

7. DATE OF BIRTH (month, day, and year): April 22-1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Pool Table Mgr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 1922

11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME OF FATHER: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME OF MOTHER: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Dorothy Ferrera

(Address) 1211 N. Potomac

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: 3/12/36

19. UNDERTAKER: Hollenbeck-Crook

(Address) 217 St. Paul St.

SIGNATURE OF REGISTRAR: [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from December, 1935, to March 9, 1936.

I last saw him alive on March 9, 1936. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	[illegible]
	[illegible]
	[illegible]
	[illegible]

Other contributory causes of importance:

Senescence [illegible]

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank Lynch M. D.

(Address) 2005 E. Monument St.

Harry P Chesebrough

21672 HEALTH DEPARTMENT—CITY OF BALTIMORE 21672

CERTIFICATE OF DEATH

97-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 W Fayette St., 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry P Chesebrough

(a) Residence: No. 1510 W Fayette St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ida V. Woodrow

DATE OF BIRTH (month, day, year) about 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about	68	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. advertising

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ida V. Chesebrough

(Address) 1510 W Fayette

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Mch. 12 1936

19. UNDERTAKER Geo. L. Beyer Sr

(Address) 1512 Eutaw St

20. FILED 19 Lizzie Nelson, RD

MAR 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9 . 1936

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1936 to March 9 . 1936

I last saw him alive on March 7 . 1936 Death is said to have occurred on the date stated above, at 7 P.M.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	4 yrs
Other contributory causes of importance: Bronchial Asthma	3 yrs

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place No

Manner of Injury No

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Egan, M. D.

(Address) 612 N Eutaw St

21673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

21673

11-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St., 13-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Jack Zander

(a) Residence: No. 2404 Callow Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb. 4, 1905

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	1	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elec. Supplies
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D. C.

13. NAME Gaston J. Zander

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Etta Rosendorf

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Etta R. Zander
(Address) 2404 Callow Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Bals. Hebrew Cem. Date Mch. ... 1936

19. UNDERTAKER Harold Sondheim & Son
(Address) 1902 Eutaw Place.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9-36 19

22. I HEREBY CERTIFY, That I attended deceased from 3-8-36, 19..., to 3-9-36, 19...
I last saw him alive on 3-9-36, 19... Death is said to have occurred on the date stated above, at 8:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
Broncho-Pneumonia Type IV	
Other contributory causes of importance:	

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation — Date of .....
What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) David J. Broder M. D.
(Address) Sinai Hosp.

21674

309770

F 21674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ X 131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Graybill

(a) Residence: No. New Windsor Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

DATE OF BIRTH (month, day, year) 8/19/70

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business Man

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Mack Graybill

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Martha Beeze

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Patterson Mausoleum Date May 4 1936

19. UNDERTAKER D. D. Hamilton & Sons
(Address) New Windsor Md

19 Registrar.

R 11 1936 Enter

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1936, to March 11 1936.

I last saw him alive on March 11 1936. Death is said to have occurred on the date stated above, at 5.10 A.m.

The principal cause of death and related causes of importance were as follows:

Congestion heart Failure with Cardiac hypertrophy arteriosclerosis — Date of onset Nov 1935

Other contributory causes of importance: Hydrothorax — Feb 1936

Name of operation ..... Date of

What test confirmed diagnosis? E.K.G. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Sarah A. Bowditch, M. D.

(Address) Johns Hopkins Hospital

1675 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 21675

CERTIFICATE OF DEATH

106-8

Registered No. .....

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1010 Argyle St. 10-1 Ward)

Length of residence in city or town where death occurred 79 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Johanna Graefe

(a) Residence: No. 1010 Argyle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of late Edward Graefe

DATE OF BIRTH (month, day, year) November 21st 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME George Ziegler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs. Mary E. Fitzhamber
(Address) 1010 Argyle St

18. BURIAL, CREMATION, OR REMOVAL Oak Mond 13 36
Place Most Holy Redeemer Date ... 19

19. UNDERTAKER Henry Heck Sons, Inc
(Address) 1304 E. Eager St

FILED MAR 11 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/10/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from May 12 . 1935, to March 10th . 1936
I last saw her alive on March 3. 1936. Death is said to have occurred on the date stated above, at 12:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Arteriosclerosis	

Other contributory causes of importance:
Chronic Bronchitis

Was an operation performed? no Date of —
For what disease or injury? —
Name of operation — Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Thomas J Corrigan . M. D.
(Address) 112 E. Chase St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

21676

CERTIFICATE OF DEATH

V 23 F 21676

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3105 Fresbury St., 16-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Gustavus Bornscheim

If U. S. Veteran specify WAR .....

(a) Residence: No. 3105 Fresbury St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Florence W. Bornscheim

6b. DATE OF BIRTH (month, day, year): Oct. 1, 1880

7. AGE: Years 55 | Months 5 | Days 8 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Concert

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Gustavus Bornscheim

14. BIRTHPLACE (city or town) (State or country):

15. MAIDEN NAME: Martha Feldmann

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Mrs. Florence W. Bornscheim

(Address) 3105 Fresbury St.

18. BURIAL, CREMATION, OR REMOVAL: London Park Place ... Date May 12 1936

19. UNDERTAKER: Wm. Tuckwell & Sons

(Address) Lovell & Pa Aves.

20. FILED ... 19 ... Registrar.

11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 9 1936

22. I HEREBY CERTIFY, That I attended deceased from — 1930 to Mar. 9 1936

I last saw him alive on Mar. 8 1936. Death is said to have occurred on the date stated above, at 1030a

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1929
Other contributory causes of importance:	
Infectious arthritis	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edward A. Mayer M. D.

(Address) Medical Arts Bldg

21677 HEALTH DEPARTMENT—CITY OF BALTIMORE 21677

V 122-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2131 Mt. Holly St. 15-9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 89 yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Chambers
If U. S. Veteran specify WAR
(a) Residence: No. 2131 Mt Holly St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Brighton Chambers.

7. DATE OF BIRTH (month, day, year) Dec. 12. 1846

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	2	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.
13. NAME OF FATHER Robert Patterson
14. BIRTHPLACE (city or town) (State or country) Balto.
15. MAIDEN NAME OF MOTHER Jane W. Elliot
16. BIRTHPLACE (city or town) (State or country) Balto. Md.
17. INFORMANT Mrs. Jennie M. Young
(Address) 3712 Winterbourne Road
18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date Mar 12 36
19. UNDERTAKER Oliver Bros.
(Address) North & Paca Sts.

MAR 1 1936 Registrar, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1936, to March 9, 1936.
I last saw her alive on March 9, 1936. Death is said to have occurred on the date stated above, at 2.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	1930
Cause unknown	March 8
Other contributory causes of importance:	
Acute dilatation of heart	March 9/36
Hypostatic pneumonia	1 day

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Hallie Shubert M. D.
(Address) 2220 Garrison Blvd.

21678 Address by Coroner Wallace to read Cora B. Wears substitute

T 21678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 11-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME George J. Wears

(a) Residence: No. 1230 N Calvert St., ... Ward.

(Usual place of abode) 10 yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora B. Wears

DATE OF BIRTH (month, day, year) Aug. 26 1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	6	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory Representative

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shampoo Spray Mfg

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

13. NAME Celina Wears

14. BIRTHPLACE (city or town) (State or country) Philadelphia Penna

15. MAIDEN NAME Sallie M Hansell

16. BIRTHPLACE (city or town) (State or country) Philadelphia Penna

17. INFORMANT Cora B Wears

(Address) 1230 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3/10 1936

19. UNDERTAKER Wm C Rea & Co

(Address) 1211 Park Ave

FILED 11 1936 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10 1936

22. I HEREBY CERTIFY, That I attended deceased from March 10 1936 to March 10 1936

I last saw he alive on March 5 1936 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	2 Mo
Other contributory causes of importance:	
Myocarditis	1 yr
Chronic Nephritis	1 yr

Was an operation performed? No Date of

For what disease or injury? No.

Name of operation None. Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thos. F A Strauss M. D.

(Address) 2878 Hanover St

F 21679

F 21679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 12835 ✓ 46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St., 4-2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Stark

(a) Residence: No. 218 Pearl St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Seperated

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Govinstock

DATE OF BIRTH (month, day, year) 5-18-1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46	05	9	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D.C.

13. NAME John Buttler

14. BIRTHPLACE (city or town) (State or country) D.C.

15. MAIDEN NAME Liny Holly

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of Balto. City Hospt.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 3/12/ 1936

19. UNDERTAKER Frances A. Hennessey

(Address) 578 W. Saratoga St. Huntington Williams, M.D.

11 1936 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8 . 1936

22. I HEREBY CERTIFY, That I attended deceased from March 4 . 1936 . to March 8 . 1936

I last saw her alive on March 8 . 1936 . Death is said to have occurred on the date stated above, at 1.50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach (?) 9 mos ago	

Other contributory causes of importance:

Metastases to Liver	unknown

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hall Sanderlin M. D.

(Address) Baltimore City Hospitals

M. D. P. 1268-9

21680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 72-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5309 Maple Ave (Pimlico) 7-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Marie Ferri

(a) Residence: No. 5309 Maple Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph L. Ferri

6. DATE OF BIRTH (month, day, year) July 26-1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sykesville, Md

13. NAME OF FATHER Geo. W. Stocker

14. BIRTHPLACE (city or town) (State or country) Sykesville Md.

15. MAIDEN NAME OF MOTHER Laura V. Eliason

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT (Address) Joseph L. Ferri 5309 Maple Ave

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date 3/11/36 19

19. UNDERTAKER (Address) Geo. Weber-Hahn 2503 Edmondson Ave

FILED 3/11 1936, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/8/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from July . 1935 to 3/6 . 1936

I last saw her alive on 3/6 . 1936 Death is said to have occurred on the date stated above, at 5.20 P. m.

The principal cause of death and related causes of importance were as follows:

Cardiac Dilatation
Acute

Date of onset

over

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Hale Gates M. D.

(Address) 5142 Park Heights Ave

F 21681

F 21681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 75

1. PLACE OF DEATH Franklin Square Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 10-K Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR W. W.

2. FULL NAME Joseph Melvill

(a) Residence: No. 710 Regular home St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) Unk

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME unknown, Melvill

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT William Costello

(Address) 3- Marble Alley

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date 3/19 1936

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Huntington Williamsport, Md.

11 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism with (Exposure)	

Other contributory causes of importance: Chronic Alcoholism

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos H Phillips M. D. Coroner

(Address) 1939 Edmondson Ave

21682 2404 Eutaw Place 21682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4201 Linkwood Rd St., 15-13 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 30 yrs. ... mos. ... da.

2. FULL NAME Jacob Losman Losman

If U. S. Veteran specify WAR .....

(a) Residence: No. 4201 Linkwood Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race.	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Repair Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. R.R. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Yishel Losman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Dava

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jack Louis Lee
(Address) 1439 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date 3/11/36 19

19. UNDERTAKER Jack Louis Lee
(Address) 1439 E. Baltimore St

Huntington Williams M.D.
Registrar

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11- 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan-3- 1936 to March-11- 1936

I last saw him alive on March-11- 1936. Death is said to have occurred on the date stated above, at 3.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary malignancy (carcinoma?)	6/35

Other contributory causes of importance: none

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical only Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Herman Sudd M.D.

(Address) 2404 Eutaw Pl

F 21683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 21683

59 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1305 Eutaw St., 9-9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Sophia Naditch
(a) Residence: No. 1305 Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Oscar

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia
13. NAME OF FATHER Bernard Naditch
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME OF MOTHER Hannah Feitelson
16. BIRTHPLACE (city or town) (State or country) Russia
17. INFORMANT Dear Isreatson
(Address)
18. BURIAL, CREMATION, OR REMOVAL Place Rosedale Date 3/11/36
19. UNDERTAKER Sayd Bendler
(Address) 1783 E. Baltimore St.
Huntington Williams, M.D.
Registrar

FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-10 1936
22. I HEREBY CERTIFY, That I attended deceased from Nov. 3rd, 1935 to March 10th 1936
I last saw her alive on March 9th 1936 Death is said to have occurred on the date stated above, at 1230 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Myocarditis	
Other contributory causes of importance:	
Chronic Nephritis	
Arteriosclerosis	

Was an operation performed? No Date of
For what disease or injury? None
Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sarah Bendler M. D.
(Address) 1634 E. Baltimore St.

M. D. B. 1268-0

✓ F 21684

21684 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 57

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2756 Harlem ave St., 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George Howard Dasher Jr

(a) Residence: No. 2756 Harlem ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 5/20/912

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	9	10	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Surgeons Asst

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto

11. Date deceased last worked at this occupation (month and year) 6 Mo

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME Geo H Dasher

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Margaret Geary

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Mr G. H. Dasher
(Address) 2756 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/12/36 19

19. UNDERTAKER Leakey & Sons
(Address) 1818 Eight St.

20. FILED 3/12/1936 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10 , 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 , 1936 to Mch 10 , 1936

I last saw h.im alive on Mch 11 , 1936 Death is said to have occurred on the date stated above, at 4 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Glomerular Nephritis.	Mch 5
Other contributory causes of importance:	
Acute Arthritis Left.	Feb 2

Name of operation None Date of

What test confirmed diagnosis? Urine Was there an autopsy? (Yes)

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Bamman M.D.

(Address) 2216 Garrison Blvd

✓ F 21685

21685 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2821 Kirk Ave. St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 5 mos. 5 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Elizabeth Ernst

(a) Residence: No. 2821 Kirk Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Ernst

7. DATE OF BIRTH (month, day, year) Oct. 5, 1867

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	5	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Harman Bredekamp

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Mary R. Strottman

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. John H. Ernst
(Address) 2821 Kirk Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Mar. 13, 1936

19. UNDERTAKER Margaret C. Flynn,
(Address) 2107 E. Hilton St.

11 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 24, 1935 to March 10, 1936

I last saw her alive on March 10, 1936 Death is said to have occurred on the date stated above, at 8.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerotic Cardio vascular Disease	Aug 1935
Other contributory causes of importance:	
Coronary Thrombosis	March 1936

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas W. Edwards M. D.

(Address) 2746 Alameda Blvd

F 21686 ✓ F 21686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Melvin

If U. S. Veteran specify WAR

(a) Residence: No. 1317 Orleans Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 34; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): North Carolina

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date March 11 1936

19. UNDERTAKER: Edw. Bryan Jr

(Address) 1647 Orleans St

11 1936 , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-28, 1936, to 3-8, 1936.

I last saw him alive on 3-8, 1936. Death is said to have occurred on the date stated above, at 1:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2-25-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. W. Jackson, M. D.

(Address) 600 N Arlington

Spec.—6-9-19—H. P. Co.—1000 Bks.

21687 HEALTH DEPARTMENT—CITY OF BALTIMORE F 21687

CERTIFICATE OF DEATH.

159

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 937 Somerset St. 10-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Xavier Meyers

(a) RESIDENCE No. 937 Somerset St., Ward

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): S

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Baby

6 DATE OF BIRTH (month, day, and year): Mch 7-36

7 AGE: Years: Mch 7-36; Months; Days; If LESS than 1 day, / Hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baby

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Francis O'Neil

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md. Md.

12 MAIDEN NAME OF MOTHER: Katherine Meyers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Mother

(Address) 937 Somerset St

15 Filed 1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mch 8 1936

17 I HEREBY CERTIFY, That I attended deceased from Mch 7-36, 19 36, to Mch 8, 19 36, that I last saw h in alive on Mch 7, 19 36, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows: Premature Birth

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) W R Johnson, M. D.

3/8, 19 36 (Address) Dr Johnson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laboratory, U of Md

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Huntington Williams M.D.

✓ F 21688

21688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 778 Grantley St. St. 16-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pauline Rost

If U. S. Veteran specify WAR

(a) Residence: No. 778 Grantley St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Otto C. Rost

DATE OF BIRTH (month, day, year) July 6, 1878.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	8	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Koch

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Otto C. Rost
(Address) 778 Grantley St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date March 12, 36

19. UNDERTAKER Harry F. Metzger
(Address) 4101 Edmondson Ave.

20. FILED 1 1936 Eugene Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1936 to Mar 10, 1936

I last saw her alive on Mar 10, 1936 Death is said to have occurred on the date stated above, at 24 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
La Grippe - Bronchial	3/3/36
Hypostatic pneumonia	3/8/36
Chronic decompensation	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clo Phy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. T. Myers. M. D.

(Address) 3321 Fredrick ave.

F 21689

21689 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH x 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred * yrs. * mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Smith

(a) Residence: No. 64 Winters Ave. Catonsville, MD. 8 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or WIFE of) Belle Smith

DATE OF BIRTH (month, day, year) Jan. 14, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME William Smith

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Rhodes

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Locust Chapel Date Mar. 12 1936

19. UNDERTAKER Easton Sons

(Address) Ellicott City

1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-27 1936 to 3-9 1936

I last saw him alive on 3-9 1936. Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	3-4-36
Lobar pneumonia	2-24-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

(Signed) J. H. Jackson, M. D.

(Address) 600 N. Arlington

1690 # 10628 ✓ F 21690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-A

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospital St. 17-1 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Epps

If U. S. Veteran specify WAR

(a) Residence: No. 832 Tessier St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Claude

DATE OF BIRTH (month, day, year) 5-15-1895

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	9	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Guy Poole

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Lovey Bailey

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Mt. Auburn Cemetery Date March 12 1936

19. UNDERTAKER Adolphus Halstead
(Address) 918 Lund Hill Ave.

1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/20 1935 to 3/6 1936

I last saw her alive on 3/6 1936 Death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Cerebral Hemorrhage	5 mo.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Robert A Reitz M. D.
(Address) Balto City Hosp.

F 21691

1691 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 159

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital 4-25 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 24 hrs. ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Burley

(a) Residence: No. University Hosp. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black.	Single

6. If married, widowed, or divorced WIFE of (or) HUSBAND of — Newborn

DATE OF BIRTH (month, day, year) 3-6-36.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1/2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — (None)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Newborn

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME George Gaither

14. BIRTHPLACE (city or town) (State or country) Ca. Couns? Md.

15. MAIDEN NAME Alma Burley

16. BIRTHPLACE (city or town) (State or country) Severn Md.

17. INFORMANT Mother.
(Address) Severn Md.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date May 11 1936

19. UNDERTAKER
(Address)

1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-7 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-6 1936 to 3-7 1936

I last saw him alive on 3-7 1936 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Prematurity — (27 Wks gestation) — Date of onset

Other contributory causes of importance:

What. Lues

Was an operation performed? No Date of

For what disease or injury? No.

Name of operation None. Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Edward Cotter M. D.

(Address) University Hosp. Balt. Md.

21692 F 21692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 608 S Wolfe St. St., 2-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR ...

2. FULL NAME Walenty Brokowski
(a) Residence: No. 608 S Wolfe St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Brokowska

DATE OF BIRTH (month, day, year) 1878

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 08

12. BIRTHPLACE (city or town) (State or country) Poland
13. NAME John Brokowski
14. BIRTHPLACE (city or town) (State or country) Poland
15. MAIDEN NAME Julianna Butkiewicz
16. BIRTHPLACE (city or town) (State or country) Poland
17. INFORMANT Helen Brokowska
(Address) 608 S. Wolfe St.
18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary. Date March 12 1936
19. UNDERTAKER Fred W. Orzewski
(Address) 1930 Eastern Ave
20. FILED 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9. 1936
22. I HEREBY CERTIFY, That I attended deceased from July ... 1935 to March 9, 1936
I last saw him alive on March 8, 1936 Death is said to have occurred on the date stated above, at 10:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Diffuse Nephritis	?
Hypertension	—
Uraemia	2 day
Complications from Uraemia and cardiac dilatation	1 day

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Isaac F. Lewis Co. M. D.
(Address) 1007 E. Fayette St.

M. D. P. 1268-9

1693 HEALTH DEPARTMENT—CITY OF BALTIMORE 1693

CERTIFICATE OF DEATH

24

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1409 Hanover St. 23-1 Ward)

Length of residence in city or town where death occurred ... yrs. 10 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joel V. Jennings

(a) Residence: No. 1409 Hanover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): infant

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): April 21, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	20.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md
13. NAME: James R Jennings
14. BIRTHPLACE (city or town) (State or country): Jennings Florida
15. MAIDEN NAME: Mabel E. Weber
16. BIRTHPLACE (city or town) (State or country): Knoxville Md
17. INFORMANT (Address): James R. Jennings 1409 Hanover St
18. BURIAL, CREMATION, OR REMOVAL. Place: Valdosta Georgia Date: March 13 1936
19. UNDERTAKER (Address): A. Howard Evans 1400-02 Light St

MAR 11 1936

MEDICAL CERTIFICATE

21. DATE OF DEATH (month, day, year): ~~March 11-36~~ 30-11-36

22. I HEREBY CERTIFY, That I attended deceased from March 7. 1936 to March 11. 1936

I last saw him alive on March 10. 1936. Death is said to have occurred on the date stated above, at 3.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? clinical + lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. H. Bannon M. D.

(Address) 436 E Fort Ave

H. D. B. 1268-0

✓ F 21694

21694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 E 23rd St. 12-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Franklin

(a) Residence: No. 400 E 23rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Franklin

DATE OF BIRTH (month, day, year) May 15, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57		9	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper (self)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Anne Arundel Co. Maryland

13. NAME Rachel Jones

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mary Wallace

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Annie Wise

(Address) 400 E 23rd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date March 12 36

19. UNDERTAKER Robert L. Young

(Address) 324 N. Caroline St.

1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 6. 1936 to March 9. 1936.

I last saw her alive on March . 1936. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis and Chronic Interstitial Nephritis	3 days ago ?
Other contributory causes of importance: Arterio-Sclerosis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jas. T. Julian, Jr. M. D.

(Address) 434 E 23rd St.

1695 F 21695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 N. Ashburton St. Ward) 16-6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Doherty

(a) Residence: No. 612 N. Ashburton St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Nickolis J. Doherty

DATE OF BIRTH (month, day, year) April 4, 1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Peter Dorn

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Barbara Lilly

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Margaret Doherty

(Address) 612 N. Ashburton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar. 12, 1936

19. UNDERTAKER John A. Moran

(Address) 3000 E. Balto St.

20. FILED

1 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1935 to March 9 1936

I last saw h alive on Mar 9 1936 Death is said to have occurred on the date stated above, at 10.05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1930
Diabetes Mellitus	1932
Rheumatic endocarditis	?
Other contributory causes of importance:	
Anus	?

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John W. Parsons M. D.

(Address) Tudor Arms Apt

H. D. P. 1268-9

✓ F 21696

1696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 Linden Ave St. 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Carter

(a) Residence: No. 1708 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Almeda E. Carter

7. DATE OF BIRTH (month, day, year) Mar 21 - 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	11	19 20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Grower

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 1086

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Augusta Georgia

13. NAME Jeremiah Carter

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME Anna Glenderson

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Almeda E. Carter Wife
(Address) 1708 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mar 12 36 19

19. UNDERTAKER Albert W Conway
(Address) 440 E North Ave

1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26 1936 to March 10 1936

I last saw him alive on March 10 1936 Death is said to have occurred on the date stated above, at 8.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance:	
(1) Broncho-pneumonia.	
2 acute myocarditis.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. S. Nerstadt M. D.

(Address) 1730 Linden Ave

D. B. 1268-9

✓ D F 21697

21697 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-a

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 145 S. East Ave St., 26-10 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ann Catherine Dotter

(a) Residence: No. 145 S. East Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6. If married, widowed, or divorced: HUSBAND of ~~LATE~~ or WIFE of Frederick C Dotter

DATE OF BIRTH (month, day, year) Jan 11 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME James H. Burris

14. BIRTHPLACE (city or town) (State or country) Baltimore MD

15. MAIDEN NAME Eleanor Brown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Miss Sadie Burris

(Address) 434 N. Luzerne St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemetery Date Mch. 12, 1936

19. UNDERTAKER Mykrantz Bros Inc.

(Address) 424 N. Broadway

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936 to Mar 9, 1936

last saw h~~er~~ alive on March 9, 1936 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arthritis Deformans	14 yrs
Other contributory causes of importance:	
Acute Myocarditis	3/2/36

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) O. N. Tatlow M. D.

(Address) 315 S. Highland Ave

M. D. B 1268-B

21698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 21698

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001-Bauerenschmidt Aly. Ward) 8-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No.

2. FULL NAME JOHN G. FUCHS

(a) Residence: No. 2001-Bauerenschmidt Aly. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Vamie Fuchs

6. DATE OF BIRTH (month, day, year) 4/12/1881

7. AGE Years	Months	Days	If LESS than 1 day hrs. min.
54	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John G. Fuchs

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Wessel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Clark

(Address) 1625-Llewelyn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 3/17/36 19

19. UNDERTAKER Geo. C. Ruth Son.

(Address) 1830 Orleans St.

20. 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so specify

(Signed) Paul Wheeler M. D.
Coroner

(Address) 1919 E. Ruth Ave.

F 21699

21699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232-N. Gay Street St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR Yes Spanish-Amer

2. FULL NAME GEORGE A. WHITELEY

(a) Residence: No. 1232-N. Gay Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Laura E. Unglaub

DATE OF BIRTH (month, day, year) 3/8/1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or XXXXX
77	-	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machine Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William H. Whiteley

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary (Unknown)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. W. H. C. Whiteley
(Address) 1232-N. Gay Street

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date 3/13/36 19

19. UNDERTAKER George D. Pentz Inc.
(Address) 1765 Hanford Ave

20. 1936 (Date received) (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 20, 1936, to March 11, 1936. I last saw him alive on March 4, 1936. Death is said to have occurred on the date stated above, at 12:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension.	
Uremic Nephritis	
Other contributory causes of importance:	
Cerebral Apoplexy	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. F. Littlepage M. D.
(Address) 1259 E. Preston St.

D 21700

F 21700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 26-10 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Bloom

(a) Residence: No. 128 S. Climton St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Bloom

6. DATE OF BIRTH (month, day, year) Oct. 26, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Statinary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margeret Bloom

(Address) 128 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lurel Cemet. Date March 13 1936

19. UNDERTAKER Fred Lasselon Sons

(Address) 744 Belair Road

..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1936

22. I HEREBY CERTIFY that I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterisclerosis	
Broncho Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. R. Carlson, M. D. Coroner

(Address) 1737 W. Lexington

21936

21701

1052

F 21701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 108

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-3 Ward)

Length of residence in city or town where death occurred 6 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter J. (Riley) Reilly

(a) Residence: No. Providence R. I. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1/8/05

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) R. I.

13. NAME John Riley Ireland

14. BIRTHPLACE (city or town) (State or country) R. I.

15. MAIDEN NAME Mary Murphy

16. BIRTHPLACE (city or town) (State or country) Ireland R. I.

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date March 14 1936

UNDERTAKER John D. Mitchell & Sons
(Address) 1900 Eutaw Place

FILED 21936 Lupton Attorney

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 4. 1936 to March 10 1936

I last saw him alive on March 10. 1936 Death is said to have occurred on the date stated above, at 2:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-3
Septicemia	?
Pericarditis	3-7

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ward B. Allan M. D.

(Address) Johns Hopkins Hospital

F 21702

21702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

11549

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 27-18 Ward 1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Jarvis

(a) Residence: No. 3437 Paton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella

DATE OF BIRTH (month, day, year) 8-15-1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME George

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Cemetery Date March 2d 1936

19. UNDERTAKER Archibald A. Gaddy

(Address) 2101 ME Eutaw St.

20. FILED [illegible] Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/9 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/6 1936 to 3/9 1936

I last saw him alive on 3/9 1936 Death is said to have occurred on the date stated above, at 10½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10 days
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

2 1936

21703 F 21703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. 9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hosp St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Full yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Miss Mary Baker

(a) Residence: No. 1636 Holbrook St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) Nov. 22 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worked out by family

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. as Cook Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yr.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Williams Baker

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lena Schaffer

16. BIRTHPLACE (city or town) (State or country) Phila Pa

17. INFORMANT Mr. Baker. (a brother)

(Address) 1621 Ensor St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Mar 13, 1936

19. UNDERTAKER Edmund W. Conklin

(Address) 524 E. Lexington St

Huntington Williams, M.D.

Registrar

21936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/11, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/17, 1936 to 3/11, 1936

I last saw h alive on 3/11, 1936. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Diabetis Mellitus	
Decubitus Gangrene of L foot	

Other contributory causes of importance:

Mucosal Bronchitis - Pneumonia

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Edward Allen Baker M. D.

(Address) West Balto Gen'l Hosp.

F 21704

21704 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 23

Registered No.....

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Tuberculosis Division St. 10-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Lydia Newhouse (Neuhaus)

(a) Residence: No. 1019 Somerset st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Otto Newhouse

DATE OF BIRTH (month, day, year) March 19, 1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	11	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnesota
13. NAME Lorenzo Parkhurst
14. BIRTHPLACE (city or town) (State or country) Wisconsin
15. MAIDEN NAME Tea Hollon
16. BIRTHPLACE (city or town) (State or country) ~~Minnesota~~
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Mch 15 1936
19. UNDERTAKER Chas. E. Franck
(Address) 802 Madison Ave
MAR 12 1936 Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11 1936

22. I HEREBY CERTIFY, That I attended deceased from October 8 1935 to March 11 1936
I last saw her alive on March 11 1936 Death is said to have occurred on the date stated above, at 5.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1935

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clin. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Arthur Kaufman M. D.
(Address) Baltimore City Hospitals

H. D. B 1268-9

F 21705

F 21705

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-c

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 E Monument St. 5-1 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Maxwell

(a) Residence: No. 1107 E Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

a. If married, widowed or divorced HUSBAND of (or) WIFE of Annie M Rutherdon Maxwell

3. DATE OF BIRTH (month, day, year) 1885

6. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Charleston SC

13. NAME ....

14. BIRTHPLACE (city or town) (State or country) ....

15. MAIDEN NAME ....

16. BIRTHPLACE (city or town) (State or country) ....

17. INFORMANT Annie Mary Rutherdon Maxwell
(Address) 1107 E Monument St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date 3/12, 1936

19. UNDERTAKER Mrs Chas L. Bailey
(Address) 1421 Jefferson St

Filed ..... 19 ..... Registrar. Washington Williams, M.D.

121936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by me (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning Embolism	May 9 1936
Other contributory causes of importance Hypostatic Pneumonia	6

Was an operation performed? none Date of ....

For what disease or injury? none

Name of operation none Date of ....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George S. Allen M. D.
Coroner

(Address) 50 Marquette

F 21706

1706 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4817 Richards Ave 27-3 Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR None

2. FULL NAME John W. Dandorff

(a) Residence: No. 4817 Richard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Townsley

DATE OF BIRTH (month, day, year) Mar 23, 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	11	14 16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Dec 1930

11. Total time (years) spent in this occupation 8 years

12. BIRTHPLACE (city or town) (State or country) Baltimore MD

13. NAME Randall Dandorff

14. BIRTHPLACE (city or town) (State or country) Baltimore Co.

15. MAIDEN NAME Ruth Allender

16. BIRTHPLACE (city or town) (State or country) Baltimore Co.

17. INFORMANT Wife (Address) 4817 Richard St.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Cem Date Mar 12 1936

19. UNDERTAKER John Gemis (Address) 2116 Allen

FILED MAR 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1934, to Mar 9, 1936

I last saw him alive on Mar 8 1936 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Oct 1930
Other contributory causes of importance: Tuberculous Enteritis	Unknown

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas E Thompson Jr M. D.

(Address) 1 Lafayette Apts

21707

F 21707

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2216 Garrison Blvd. St., 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs.....mos.....ds. How long in U. S. If of foreign birth? ...yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Truman Preston

(a) Residence: No. 2216 Garrison Blvd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 8. 1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	9	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Edward D. Preston

14. BIRTHPLACE (city or town) (State or country) Baltimore Md,

15. MAIDEN NAME Rachel Dunn

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Miss Susie Preston

(Address) 2216 Garrison Blvd.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date March 12 1936

UNDERTAKER William J. Tickner & Sons

(Address) North & Penna Aves.

FILED ..... 19... Huntington Williams, M.D. Registrar.

MAR 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2 . 1935 to March 10 . 1936

I last saw her alive on March 10 . 1936 Death is said to have occurred on the date stated above, at 4:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	Sept 2-35
Cardio vascular disease.	
Other contributory causes of importance:	
Pulmonary Edema	2 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. Bunn and Lord, M. D.

(Address) 2216 Garrison Blvd

F 21708 Ft. Marshain - Falls Rd. F 21708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2008 Rockrose Ave. 13-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Violet M. Mentzell

(a) Residence: No. 2008 Rockrose Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William E. Mentzell.

DATE OF BIRTH (month, day, year) May 4, 1905

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30	10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Hand.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meadow Mill

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME Daniel Hitchcock.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elizabeth Blakely.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT William E. Mentzell.
(Address) 2008 Rockrose Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date March 13, 1936

19. UNDERTAKER Glenwood Hall
(Address) 3615-17 Eastern Ave.

Huntington Williams, M.D.
Registrar

21936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1936 to March 10, 1936

I last saw her alive on March 9, 1936 Death is said to have occurred on the date stated above, at 12¼ P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	3/9/36

Other contributory causes of importance:
Chron Pneumonia
Influenza type ?

Was an operation performed? ... Date of .....

For what disease or injury? .....

Name of operation ... Date of .....

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, ...

(Signed) H. Hamlin, M. D.

(Address) 4077 Falls Rd.

21709 Bernice Henson Dyson F 21709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 146 108 #12818

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernice Dyson (Henson) X

If U. S. Veteran specify WAR .....

(a) Residence: No. 1214 N. Stricker St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Dyson

DATE OF BIRTH (month, day, year) 8-13-1917

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	6	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Samuel Henson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Clara Norris

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rantalerton md Date 3/14 19 36

19. UNDERTAKER Thos. E. Kelson
(Address) 1322 Presstman st

121936 Huntington, Md.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 3-10 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-4 1936 to 3-10 1936

I last saw her alive on 3-10 1936 Death is said to have occurred on the date stated above, at 9P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/7/36
Other contributory causes of importance: Post partum pyelitis	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eugene Sterling M. D.
(Address) Dept. City Hospitals

D. D 1268-9

F 21710

F 21710 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William E. Moseman Moseman

(Usual place of abode)

(a) Residence: No. 815 S. Pratt St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

7. DATE OF BIRTH (month, day, year) July 7 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	8	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Skilled laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. glass factory

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Jack Moseman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Ann Allen

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs. E. Wideman (sister)

(Address) 749 Carroll St.

BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Mar. 13 1936

UNDERTAKER Jos. Geyer Sons & Son

(Address) 217 S. Paca St.

Huntington Williams, Md.

MAR 12 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture left radius (Colles') &	
~~suspected~~ fracture skull	

Other contributory causes of importance:

Pernicious Anemia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or Homicide? Accident Date of injury Feb 15 1936

Where did injury occur? Pratt St. near Martin Place

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Driveway

Manner of injury Fell

Nature of injury ~~?~~

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. H. Wright M. D.

Coroner

(Address) 100 S. Gilmor St.

F 21711

F 21711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71-a

1. PLACE OF DEATH Saint Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave. Ward) 27-19

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mrs Sula Elliott

(a) Residence: No. 5703 Bland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If ~~married, widowed, or divorced~~ (or) WIFE of Levi L Elliott

DATE OF BIRTH (month, day, year) May 6th 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	10	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife (No 37)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Jackson Georgia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT C. S. Love

(Address) 5703 Bland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Atlanta Ga. Date Mar 12th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 W. Pratt St

Huntington Williams, ND

Filed 19 Registrar

21936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11-1936

22. I HEREBY CERTIFY, That I attended deceased from 1-9-1936 to 3-11-1936

I last saw her alive on March 11. 1936 Death is said to have occurred on the date stated above, at 640 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. J. Williamson M. D.

(Address) 86 Agnes Hosp.

21712 HEALTH DEPARTMENT—CITY OF BALTIMORE 21712

CERTIFICATE OF DEATH

46-F

Registered No. .....

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 30 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jacob Polonsky

(a) Residence: No. 324 S. Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Libby

DATE OF BIRTH (month, day, year) 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor - Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own shop

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sing

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Holmes Cedar Dec 3/12/36

19. UNDERTAKER Isaac Levin Inc

(Address) 1439 E. Baltimore St.

FILED ..... 19..... Washington Nilgeman

MAR 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11-, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-25-36, 19..., to 3-11-, 1936

I last saw h. alive on 3-10, 1936 Death is said to have occurred on the date stated above, at 7 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - intra abdominal	year
Metastasis to liver & abdomen	
Intussusception	

Other contributory causes of importance:

Secondary anemia

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul A. Kinman, M. D.

(Address) Sinai Hospital

M. D. B 1268-9

21713

HEALTH DEPARTMENT—CITY OF BALTIMORE

21713

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 44 E. Heath St. 23-2 Ward)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mabel Alexander

(a) Residence: No. 44 E Heath St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: George Alexander.

6. DATE OF BIRTH (month, day, year): 2-6-1884

7. AGE: Years 52 | Months 1 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

INFORMATION FURNISHED BY

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: George Alexander

(Address): 44 E. Heath

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Date: 3/17 19 36

19. UNDERTAKER: I. Fine McCully

(Address): 1308 E. Fort Ave

20. FILED ... Registrar

MAR 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/14 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/8 19 36, to 3/14 19 36

I last saw h[illegible] alive on 3/14/36 19 ... Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/8/36

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis: Spinal Puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac Butler M. D.

(Address) 1120 N. Charles St

21714

HEALTH DEPARTMENT—CITY OF BALTIMORE

21714

CERTIFICATE OF DEATH

X 133

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave) St., Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ina Evelyn Mansberger

If U. S. Veteran specify WAR

(a) Residence: No. 41 Wilkens Ave Catonsville Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed or divorced ~~HUSBAND~~ of (or) WIFE of Edward C Mansberger

DATE OF BIRTH (month, day, year) February 27, 1898

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	-	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME John Drew

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

15. MAIDEN NAME Anna Elis. Spence

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Mr. Edward C. Mansberger

(Address) Waters Lane, Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date March 14, 19 36

19. UNDERTAKER Joseph Hook

(Address) Franklin, Baltimore St.

Date 19 Registrar

MAR 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 11, 1936, to March 11, 1936

I last saw h. alive on March 11, 1936 Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset

Other contributory causes of importance:

Pelvic cellulitis

Secondary anemia

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) C. O. Williamson, M. D.

(Address) St. Agnes Hosp.

21715

P 21715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

Registered No. .....

1. PLACE OF DEATH St Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 28-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 10 mos. 1 ds. How long in U. S. If of foreign birth? 77 yrs. 10 mos. 1 ds.

If U. S. Veteran specify WAR NONE.

2. FULL NAME Dr. Frank J Lannery,

(a) Residence: No. 421 2 Patterson Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Brannon Lannery

DATE OF BIRTH (month, day, year) May-10-1858

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Medicine

10. Date deceased last worked at this occupation (month and year) about 1931

11. Total time (years) spent in this occupation 55yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

13. NAME John J Lannery

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Gleason

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Ella B Lannery (wife)

(Address) 421 2 Patterson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Mar 14 19 36

19. UNDERTAKER Stewart Morris Co.

(Address) Huntington W. Va.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11-1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1936, to March 11, 1936

I last saw him alive on March 11, 1936. Death is said to have occurred on the date stated above, at 1 8 m.

The principal cause of death and related causes of importance were as follows:

Cancer of the prostate — Date of onset .....

Other contributory causes of importance:

Right pleural pneumonia

Was an operation performed? no Date of .....

For what disease or injury? none

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) L. G. Llewellyn M. D.

(Address) St Agnes Hospital

F 21716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 21716

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2906 St Paul St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 27 yrs. 2 mos. 6 ds.

If U. S. Veteran specify WAR NONE.

2. FULL NAME Eliza Marion Custis

(a) Residence: No. 2906 St Paul St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

7. DATE OF BIRTH (month, day, year) Jan 4 1871

8. AGE: Years 65 | Months 2 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none | 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Onancock, Virginia

13. NAME OF FATHER William P. Custis

14. BIRTHPLACE (city or town) (State or country) Accomac Co Va.

15. MAIDEN NAME OF MOTHER Eliza Horsey

16. BIRTHPLACE (city or town) (State or country) Somerset Co. Maryland

17. INFORMANT Miss Sarah E. Custis
(Address) 2906 St Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmt - Date Mar 13 1936

19. UNDERTAKER Stewart Mortuary Co.
(Address) 108 W Mosher Ave.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1936 to March 10, 1936

I last saw h.. alive on March 10, 1936 Death is said to have occurred on the date stated above, at 11:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Chronic Interstitial Nephritis	1 yr
b Dropsy	
c Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Norris Hall M. D.

(Address) 2906 St Paul St

F 21717

F 21717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2125 N. Calvert St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 3 mos. 29 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Charlotte E. Marriott

If U. S. Veteran specify WAR

(a) Residence: No. 2125 N. Calvert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of James Homewood Marriott

DATE OF BIRTH (month, day, year) Nov. 11, 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME George A. McComas

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Nancy Blades

16. BIRTHPLACE (city or town) (State or country) ------- Maryland

INFORMANT (Address) Mrs. Sarah Lee Browne 2742 St. Paul Street

BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cemetery Date 3/13 1936

UNDERTAKER (Address) [illegible]

FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 5th, 1936 to Mar. 11, 1936

I last saw h[illegible] alive on March 11, 1936. Death is said to have occurred on the date stated above, at 12-10 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	6 ds
Other contributory causes of importance: Influenza	?

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wilbur W Pearce M. D.

(Address) East Coast after Balto mt

F 21718 ✓ F 21718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harrison Poole

(a) Residence: No. 1029 Freemont St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Helen

DATE OF BIRTH (month, day, year) 1890

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46 45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore 074

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Norfolk Va. Date 3/12 1936

UNDERTAKER Walter B. Spriggs

(Address) 1391 W. Lanvale St.

MAR 12 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/9 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/7 1936 to 3/9 1936

I last saw him alive on 3/9 1936 Death is said to have occurred on the date stated above, at 9 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	9 days
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

A&Co. 5-31 250B

21719 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 21719

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 537 N Hoffman St., 17-W Ward)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Banks

(a) Residence: No. 537 N. Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	W

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Milton Banks

DATE OF BIRTH (month, day, year) 12-25-1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	2	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Frederick Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) .....

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Mary Moore

(Address) 537 N Hoffman

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Albumay Date 3/12, 1936

19. UNDERTAKER Walter B. Spriggs

(Address) 534 W. Hamilton St.

FILED MAR 12 1936 Thurston Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-2, 1936 to 3-9, 1936

I last saw h[illegible] alive on 3-8 1936 death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-1-36
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. McCrae, M. D.

(Address) 1126 Druid Hill

21720 ✓ F 21720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1834-E-29th St., 9-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Morris Eggleston

(a) Residence: No. 1834-E-29th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of ~~[illegible]~~ Ida Spates

6. DATE OF BIRTH (month, day, year) Feb 12-1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78		28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. over

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Joseph W. Eggleston

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Emily Dittman

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs. Raymond Steer

(Address) 1884-E-29th St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 3/14/36 19

19. UNDERTAKER — H. O. Weber & Son

(Address) 2503 Edmondson Ave

... 19 ... Registrar

Z 1936 Huntington Millwood, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/11/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 . 1936 to March 11 . 1936

I last saw ~~him~~ alive on March 11 . 1936 Death is said to have occurred on the date stated above, at 4.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
↓	
Anemia	

Other contributory causes of importance:

Pneumonia	over
↓	
Cerebral Hemorrhage	

Name of operation None Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Fred Zimmerman, M. D.

(Address) 2868 Harford Rd

F 21721

21721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 110

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1717 McKean Ave St., 15-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
If U. S. Veteran specify WAR

2. FULL NAME Mary M. Cain
(a) Residence: No. 1717 McKean Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Thomas E. Cain

DATE OF BIRTH (month, day, year) 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 3 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown
17. INFORMANT Mrs. Grace Lefler
(Address) 165 N. Carlton Ave
18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date March 13 1936
19. UNDERTAKER Martin, Daley & Son
(Address) 1537 W. Pratt St.
20. FILED 2 1936 Lillian Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10 1936
22. I HEREBY CERTIFY, That I attended deceased from March 10 1936 to March 10 1936
I last saw h... alive on March 10 1936. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Uremia	3/3/36
Other contributory causes of importance: Acute Pneumonia	3/8/36

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Wm. T. Sullivan M. D.
(Address) 1701 N. Eutaw Street

21722 ✓ #12433 F 21722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 20-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James W. Kerner

If U. S. Veteran specify WAR .....

(a) Residence: No. 2628 Lauretta Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Divorced

If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) 7-17-70

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	7	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor 6086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Road

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME George Kerner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sophie

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date 3/13/36 19

19. UNDERTAKER Philip Herdig Sons

(Address) 2016 Eastern Ave

Lexington Wilson MD

Registrar

21936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-10 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-10 1936 to 3-10 1936

I last saw him alive on 3-10 1936 Death is said to have occurred on the date stated above, at 11:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate gland	?
Other contributory causes of importance: Generalized Arteriosclerosis	?

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hospital

F 21723

M. D. B. 1268-9

F 21723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 6709 Old Harford Rd 3-7-37 Ward)

CITY OF BALTIMORE: (No. 6709 Old Harford Rd St.

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Robert F. Collier Collier U. S. Veteran specify WAR

(a) Residence: No. 6709 Old Harford Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of ~~(or Wife of)~~ Florence M. Collier

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2006

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Abraham Collier

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Emma Fulden

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Florence M. Collier

(Address) 6709 Old Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Huntington Park Date Mch 6 1937

19. UNDERTAKER Harry Berger & Gross.

(Address) Baltimore, Md.

Huntington Williams, N.D.

Registrar.

21936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schuster, M. D. Coroner

(Address) 1918 E. North Ave.

M. D. B 1268-9

21724

21724 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 10-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1432 E Madison St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Edward Nicholson

(a) Residence: No. 1432 E Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence Barnett

7. DATE OF BIRTH (month, day, year) Sept 24-1871

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	5	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Florence Nicholson

(Address) 1432 E Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date March 14th, 1936

19. UNDERTAKER Harold Elliott Langsdale

(Address) Hagerstown Md

Huntington Williams, M.D.

Registrar

19

121936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1934
Cerebral Hemiplegia	1934

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? none

Name of operation No Date of

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Geo. S. Nicholson M. D.

Coroner

(Address) 20 E Washington St

21725 F 21725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 Aliceanna Street St., 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 52 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Maryanna Andrzejewska

(a) Residence: No. 1906 Aliceanna Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (or) WIFE of Stanislaw Andrzejewski

DATE OF BIRTH (month, day, year) 1856

AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
80			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Wawrzyniec Putz

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Helen ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Tillie Blazek-(Daughter)

(Address) 1906 Aliceanna Street

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date March 14 1936

19. UNDERTAKER George A. Weber

(Address) Yes-Lawn

FILED 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1934 1936 to March 11, 1936

I last saw her alive on March 11, 1936 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Empyemia Streptococcic
Embolism Pulmonary Embolism
Arteriosclerosis (Hypertension)

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Andrew Stanczewski M. D.

(Address) 2524 Eastern ave

1726 ✓ F 21726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 128

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. W-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Pearle Schultz

(a) Residence: No. Arcadia, Ind St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Charles L. Schultz

DATE OF BIRTH (month, day, year) Oct 18 1898

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Laura Zepp

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth Brownawell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cem. Co Date 3 14 1936

19. UNDERTAKER E. C. Tistone
(Address) Hampstead Md

20. 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-10 1936, to 3-11 1936

I last saw her alive on 2-11 1936. Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic cystitis & pyelonephritis	2-7-36
Acute pancreatitis	2-27-36
Cerebral abscess	2-11-36

Other contributory causes of importance:

Diabetes mellitus	
Bronchopneumonia, bilateral	2-1-36

Was an operation performed? Yes Date of 3-11-36

For what disease or injury? Cerebral abscess

Name of operation Exploratory Date of 3-11-36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert W. Faw M. D.

(Address) University Hospital

M. D. B 1268-9

✓ F 21727

727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 6 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Layne

if U. S. Veteran specify WAR

(a) Residence: No. 855 McHenry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 30th 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bartlett Hayward Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Augustus Layne

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary E Crawford

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Elwood M Layne
(Address) 855 McHenry St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/13/ 1936

19. UNDERTAKER John J Cowan & Son
(Address) 901 Eutaw St

FILED ... Registrar

2 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held the Inquest thereon and from the evidence (Inquest, Autopsy or inquiry)
obtained by said Inquest (Inquest, Autopsy or inquiry) find that said deceased came to his death on the day dated above 3 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart. one week	

Other contributory causes of importance: Chronic Arterial Sclerosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Thos J Phillips M. D.
Coroner

(Address) 1934 Edmondson Ave

...ec.—2-29-28—L. F. S.—500 Bks.

21728 — HEALTH DEPARTMENT—CITY OF BALTIMORE — F 21728

CERTIFICATE OF DEATH

94-B

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1930 W Lanvale St. (ST.) 16-H (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Grace Mauth George

(a) RESIDENCE NO. 1930 W Lanvale St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm P. George

DATE OF BIRTH (month, day, and year) Aug 30, 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	6	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER Charles Woods.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER Williamanna Mauth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

Informant Mrs. Grace K. Jensen

(Address) 1103 Walnut Ave

Filed MAR 12 1936 Huntington Pittman, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 11, 1936

17 I HEREBY CERTIFY, That I attended deceased from Feb, 1936, to Mar 11, 1936, that I last saw h alive on Mar 11, 1936 and that death occurred, on the date stated above, at 2:45 A m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Walter Sumner M.D., M. D.

, 19 (Address) 3603 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loud Rose Cemetery — DATE OF BURIAL: March 14 1936

20 UNDERTAKER: John C. Mitchell & Sons — ADDRESS: 1401 Eutaw Place

1729 ✓ F 21729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 N. Carrollton Ave. St., 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice J. Laib

If U. S. Veteran specify WAR

(a) Residence: No. 603 N. Carrollton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward W. Laib

DATE OF BIRTH (month, day, year) 7/12/52

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	7	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none (Housework)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Jefferson J. Kurtz

14. BIRTHPLACE (city or town) (State or country) Phila. Pa.

15. MAIDEN NAME Eliza Hayes

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT (Address) M. Harry Laib 603 N. Carrollton Ave.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 3/ /36 19

UNDERTAKER (Address) Chas. O. Mitchell Sons 1900 Eutaw Place

FILED 1936 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/11/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from March 2 . 1936 to March 10 . 1936

I last saw her alive on March 10 1936. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	2
	5
	1936

Other contributory causes of importance:

none	

Was an operation performed? no Date of X

For what disease or injury? X

Name of operation X Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X . 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?

X If so, specify X

(Signed) H Kay Williams . M. D.

(Address) 3200 Eutaw Ave.

1730 ✓ F 21730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH: West Baltimore General Hospital — Registered No. .....
CITY OF BALTIMORE: (No. Druid Hill and Raynor St. 15 Ward) 12
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.
If U. S. Veteran specify WAR .....

2. FULL NAME: Jacob Cooper
(a) Residence: No. 3708 Reisterstown Rd. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed or divorced: HUSBAND of (Name) Pauline Cooper

DATE OF BIRTH (month, day, year): Feb. 24, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	59	—	18 17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): New York, New York

13. NAME: Hirsh Cooper
14. BIRTHPLACE (city or town) (State or country): Warsaw, Poland
15. MAIDEN NAME: Annie Fuchman
16. BIRTHPLACE (city or town) (State or country): Warsaw, Poland

INFORMANT: Wife
(Address) 3708 Reisterstown Rd, Balto, Md

BURIAL, CREMATION, OR REMOVAL
Place: Druid Hill Cem. Date: March 13/36

UNDERTAKER: J. Aronson & Co
(Address) 2433 Reisterstown Rd

FILED: 2 1936 Clayton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 20, 1936, to March 12, 1936
I last saw him alive on March 2, 1936. Death is said to have occurred on the date stated above, at 4:15 A.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Rheumatic Heart Disease
Generalized Arterio-Sclerosis

Other contributory causes of importance:
Benign Hypertrophy of Prostate

Was an operation performed? No — Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) [illegible] Levin, M. D.
(Address) WB-4N.

F 21731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., 12-16 Ward.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR none

2. FULL NAME George Cooper Bradshaw

(a) Residence: No. Crisfield, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Tillie Nelson Bradshaw

DATE OF BIRTH (month, day, year) February ? 1866

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Smith's Island Maryland

13. NAME William E. Bradshaw

14. BIRTHPLACE (city or town) (State or country) Crisfield Maryland

15. MAIDEN NAME Adeline Evans

16. BIRTHPLACE (city or town) (State or country) Crisfield Md.

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Crisfield Md Date March 16

19. UNDERTAKER W. J. Dickerson & Son (Address) Crisfield Md

20. FILED MAR 13 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1936, to March 12, 1936

I last saw him alive on March 12, 1936. Death is said to have occurred on the date stated above, at 1:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma, prickle cell, grade III, of neck	6 mos.
Other contributory causes of importance.	
Edema of glottis	3-3-36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Kennedy, M. D.

(Address) U.S. Marine Hospital

Spec.—1-30—M. & T.—250 Bks.

F 21732

F 21732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-C

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1612 N Gay ST., 8-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles J Myers

(a) RESIDENCE NO. 1612 N Gay ST., WARD No War Record

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Alice M Myers

DATE OF BIRTH (month, day, and year) Mar 4 1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82		0	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) Buick Mfg.

(c) Name of employer Balto Buick Co

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Myers

11 BIRTHPLACE OF FATHER (city or town) Balto Md (State or country)

12 MAIDEN NAME OF MOTHER Lukeman

13 BIRTHPLACE OF MOTHER (city or town) Balto Md (State or country)

Informant George Reed

(Address) 1612 N. Gay St

MAR 13 1936 Lexington

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 12 1936

17 I HEREBY CERTIFY, That I attended deceased from Feb 28, 1936, to Mar 12, 1936, that I last saw h[illegible] alive on Mar 10, 1936, and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Mar 14 1936

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St.

F 21733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-9

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 644 Oakesbury Ave Sec. 9-8 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME John Hofmeister

(a) Residence: No. 644 Oakesbury Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Rosa C. Hofmeister

7. DATE OF BIRTH (month, day, year) June 9 1866

AGE Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
69	9	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Conrad Hofmeister

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rosa C. Hofmeister

(Address) 644 Oakesbury Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Mar 14 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

MAR 13 1936 Funeral Home, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 12th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/1/ 1936 to March 12, 1936

I last saw h~~im~~ alive on March 12, 1936. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronal Apoplexy	3/7/36
Cachexia	1/1/36
Myocardial Insufficiency	acute
Other contributory causes of importance:	
Arteriosclerosis	1/1/36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas J Kelly M. D.

(Address) 532 E 22nd St

F 21734

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21734

CERTIFICATE OF DEATH

180

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 19-14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mary Cordelia Thorn

(a) Residence: No. 351 S. Monroe St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fenale	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ambrose Thorn

6. DATE OF BIRTH (month, day, year) Sept. 27, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Thomas M. Anderson

(Address) 2514 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mar 13 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED ... 19 ... Registrar

MAR 13 1936 Lington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 10. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above. 9,30, A,M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation from Smoke	

Other contributory causes of importance:

Was an operation performed? No, Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3-10 36

Where did injury occur? Baltimore Md 351 South Monroe St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home (over store.)

Manner of injury Store burned (Trapped on 2nd floor)

Nature of injury Suffocation

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave.

12564

F 21735

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21735

CERTIFICATE OF DEATH

54-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Tillie Shaw

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1615 Darley Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

If [illegible] widowed, or divorced (or) WIFE of John E. Shaw

DATE OF BIRTH (month, day, year) 7-[illegible]1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	8	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) Balto (State or country) Md.

13. NAME John Beziat

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Josephine Gousha

16. BIRTHPLACE (city or town) (State or country) Pa.

INFORMANT B. C. H. Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Mar 14 1936

UNDERTAKER Wm Cook

(Address) 1217 E. Pratt St

Filed [illegible] 1936 [illegible] Registrar

13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/12 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/28 1936 to 3/12 1936

I last saw her alive on 3/12 1936 Death is said to have occurred on the date stated above, at 12[illegible]35 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spinal cord tumor	6 ms.
Bronchopneumonia	1-2 days

Other contributory causes of importance:

Was an operation performed? Yes Date of 3/6/36.

For what disease or injury? Abscess.

Name of operation Laminectomy & removal of tumor. Date of 3/6/36.

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

M. D. P. 1268-9

F 21736

F 21736 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 145a - 111a

1. PLACE OF DEATH Johns Hopkins Hospital. Registered No.

CITY OF BALTIMORE: (No. St., 8-7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Street

(a) Residence: No. 1208 N. Bond St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	B.	Married

6. If married, widowed, or divorced WIFE of William Straub.

7. DATE OF BIRTH (month, day, year) 1908

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H - wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N - Car -

13. NAME Isam Ratchford Ga -

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Emily Collins

16. BIRTHPLACE (city or town) (State or country) Va -

17. INFORMANT Records -
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rockstone NC Date 3/17/36

19. UNDERTAKER Robt V. Williams
(Address) 1515 McElderry St

Registrar.

3 1936

MEDICAL CERTIFICATE OF DEATH O

21. DATE OF DEATH (month, day, year) 3-11-36 , 19

22. I HEREBY CERTIFY, That I attended deceased from 3-2-36 , 19 , to 3-11-36 , 19

I last saw her alive on 3-11-36 , 19 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Intra-uterine infection. Date of onset 2-25-36

Paramobrata

over

Other contributory causes of importance:

Pulmonary embolus?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) John Whitridge, Jr. M. D.

(Address) Johns Hopkins Hosp

F 21737 F 21737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 7-3 Ward)
Registered No.
(If death occurred in a hospital or institution, give NAME instead of street and number.)
Length of residence in city or town where death occurred 54e mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR no

2. FULL NAME Howard Keller
(a) Residence: No. 711 N. Pattenson Pk. Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced: HUSBAND of Minnie Keller
DATE OF BIRTH (month, day, year) February 2, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prof. Engr
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice Business
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Balto. City
13. NAME OF FATHER Charles E. Keller
14. BIRTHPLACE (city or town) (State or country) Howard County Maryland
15. MAIDEN NAME OF MOTHER Mary Tracy
16. BIRTHPLACE (city or town) (State or country) Howard County Maryland
17. INFORMANT Minnie Keller (Address) 711 N. Patterson Pk Ave
18. BURIAL, CREMATION, OR REMOVAL London Park Date May 4 36
19. UNDERTAKER D. S. Marshall (Address) 2539 Eutaw Road
20. FILED 3 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1936
22. I HEREBY CERTIFY, That I attended deceased from February 23, 1936 to March 11, 1936
I last saw him alive on March 11, 1936 Death is said to have occurred on the date stated above, at 5 30 ? a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertrophy of prostate	
2. Chronic nephritis	

Other contributory causes of importance:

Was an operation performed? Yes. Date of 3-3-36
For what disease or injury? Benign hyp. prostate
Name of operation prostatectomy Date of 3-3-36
What test confirmed diagnosis? Op Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so,
(Signed) [illegible] M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

F 21738

F 21738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 2

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2730 East Balto St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Sarah C. Woods

(a) Residence: No. 2730 E. Baltimore St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael J. Woods

DATE OF BIRTH (month, day, year) Feb. 7, 1871

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Patrick Kavanaugh

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Katherine Tyber

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Michael J. Woods.

(Address) 2730 E. Balto St.

17. BURIAL, CREMATION, OR REMOVAL. Place New Cathedral Date 3/14/36

UNDERTAKER John A. Medairy

(Address) 2000 E. Balto St.

13 1936 ... 19 ... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936 to March 10, 1936

I last saw her alive on March 10 1936 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (chronic)	3/10/35

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Eugene L. Cavagnaro, M. D.

(Address) 514 Drury Lane

M. D. B. 1268-2

F 21739

F 21739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 6-1 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph M. Barnes

(a) Residence No. 429 N. Robinson St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) October 9, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Postal Telegraph

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wade H. Barnes.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Catherine S. Long.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Catherine E. Barnes.

(Address) 429 N. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 12 1936

19. UNDERTAKER John A. Morgan

(Address) 3000 E. Baltimore St.

Huntington Williams, Inc.

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12 1936.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest Autopsy or Inquiry thereon and from the evidence obtained by said Inquest Autopsy or Inquiry died that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcic Meningitis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1414 E. North Ave.

21740 ✓ F 21740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH: St. Agnes' Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 20-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME: Sadie Neuhoff
(a) Residence: No. 141 S Marley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3. If ~~married, widowed, or divorced~~ (or) WIFE of Capt. H. B. Neuhoff

DATE OF BIRTH (month, day, year) April 24 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	11 10	12 18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland
13. NAME Nicholas Miller
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Margaret Beier
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Mrs. Sadie Dill (Address) 3217 Stafford St.
18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date Mar. 14th 1936
19. UNDERTAKER Charles W. Dill. (Address) 3109 Frederick Ave
Huntington Williams, M.D.
Registrar

3 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12. 1936
22. I HEREBY CERTIFY, That I attended deceased from March 11. 1936 to March 12. 1936
I last saw h~~er~~ alive on March 12. 1936 Death is said to have occurred on the date stated above, at 6 30 a. m.

The principal cause of death and related causes of importance were as follows: Arteriosclerotic C.V. disease — Date of onset .....

Other contributory causes of importance: Bronchopneumonia

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

I attended deceased from ..... to ..... , 19.....
(Signed) ..... , M. D.
(Address) St. Agnes Hosp

F 21741 — 100 Bks.

F 21741

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-a

CERTIFICATE OF DEATH

1—PLACE OF DEATH 1629 N. Lexington St. REGISTERED NO.

CITY OF BALTIMORE: (No.) Baltimore (ST.) (WARD) 19-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank Harris

(a) RESIDENCE NO. 1620 W. Ley. St. WARD

(Usual place of above) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, and year) Sept 5-1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71 72	9 10	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) N. Carolina

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

Informant Bertha Green

(Address) 1620 W. Lexington St

Filed 19 1936, 19 Huntington Williams

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10, 1936

17 I HEREBY CERTIFY, That I attended deceased from 3/5/36, 19 , to 3/9/36, 19 ,

that I last saw her alive on 3/9/36, 19 ,

and that death occurred, on the date stated above, at 7-10 A.M. P.M.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. A. J. Baskerville, M. D.

, 19 (Address) 526 N. Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dr. Auburn Cemetery

UNDERTAKER (Mrs.) Geo. H. Holland

DATE OF BURIAL 3-13-1936

ADDRESS 1631 E. Fayette

21742 ✓ F 21742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 19-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME William Owens-

(a) Residence: No. 517 N. Calhoun St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 13 1935

7. AGE — Years: — Months: 10 Days: 29 If LESS than 1 day, ...hrs. or ....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

13. NAME: William Cole

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Dorothy Owens-

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Dorothy Owens-

(Address) 517 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL

Place Ivy Auburn Date 8-18-, 1936

19. UNDERTAKER: Mrs. Guy H. Hollyday

(Address) 1681 Edmondson Ave Huntington Pharmacy, N.D.

19..... Registrar.

R 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-18, 1936, to 3-12, 1936

I last saw him alive on 3-12 1936. Death is said to have occurred on the date stated above, at 12 45 P.m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia - — Date of onset 2-17-36

Other contributory causes of importance:

Bilateral otitis media (subacute) — 2-21-36

Was an operation performed? No Date of.....

For what disease or injury?

Name of operation..... Date of.....

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. B. Jackson- M. D.

(Address) 600 N. Arlington

21743

F 21743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 W Madison St., 11-3 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S Veteran specify WAR .....

2. FULL NAME Joseph Lance

(a) Residence: No. 317 W. Madison St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katarine Lance

6. DATE OF BIRTH (month, day, year) Feb 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
47		0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Lance

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Sabina Civita Grande

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Katarine Lance Husband
(Address) 317 W. Madison St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date March 14th 1936

19. UNDERTAKER A. Jones
(Address) 111 S Eutaw St Huntington Terminal, Md

MAR 3 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above at 2.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 215 Hanover St.

F 21744

310799

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21744

53-c

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 20-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Myrtle Kirk (Myrtle A. Kirk)

(a) Residence: No. 1911 W. Mulberry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

6. If married, widowed, or divorced WIFE of W. Raymond Kirk

DATE OF BIRTH (month, day, year) 2-1-13

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	1	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Feb. 1936

11. Total time (years) spent in this occupation 6 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Charles G Schmidt

14. BIRTHPLACE (city or town) (State or country) Baltimore County Md

15. MAIDEN NAME Mary C Zetlmeisl

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT (Address) Records JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL Place Mt. Olive Cem. Date March 14, 1936

UNDERTAKER (Address) Joseph H Cook Inc. 1 E. Baltimore St.

FILED 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1936 to March 11, 1936

I last saw her alive on March 11, 1936 Death is said to have occurred on the date stated above, at 9.55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, malignant	1933

Other contributory causes of importance:

Name of operation Cerebellar approach Date of 3/11/36

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward S Stafford, M. D.

(Address) Johns Hopkins Hosp.

F 21745

21745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hos. St. 12-3 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna E. Byer

(a) Residence: No. 429 E. 28th. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter C. Byer

6. DATE OF BIRTH (month, day, year) 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. oc27

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME John Rusnak

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME -----

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Lillie Werder
(Address) 3042 Matthew St.

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Mem. Park Date 3/16/36 19

19. UNDERTAKER George L. Smith
(Address) 1905 Eutaw Place.
Attorney for Funerals, Inc.

20. FILED 3 1936 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/12/36 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid Hemorrhage	3/11/36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Suspected Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm. Fiduhow M. D.
Coroner

(Address) 850 W. 36th St.

Coroner

F 21746 ✓ F 21746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 6-12

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 411 N. Lakewood Ave. St., 6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel Wrightson

(a) Residence: No. 411 N Lakewood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Anna Wrightson

DATE OF BIRTH (month, day, year) Jan. 1. 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME John Wrightson

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Anna Wrightson (Dauther)
(Address) 411 N. Lakewood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date Mar. 13/36

19. UNDERTAKER Tilly & Zeilenton
Address 405 E Wood St.

MAR 13 1936

Funeral for Mar. 13, 2 P.M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 10/36 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 10 1936 to Mar 10 1936
I last saw h alive on Mar 9 19 Death is said to have occurred on the date stated above, at 7/45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	?
Other contributory causes of importance: Chr. Valv. Heart Dis. Impaired Hearing.	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Phy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L L Phyla M. D.

(Address) 1522 E Baltimore St.

F. D. B. 1268-9

F 21747

21747 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1931 McCulloh St. 14-B Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Colored William Jarvis Myers

(a) Residence No. 1931 McCulloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Byrdie Lee

DATE OF BIRTH (month, day, year) Dec 3 1898

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37 -	5	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General 0040

10. Date deceased last worked at this occupation (month and year) March 7/36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME John W Myers

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Byrdie Myers

(Address) 1931 McCulloh St

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Mar 14 1936

UNDERTAKER T. O. Brooks & Co

(Address) 1463 N. Carey St

FILED ... Huntington Williams ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 10. 1936 to March 11. 1936

I last saw h she alive on March 11. 1936 Death is said to have occurred on the date stated above, at 2.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Ulcer	3-7-36

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Raymond Forge M. D.

(Address) 1937 N Carey St

M. D. B. 1268-9

21748 HEALTH DEPARTMENT—CITY OF BALTIMORE 21748

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 E. Fairmount Ave St., 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Beber

(a) Residence: No. 1817 E. Fairmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) — —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob L. Washofsky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Pearl —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Selma Rovner
(Address) 4611 S. St. Phil. Pa.

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Mt. Carmel Date 3/13/36 19

19. UNDERTAKER Jos. Sears Sons
(Address) 1437 E. Baltimore St.

Huntington Williams, M.D.

MAR 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to (her) death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other contributory causes of importance:
Diabetic Coma

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify

(Signed) Paul Wheeler, Coroner. M. D.

(Address) 1919 E. Fifth Ave.

M. D. [illegible]-9

1749

F 21749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

U.S. Veteran specify WAR [illegible]

2. FULL NAME William Stewart

(a) Residence: No. 1003 W Lafayette Ave. St., ___ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ula Stewadt

6. DATE OF BIRTH (month, day, year): Feb. 13, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	38		27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Wm, Stewart

14. BIRTHPLACE (city or town) (State or country): Not Known

15. MAIDEN NAME: Sucretia Taylor

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Louise Rose

(Address): 1003 Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 3/13 19 36

19. UNDERTAKER: Thomas E. Kalon

(Address) 1202 Pennsylvania Ave.

[illegible] 13 1936 [illegible] Clayton Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

His

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Disease of Heart	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ___ 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1537 N. Broadway Coroner

21750

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 21750

23

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Tuberculosis Division St. 16-2 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Williams

(a) Residence: No. 1039 N. Stricker st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Williams

6. DATE OF BIRTH (month, day, year) June 10, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	9	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 807

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Merritt Williams

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mary Carter

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Hospital Records
(Address)

17. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Co Date 3/14 1936

UNDERTAKER Thomas G. Kelso
(Address) 1203 Fayetteman st

FILED 3/13 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1936, to March 11, 1936.

I last saw him alive on March 11, 1936. Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Sept. 1935

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Karfgin M. D.
(Address) Baltimore City Hospitals

F 21751

F 21751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 N. Lafayette Ave 16 3 St. Ward)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Aubrey Saunders

(a) Residence: No. 1717 N Lafayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 26, 1936

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Aubrey Saunders

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Annie Lowe Monroe

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Annie Lowe Saunders

(Address) 1717 N. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 3/13, 1936

19. UNDERTAKER F. C. Kellar

(Address) 1223 Pennsylvania Ave

FILED MAR 13 1936 E. [illegible] M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1936, to March 10, 1936

I last saw him alive on March 10, 1936 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

Congenital Debility at Pregnancy birth, Cause of Premature birth unknown, Pound of Uterine Gestation and seven Months.

Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Phys. Exp. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D. Gordon Wrightson, M. D.

(Address) 1034 Cathedral St

M. D. B. 1268-9

21752

✓ F 21752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 129 Shalverton Rd St. 30-4 Ward)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barbara Currid-

(a) Residence: No. 129 Shalverton Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of James

6. DATE OF BIRTH (month, day, year) Sept 20, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Sebastian Strabler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eva Betz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Murrid

(Address) 129 Shalverton Road

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Mar 14 19 36

19. UNDERTAKER Charles N Kechner

(Address) 2301 E Monument Ave

FILED 19 Huntington Williams, Registrar.

131936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1933, to March 10, 1936.

I last saw her alive on March 10 1936. Death is said to have occurred on the date stated above, at 6.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	2 hrs
General debility.	
Other contributory causes of importance: Chronic myocarditis	6 yrs.
Carcinoma of left breast.	4 yrs.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, how? ...

(Signed) C O Reese, M. D.

(Address) 4 N Fulton Ave

21753 # 12489 ✓ F 21753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 12-7 Ward.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lula Watkins

If U. S. Veteran specify WAR .....

(a) Residence: No. 2136 Oak St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) 12-20-1900

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35		2	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Anthony Harris

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Eliz. Burke

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT B. C. H. Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Cem. Date Mar 15th 1936

19. UNDERTAKER Mrs. Robert P. Elliott daughter

(Address) 1129 Harlem Ave. Huntington Williams, M.D.

FILED 1936 19 ..... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 / 11 / 1936

22. I HEREBY CERTIFY, That I attended deceased from 2 / 24 / 1936 to 3 / 11 / 1936

I last saw her alive on 3 / 11 / 1936 Death is said to have occurred on the date stated above, at 12 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis c. uremia	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

rec.—2-29-28—L. F. S.—50 Bks.

F 21754 Franklin Delano Marston F 21754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1—PLACE OF DEATH

REGISTERED NO. 16-4

CITY OF BALTIMORE: (No. 2023 W. Lanvale ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Franklin DELANO Marston.

(a) RESIDENCE NO. 2023 W. Lanvale ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 12 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Jan 31, 1935

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John Wm E. Marston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jackson Va

12 MAIDEN NAME OF MOTHER Harriett Krafft.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant John W. E. Marston

(Address) 2023 W. Lanvale St.

Filed 3 1936, 19 Huntington Williamson, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 12, 1936.

17

I HEREBY CERTIFY, That I attended deceased from Mar. 11, 1936, to Mar 12, 1936.

that I last saw h/i alive on Mar. 11, 1936.

and that death occurred, on the date stated above, at 9-20 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mal-nutrition.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) George E. Shannon, M. D.

3/13, 19 36 (Address) 700 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	3-14 1936
UNDERTAKER Wm J. Jackson & Sons	ADDRESS North & Pa Ave.

21755 HEALTH DEPARTMENT—CITY OF BALTIMORE 21755

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSP St., 16-2 Ward) Registered No. 18

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lawrence Pollard

(a) Residence: No. 1310 W Lanvale St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Pollard

DATE OF BIRTH (month, day, year) Oct. 2, 1909

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	5	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter at 7

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Paul Pollard

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Hannah Giles

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Lawrence Pollard

(Address) 1310 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 3/13 36 19

19. UNDERTAKER Thomas G. Kelly

(Address) 1203 Pennsylvania Ave

MAR 13 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Mar 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 3 1936 to Mar 11 1936

I last saw him alive on Mar 11 1936. Death is said to have occurred on the date stated above, at 2 10/P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis Meningococcic	3/11/36
Other contributory causes of importance: Lobar Pneumonia	3/4/36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lumbar Puncture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Myron G. Tull M.D.

(Address) Sydenham Hosp

M. D. B. 1268-9

21756 F 21756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 700 West 40th St. 13-7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 87 yrs. 1 mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Elizabeth B. Morgan

(a) Residence: No. 700 West 40th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles S. Morgan

6. DATE OF BIRTH (month, day, year) Jan 22, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	1	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

13. NAME Alexander Rieman

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

15. MAIDEN NAME Eveline Macfarlane

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Home for Incurables
(Address) 700 West 40th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date 3-14- 1936

19. UNDERTAKER Henry W. Jenkins' Sons Co
(Address) 1 Eutaw Place

19. FILED ..... 19 Huntington Williams, Jr.

MAR 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1933, to March 11, 1936

I last saw her alive on March 11, 1936. Death is said to have occurred on the date stated above, at 1 17a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, cerebral & general	1920
Other contributory causes of importance: Bronchopneumonia	1936

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. Hampton Hopkins M. D.

(Address) 214 Mercantile Bldg

B. D. B. 1268-9

21757

HEALTH DEPARTMENT—CITY OF BALTIMORE

21757

CERTIFICATE OF DEATH

X 107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 W. Lanvale St., 11th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Anne Cleland Read

(a) Residence: No. C/o L. J. Murray Sq Hookis Lane, Ward Pikesville Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

6. If married, widowed or divorced (or) WIFE of Benjamin Hugers Read deced

DATE OF BIRTH (month, day, year) June 10 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Charleston So. Carolina

13. NAME G. F. Pringle Smith

14. BIRTHPLACE (city or town) (State or country) Charleston S.C.

15. MAIDEN NAME Elizabeth Middleton

16. BIRTHPLACE (city or town) (State or country) Charleston S.C.

INFORMANT Elizabeth M. Cadwalader

(Address) 217 W. Lanvale St Balto

BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Mar 14 1936

UNDERTAKER Henry W. Faulkinerton Co

(Address) N. Capitol & Richard St

FILED APR 12 1936 Washington, D. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1934, to March 10, 1936.

I last saw her alive on March 11, 1936. Death is said to have occurred on the date stated above, at 7:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral Hemorrhage	Sept 18 1934
Bronchopneumonia, terminal	

Other contributory causes of importance:

Generalized Arteriosclerosis	
Hypertension	1925

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Buckbridge M. D.

(Address) 18 E Eager St.

M. D. B 1268-9

F 21758

21758 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 194-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., 4-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edgar E. Ebersol

(a) Residence: No. 54 Admiral Bulb, Dundock Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------Ebersol

6. DATE OF BIRTH (month, day, year) March 7, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52		5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME John Ebersol

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Anna Baker

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. S. Pell

(Address) Lykens Pa.

18. BURIAL, CREMATION, OR REMOVAL Fairview Williamstown Pa. Date 3/16 19

19. UNDERTAKER William Cook

(Address) 1247 SK Paul Street

20. FILED MAR 13 1936 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1936 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Probably from Cerebral Concussion	

Other contributory causes of importance: Condition cause determined at post mortem

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide or Homicide? Accident Date of injury Feb. 29, 1936

Where did injury occur? Balto. P.R. Distillery (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Struck by Head

Nature of injury Concussion of Cerebra

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Probably from Concussion

(Signed) [illegible] M. D.

Coroner

(Address) [illegible]

F 21759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 N. Glover St. 6-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ernest Martens

If U. S. Veteran specify WAR .....

(a) Residence: No. 123 N. Glover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances Martens

DATE OF BIRTH (month, day, year) Apr 24/71

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	10	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME — Martens

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frances Martens
(Address) 123 N. Glover St

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Date 3/14/36

19. UNDERTAKER Philip Sterling Sons
(Address) 2016 Eastern Ave

FILED MAR 13 1936 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1936 to March 10, 1936

I last saw h[illegible] alive on March 9, 1936. Death is said to have occurred on the date stated above, at 11:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Hypertension.	Feb 1936
Myocardial Insufficiency	
Other contributory causes of importance:	
Cause Unknown Hypostasis	March 1936
Pneumonia, Edema	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) H. E. Geyer, M. D.

(Address) 156 N. Milton Ave.

21760

F 21760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2401 Callow ave St. 13-1 Ward)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Miah Leah Steinberg

(a) Residence: No. 2401 Callow ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Simon Steinberg

7. DATE OF BIRTH (month, day, year) 1851

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Rahel Sarenstein

(Address) 2401 Callow ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Carmel Date: 3/13/36

19. UNDERTAKER: Jacob Hyman & Son

(Address) 1439 E. Baltimore St

FILED 3 1936 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/15, 1935, to 3/13, 1936

I last saw her alive on 3/13, 1936. Death is said to have occurred on the date stated above, at 5-20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	2/11/36

Other contributory causes of importance:

Senility

Senile arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A Feinberg, M. D.

(Address) 2220 Eutaw pl

21761

F 21761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

15-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 Presbury St. ... Ward)

Length of residence in city or town where death occurred 31 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Abramsky

(a) Residence: No. 1809 Presbury St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Isaac

DATE OF BIRTH (month, day, year) 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ... 37

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Isaac Baskin

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Hanna P

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Robert Abramsky

(Address) 4727 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Lakeview Pinedale Date March 13 1936

19. UNDERTAKER Sol Levinson Bros

(Address) 127 E. Baltimore St. Huntington Pittsburgh, Pa.

MAR 13 1936 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1936 to Mar. 12, 1936

I last saw her alive on Mar. 11, 1936 Death is said to have occurred on the date stated above, at 3P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio. renal Disease	Few years
Chron. Bronchitis; Bronchiectasis	Few years
Other contributory causes of importance:	
Acute Bronchitis	Mar. 5, 36
Myocardial Failure	2 hours
	Prior to death

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. A. Finkelman M. D.

(Address) 2340 Eutaw Place

F 21762

F 21762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 53-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 4-2 Ward)

Length of residence in city or town where death occurred yrs. mos. 3 da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Mary S Sheckells

(a) Residence: No. Huntingtown, Calvert Co Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f	w	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elliot G Sheckells

DATE OF BIRTH (month, day, year) April 27 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	10	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. hw

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ofd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert County Md

13. NAME James W Gibson

14. BIRTHPLACE (city or town) (State or country) not known

15. MAIDEN NAME Ann Maria Boyd

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Edna G. Lyons

(Address) Huntingtown, Ca Co Md

18. BURIAL, CREMATION, OR REMOVAL Huntingtown Md Date 3/15/36

19. UNDERTAKER Wm H Hutchins

(Address) Owings Beach Huntington Williams, M.D

FILED ..... 19 ..... Registrar

R 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/13 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/10 1936 to 3/13 1936

I last saw h[illegible] alive on 3/13 1936 Death is said to have occurred on the date stated above, at 8.45 A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spinal cord tumor - involving 3-7 dorsal segment	Sept 1935
Circulatory collapse	3/13

Other contributory causes of importance:

Was an operation performed? yes Date of 3/11/36

For what disease or injury? Spinal cord tumor

Name of operation: Laminectomy - excision of spinal cord tumor Date of 3/11/36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO Date of Injury ..... 19 .....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Francis S. Dickey M. D.

(Address) University Hospital

D. [illegible] 21763

F 21763

HEALTH DEPARTMENT—CITY OF BALTIMORE

301342

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. life mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Oscar White

(a) Residence: No. 145 N. High St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 5/24/35

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Oscar White

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Beatrice Harrington

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date March 16 1936

19. UNDERTAKER John W. Bryan

(Address) 1647 Orleans St

20. FILED 13 1936 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1935 to March 11, 1936

I last saw him alive on Mch 11, 1936. Death is said to have occurred on the date stated above, at 5 30 A m.

The principal cause of death and related causes of importance were as follows:

Meningococcus Meningitis. Date of onset December

resulting hydrocephalus.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Lydia B Rosenau M. D.

(Address) Johns Hopkins Hospital

F 21764

F. 21764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 Lewis St St. 5-1 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha Crockett

(a) Residence: No. 426 Lewis St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colo	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Ben

6. DATE OF BIRTH (month, day, year) Sept. 7-1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	Sept	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. also in own factory

10. Date deceased last worked at this occupation (month and year) 2 yr

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Northumberland Co Virginia

MOTHER FATHER

13. NAME Jane Crockett

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hannah Starkes
(Address) 419 N. Spring St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Hill Cemetery Date March 15 1936

19. UNDERTAKER Edw. Bryan
(Address) 1914 Pennsylvania Ave

Registrar

MAR 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 3 1936 to Mar 12 1936

I last saw her alive on Mar 11 1936 Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Mar 3/36
Other contributory causes of importance: La Grippe	Mar 1/36

Name of operation. None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Richard A Kerlinger M. D.

(Address) 1514 E. Baltimore St

M. D. B 1268-9

F 21765

F 21765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Evelyn Imes

If U. S. Veteran specify WAR .....

(a) Residence: No. 109 N Schroder St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 28 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Imes

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherin Gorden

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Catherin Imes

(Address) 109 N Schroeder

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Mar 13, 1936

19. UNDERTAKER Mrs Katie R Williams

(Address) 3221 [illegible] Pennington Pikesville, Md.

FILED MAR 13 1936, 19 ..

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11 1936

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.

(Address) 2737 W. Lexington

M. D. B 1268-9

F 21766

F 21766 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 106-W c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., 18 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Russell Jr.

(a) Residence: No. 226 N. Arlington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec. 22, 1933

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	2	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Robert Russell

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Vernic Ruffin

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Robert Russell
(Address) 226 N. Arlington ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Mar 14, 1936

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N Schroeder St Huntington Baltimore, Md.

FILED ... 19 ... Registrar.

MAR 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March. 11 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	
(Unspecified)	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. K. Oakes M. D.
Coroner

(Address) 2757 E. Lan[illegible]

F 21767

F 21767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 9

Registered No. 151

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSP'T St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 7 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Moren Chambers

(a) Residence: No. 1456 Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced (HUSBAND of (or) WIFE of) —

DATE OF BIRTH (month, day, year) June 13, 1935

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (None)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Raymond Chambers

14. BIRTHPLACE (city or town) (State or country) Annapolis Md.

15. MAIDEN NAME Nita Cook.

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bush Park, Howard Co Md Date Mar 14, 1936

19. UNDERTAKER Mrs Katie R Williams
(Address) 327 E Lafayette St Huntington Williams, W. Va.

Filed ..... 19 ..... Registrar

R 13 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1936, to March 11, 1936

I last saw her alive on March 11, 1936 Death is said to have occurred on the date stated above, at 5 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	3-3-36
Bronchopneumonia	3-8-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Francis D Schwentker, M. D.

(Address) SYDENHAM HOSP

F 21768

F 21768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 N. Carey St. St., 18-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Noore C. Mohamed

(a) Residence: No. 405 N. Carey St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col,	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 13th. 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md,

FATHER

13. NAME Glamma Mohamed

14. BIRTHPLACE (city or town) East Indies
(State or country)

MOTHER

15. MAIDEN NAME Mary Washington

16. BIRTHPLACE (city or town) Richmond
(State or country) Virginia

17. INFORMANT Mary Mohamed
(Address) 405 N. Carey St,

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lanburn Date Mar 13, 36

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 S Schroeder St,

20. FILED 1936 [illegible] for Williams

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Mar. 12, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above, 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia,	Mar. 8th 1936
Other contributory causes of importance:	

Was an operation performed? No, Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos H Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave,

F 21769

F 21769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-7

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5617 Greenspring Ave. St., 27-13 Ward)

Length of residence in city or town where death occurred 65 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bishop E. Steffey

(a) Residence: No. 5617 Greenspring Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Charlotte Steffey

6. DATE OF BIRTH (month, day, year) Jan. 4-1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	2	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Overseer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. Vern. Hondtary Mills

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

13. NAME Henry H. Steffey

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Caroline Williams

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs. Anna R. Burgee

(Address) 5617 Greenspring Ave.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date March 14 1936

UNDERTAKER Horace F. Burgee

(Address) 3631 Falls Road

Huntington Williams, M.D.
Registrar.

MAR 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12 1936

22. I HEREBY CERTIFY, That I attended deceased from March 11 1936 to March 12 1936.

I last saw h. alive on March 12 1936 Death is said to have occurred on the date stated above, at 1.06 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis and general arteriosclerosis	2y

Other contributory causes of importance: Myocardial insufficiency

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Ey Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 ....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. Owen M. D.

(Address) 3429 Chestnut Ave.

12905

21770 HEALTH DEPARTMENT—CITY OF BALTIMORE 21770

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 76-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 for yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elmer Piercy

(a) Residence: No. 428 S. Grundy St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Goldie

DATE OF BIRTH (month, day, year) 2-22-1906

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30		21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junk Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Edward

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Carrie Sinix

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date Mar. 6 19 36

19. UNDERTAKER Tilley & Zeiler Inc
(Address) 403 S Monroe.

FILED MAR 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/8, 1936 to 3/13, 1936

I last saw him alive on 3/13, 1936 Death is said to have occurred on the date stated above, at 2:10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	6 days

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp

1771

STATE OF MARYLAND—CERTIFICATE OF DEATH

93-T 21771

1. PLACE OF DEATH

Registration Dist. No. 6

County

Village or City

No. 1717 Poplar Grove St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 75 yrs. 4 mos. 6 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie R. Barnes

(a) Residence: No. 1717 Poplar Grove St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William R. Barnes

6. DATE OF BIRTH (month, day, and year): Born January 1. 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Taylors Island Dorchester Co. Md

MOTHER FATHER

13. NAME: William K. Travers

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Rebecca A. Hopper

16. BIRTHPLACE (city or town) (State or country): Taylors Island Eastern Shore Md

17. INFORMANT (Address): W. R. Travers 1717 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Olivet Cemetery Date March 14, 1936

19. UNDERTAKER (Address): Howard R. Bligh Jr 1418 N. Gay St.

20. FILED 1936 Huntington Williams Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Mar. (Month) 11 (Day) 1936 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25 1936 to Mar. 11 1936

I last saw her alive on Mar 11 1936, death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Bronchio Pneumonia — Date of onset

Other Contributory Causes of importance: Chronic Myocarditis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Thos. H. Phillips M. D.

(Address) 1939 Edmondson Ave.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

F 21772

21772 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4811 Pennington ave St., 25 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alex a. Sulin

(a) Residence: No. 4811 Pennington ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Kay Sulin

DATE OF BIRTH (month, day, year): March 17 1877

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	11	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Millwright

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U.S.A. Coast Guard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0086

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Alex Sulin

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Mont Know

16. BIRTHPLACE (city or town) (State or country): Russia

INFORMANT: Mrs. Alice Sulin

(Address) 4811 Pennington

BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Cem. Date: March 16, 1936

UNDERTAKER: Margaret L. Flynn

(Address) 1070 W. Fulton St

1936 Pennington Village Nurse

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1935 to Mar. 12, 1936

I last saw him alive on Mar. 11, 1936 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthma (Bronchial)	15 yrs
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? none Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Possibly Specify Inhalation Gases

(Signed) William W. Cecil M. D.

(Address) 4815 Pennington Ave

rec.—2-29-28—L. F. S.—500 Bks.

F 21773

21773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3200 Elgin Ave ST., 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eugene I. Huber

(a) RESIDENCE NO. 3200 Elgin Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Nula Shlow Huber

DATE OF BIRTH (month, day, and year): Feb 8 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	1	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Furniture Broker

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Indiana

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

Informant: John E. Kaufman

(Address): 3200 Elgin Ave

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 12, 1936

17 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1933, to March 12, 1936.

that I last saw h~~im~~alive on Mar 12, 1936.

and that death occurred, on the date stated above, at 5.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis + Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis - Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) O. Walter Spurrier M.D. M. D.

, 19 (Address) 3603 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rushville Indiana

DATE OF BURIAL: March 13 1936

20 UNDERTAKER: Margaret L. Flynn

ADDRESS: 1422 Light St.

1936

1774

STATE OF MARYLAND—CERTIFICATE OF DEATH

1774

93-C

1. PLACE OF DEATH

Registration Dist. No.

County

Village or City Baltimore

No. 15-16 Park ave St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs mos ds How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary C. Bixler

(a) Residence No. 15-16 Park ave St. Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Aaron Bixler

6. DATE OF BIRTH (month, day and year) Jan 6 1839

7. AGE Years 97 Months 2 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. at home

10. Date deceased last worked at this occupation (month and year) Retired

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manchester Md

MOTHER FATHER

13. NAME Henry Fair

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Rachael Wantz

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Virginia Bates

(Address) 15-16 Park ave

18. BURIAL, CREMATION, OR REMOVAL

Place Winters Cem. Date Mar 15 1936

19. UNDERTAKER D D Hartley & Sons

(Address) New Windsor Md

20. FILED 19 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 11 (Month) (Day) 1936 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1936 to March 11 1936

I last saw h alive on March 11 1936, death is said to have occurred on the date stated above, at 10 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocarditis	?
(Coma)	
Other Contributory Causes of importance: Cardiac decompensation	Jan 1936

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Simon M. Fike M. D.

(Address) 2435 Maryland Ave Balto. Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

F 21775

1775 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

89-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. SYDENHAM HOSP'T St. 26-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 8 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dorothy Mallon

(a) Residence: No. 3523 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 19, 1929

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	8	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME Esther Mallon
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.
15. MAIDEN NAME Evelyn Horner
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.
17. INFORMANT Father
(Address) 3523 Eutaw Place
18. BURIAL, CREMATION, OR REMOVAL Date Baltimore Mem March 14-36
19. UNDERTAKER Jos J Stern & Son
(Address) 3001 Kentucky ave
20. 13 1936 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1936, to March 12, 1936.
I last saw her alive on March 12, 1936. Death is said to have occurred on the date stated above, at 2:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis media	March 9
Streptococcus meningitis	

Other contributory causes of importance:

Was an operation performed? No Date of .....
For what disease or injury?
Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. O. Stiles, Jr. M. D.
(Address) SYDENHAM HOSP'T

F 21776

D. B 1268-9

21776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospital St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lena Kennedy

(a) Residence: No. 935 W Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel

DATE OF BIRTH (month, day, year) Feb 19, 1901

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	—	2 17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. genl housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Harford County
(State or country) Maryland

13. NAME Henry Hawkins

14. BIRTHPLACE (city or town) Harford Co
(State or country) Md

15. MAIDEN NAME Hattie Clifford

16. BIRTHPLACE (city or town) Balto County
(State or country) Md

INFORMANT Henry Hawkins

(Address) 422 St George Ave.

BURIAL, CREMATION, OR REMOVAL

Place Harford Co Md Date 3/17/36 19

UNDERTAKER Robt Pendleton

(Address) 1515 McElderry St

FILED MAR 13 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Contributory to pneumonia	

Other contributory causes of importance:

Acute Conjunctivitis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. W. Wright, M. D.
Coroner

(Address) 1010 S. Wilkens Ave

M. D. B 1268-9

21777

P 21777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 175

Registered No. 5-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ethel Richardson

(a) Residence: No. 218½ East St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 22, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackberry S. C.

FATHER

13. NAME John Foster

14. BIRTHPLACE (city or town) (State or country) Union S. C.

MOTHER

15. MAIDEN NAME Mamie Williams

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Mamie Jackson

(Address) 218½ East St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Cem Date 3/16/36

19. UNDERTAKER Robert E. McGuigan & Sons

(Address) 1525 N. Eden St.

Registrar

No. 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Second degree burns of body	

Other contributory causes of importance:

Toxemia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan. 19, 1936

Where did injury occur? Lexington & Eutaw Sts. Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Gasoline soaked clothes lit with a match

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 419 E. Fifth Ave

H. D. B. 1268-9

F 21778

21778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia Henderson

(a) Residence: No. 1531 E Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12 | 29 | 93

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	43	2	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 3/4/36

19. UNDERTAKER Robert E Wilkinson
(Address) 1518 McElderry St

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1936 to March 6, 1936
I last saw her alive on Mar 6, 1936 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	years
arteriosclerotic Heart Disease	6 yrs
Vascular nephritis	4 yrs.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of Injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Edw D Grossman, M. D.
(Address) The Johns Hopkins Hosp

F 21779

21779 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

122-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.) St. 22-4 Ward) Registered No.

CITY OF BALTIMORE: (No.) Lifetime

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds. If U. S. Veteran specify WAR

2. FULL NAME Edward Merryman

(a) Residence: No. 3200 Western Ave. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie M. Merryman

DATE OF BIRTH (month, day, year) May 9, 1854

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
82	10	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grading Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Moses H. Merryman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Sarah A. Heffner

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Mrs. Elizabeth Merryman

(Address) 2237 W. Centre St

18. BURIAL, CREMATION, OR REMOVAL Mountain, Mar 16, 1936

19. UNDERTAKER Chas. F. Graves & Son

(Address) 118 N. Mitchell Ave

MAR 3 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/13/1936

22. I HEREBY CERTIFY, That I attended deceased from 2-2-1936, to 3/13, 1936

I last saw him alive on 3-13-1936. Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction — Date of onset 2/2/36

Other contributory causes of importance: Myocarditis of Failure — 3/6/13

Was an operation performed? yes Date of 2-3-36

For what disease or injury?

Name of operation Caecostomy Date of 2/3/36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Everett Norwood M. D.

(Address) Md Gen Hospital

1780 # 12909 F 21780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St., 20-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Bopp. Bopp

If U. S. Veteran specify WAR

(a) Residence: No. 154 Landwehr Lane St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Bopp

DATE OF BIRTH (month, day, year) 7-9-1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME George Bopp

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Fitch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 14 1936

19. UNDERTAKER F. B. Hubert & Son

(Address) 1900 Eutaw Place.

FILED 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/11, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/8, 1936 to 3/11, 1936

I last saw him alive on 3/11, 1936 Death is said to have occurred on the date stated above, at 10:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Bronchopneumonia	3 days.
Cerebral Hemorrhage	1 day.
Other contributory causes of importance:	
Hypertension	?
Arteriosclerosis	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp.

✓ F 21781

21781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 24-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Vogelsang

(a) Residence: No. 105 E. Barney St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Newborn

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 3-10-36 2:14 P.M.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 5 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Charles Vogelsang

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Mary Rafferty

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Med. School Date Mar 13, 1936

19. UNDERTAKER
(Address)

Filed Mar 13 1936 2175 Huntington Pittsburgh, Pa. Funeral Dir.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1936 to Mar 10, 1936

I last saw her alive on Mar. 10, 1936 Death is said to have occurred on the date stated above, at 2.20 P.M.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Maternal hemmhage coming	
fetal intrauterine asphyxia	

Other contributnry causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) F. Emil Kodon, M. D.

(Address) Baltimore City Hospitals

21782 ✓ F 21782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

#10665 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St. 2-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Phillips

(a) Residence: No. 232 S. Durham St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 8-20-1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
86	85	6	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dock

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME George Phillips

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Maranda Smith

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U. of Md. School Date Mar 13 1936

19. UNDERTAKER
(Address)

20. FILED 19 Registrar

MAR 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/10 1936

22. I HEREBY CERTIFY, That I attended deceased from 1932 19 to 3/10 1936

I last saw him alive on 3/10 1936 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	?
Arteriosclerosis	?

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

1783 F 21783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 12768

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St., 10-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Ross

(a) Residence: No. 600 E. Madison St., St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 7-4-1872

AGE 63 Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0039

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME William Scott

14. BIRTHPLACE (city or town) (State or country) .....

15. MAIDEN NAME Lydia

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U. of Md. Med School Date May 13, 1936

19. UNDERTAKER .....
(Address) .....

Filed ..... 1936 ..... Registrar

2178

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19 .., to 3/6, 1936

I last saw her alive on 3/6, 1936 Death is said to have occurred on the date stated above, at 12:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7 days
Arteriosclerosis	?
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Baltimore Hosp.

✓ F 21784

21784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4 So. Gilmor St., 16-24 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Haigley
If U. S. Veteran specify WAR No.

(a) Residence: No. 4 S. Gilmor St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced ~~HUSBAND~~ — WIFE of Late Alphonse Haigley

DATE OF BIRTH (month, day, year) Jan 22-1848

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	1	20 21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Michael Reis

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Amrhein

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs Mae Haigley
(Address) 4 S. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 3/16/36

19. UNDERTAKER Geo. E. Boyer
(Address) 1512 Pulaski St

20. Filed 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1936 to March 13 1936
I last saw her alive on March 12 1936 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Pneumonia:	2 day
Acute cardiac dilatation	1 hr.
Senility.	

Other contributory causes of importance:
Diabetis Mellitus & Gangrene Toe of left foot - Myocarditis.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state how

(Signed) A. Polis M.D. M. D.

(Address) 4 N. Fulton Ave

D. B. 1769-9

1785

F 21785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ x 173

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William A. Ford

If U. S. Veteran specify WAR .....

(a) Residence: No. Snyder Ave, Edgemere St., Sparrows Pt Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of Mrs M.

DATE OF BIRTH (month, day, year) May 9 1892

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Braddock Pennsylvania

13. NAME Arthur J. Ford

14. BIRTHPLACE (city or town) (State or country) Braddock Pa.

15. MAIDEN NAME Margaret Worlsberger

16. BIRTHPLACE (city or town) (State or country) Pittsburg Pa.

17. INFORMANT Mrs M Ford

(Address) Snyder Ave, Sparrows Pt. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 14 1936

19. UNDERTAKER Albert N Berezay

(Address) 404 E North Ave Balto Md.

20. FILED 1936 Herington Williams MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by — Autopsy — (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullett wound through Brain	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Homicide Date of injury March 10, 1936

Where did injury occur Snyder Ave. Edgemere. Sparrows Pt. Balto Co. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of injury Shot through head

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) H. N. Wright, M. D. Coroner

(Address) 1010 S. Wolfe St.

1786

F 21786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 49-B

1. PLACE OF DEATH — notre Dame Convent — 10-7

CITY OF BALTIMORE: (No. 901 Aisquith St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sr. M. Charatina Haus

(a) Residence: No. Convent of Notre Dame St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 7, 1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	9	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Teacher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rochester N.Y.

13. NAME Frank Haus

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Adelaide Gleichauf

16. BIRTHPLACE (city or town) (State or country) Rochester N.Y.

17. INFORMANT Sr. of Notre Dame
(Address) 901 Aisquith Street

18. BURIAL, CREMATION, OR REMOVAL
Place NOTCH CLIFF Date March, 14 1936

19. UNDERTAKER Geo. M. Fink & Son.
(Address) 811 N. Wolfe St.

Mar 12 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 36 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13 1936 to ..... 19.....

I last saw her alive on March 5 1936. Death is said to have occurred on the date stated above, at 9.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Generalized Arteriosclerosis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of July 1935

For what disease or injury?

Name of operation Excision Gall Bladder Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. J. Kirby M. D.

(Address) 1106 North Ave

H. D. B. 1208-9

F 21787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 747-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-2 Ward)

Length of residence in city or town where death occurred ..... yrs. 24 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Peters

(a) Residence: No. 297 Maryland Ave St., ... Ward. Hagerstown Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Josephine

DATE OF BIRTH (month, day, year) 7/24/85

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	10	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigarmaking machine

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 y

12. BIRTHPLACE (city or town) (State or country) Syria

13. NAME Peter Cori

14. BIRTHPLACE (city or town) (State or country) Syria

15. MAIDEN NAME Sadie Musad

16. BIRTHPLACE (city or town) (State or country) Syria

17. INFORMANT Rel'ds — JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Piedmont W. Va. Date Mar 13 1936

19. UNDERTAKER Geo M. Smith & Son

(Address) 810 N. Howard St

20. FILED Mar 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1936 to Mar 12, 1936

I last saw ~~him~~ alive on March 12, 1936 Death is said to have occurred on the date stated above, at 2.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung - left	?
Pneumonectomy left lung	
Cardiac failure	3/10/36?

Other contributory causes of importance:

Name of operation Pneumonectomy Date of 3/9/36

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm B. Shippard M. D.

(Address) J. Hopkins Hosp

F 21788

1788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-L

Registered No. 1-14

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 S. Maderia St., ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Theresa Riesner.

(a) Residence: No. 511 S. Maderia St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Christopher Riesner.

DATE OF BIRTH (month, day, year) AUG. 30/1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Zorn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret. Amend

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Riesner. (Duather.)

(Address) 511 S. Maderia St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer. Cem. Mar 14/36

19. UNDERTAKER Lilly & Zeilenga

(Address) 405 S. Wolfe St.

Mar 13 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 10/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from March 7 . 1936 to March 10 . 1936

I last saw h[illegible] alive on March 10 . 1936 Death is said to have occurred on the date stated above, at 9 PM

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset 3 10 36

Cerebral Apoplexy — 3 7 36

Myocarditis chr. — 2 mos.

Other contributory causes of importance: Arteriosclerosis — 3 7 36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas Wade M. D.

(Address) 532 E. 22nd St.

'789) F 21789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Potts Funeral St. (or Ward) 44th

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Albert Leltzer

(a) Residence: No. 1818 Boyd St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary T Leltzer

DATE OF BIRTH (month, day, year) March 10, 1882

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 28 yrs

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Conrad Leltzer

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Amanda Fisher

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Chas B. Leltzer

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3/16, 1936

19. UNDERTAKER South Potts Funeral Home

20. FILED 3/16 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1936, to March 13, 1936.

I last saw him alive on March 10, 1936. Death is said to have occurred on the date stated above, at 1500 a.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset

Bronchopneumonia

Other contributory causes of importance:

Furunculosis

Septicemia

Was an operation performed? Yes Date of 3-9-36

For what disease or injury? Furunculosis

Name of operation Incision + Drainage Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto E. W. Woole, M. D.

(Address) South Potts Funeral

F 21790

21790 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8306 34-9 93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 18 Ward 2) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Lillistone

(a) Residence: No. 1027 W. Fayette St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 12- -1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Charwoman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Midocean
(State or country)

13. NAME Nicholas Kerrigan

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Marg. Dolan

16. BIRTHPLACE (city or town)
(State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL [illegible] Date 3/17, 1936

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19... to 3/3, 1936

I last saw her alive on 3/3, 1936 Death is said to have occurred on the date stated above, at 2 22 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	?
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp

D. B 1268-9

1791

HEALTH DEPARTMENT—CITY OF BALTIMORE

1791

CERTIFICATE OF DEATH

✓ 186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., Ward)

Length of residence in city or town where death occurred 79 yrs. 11 mos. 1 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Charles H. Nichols.

(a) Residence: No. 2223 E. Madison St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, XXXXXXXXXX HUSBAND of (or XXXXXX) Mary Ellen Nichols

DATE OF BIRTH (month, day, year) April 11, 1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Can maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. can

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Jacob Nichols

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Margaret Kurtz.

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Mary Ellen Nichols. (wife)
(Address) 2223 E. Madison St.

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 3/14 36

UNDERTAKER John A. Kenan
(Address) 3000 E. Balto St

Filed 1936 Huntington Fitzhugh Reg't

1071

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fall to the floor.	
Fracture of left hip.	
Myocardial Insufficiency.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? 2223 E. Madison
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Slipped and fell on floor.

Nature of injury Fx hip

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto K. Reinhardt, M. D.
Coroner

3/13/36 (Address) 1017 E. Charles St.

F 21792

21792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3924 Belvieu Ave 15-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city nr town where death occurred 7yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Rebecca W. [redacted] GANTZ If U. S. Veteran specify WAR No

(a) Residence: No. 3924 Belvieu Ave Ward.
(Usual place of abode) (If non-resident give city nr town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word): Married

6a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (nr) WIFE of: David B. Gantz

6. DATE OF BIRTH (month, day, year): June 17th 1866

7. AGE: Years 69 | Months 8 | Days 25 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupatinn: X

12. BIRTHPLACE (city nr town) (State or country): Balto Md

13. NAME: Edward Brennan

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Mary E. Wrightson

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: David B. Gantz
(Address) 3924 Belvieu Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Balto Date: Mar 14th 1936

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

Huntington Williams 3rd

4 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 12th 1936

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from Dec. 21 1935 to March 12 1936

I last saw her alive on March 12th 1936 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Mesentery + Intestine →	Oct. 1935
Other contributory causes of importance:	

Was an operation performed? Yes Date of Dec. 1935

For what disease or injury? Intraligamentary Pregnancy

Name of operation: Laparotomy Date of: Dec 1935

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Elbert G Reitzel M. D.

(Address) 2245 Reisterstown Rd. Balto

F 21793

21793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1830 West Fairmount Ave (Ward) 1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Frederick Ludwig

(a) Residence: No. 1830 West Fairmount Ave Ward.

(Usual place of abode) Same (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. COLOR OR RACE White | 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Ludwig

7. DATE OF BIRTH (month, day, year) Sept 29th 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	5	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Car

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mechanic W. R.R.

10. Date deceased last worked at this occupation (month and year) 3/7/36

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER Henry Ludwig

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME OF MOTHER Louisa K. Ellicamp

16. BIRTHPLACE (city or town) (State or country) Cumberland Md

17. INFORMANT Elizabeth Ludwig

(Address) 1830 W Balto St

18. BURIAL, CREMATION, OR REMOVAL Western Date 3/16 1936

19. UNDERTAKER Williams Cook

(Address) 1217 St Paul Street

20. FILED Huntington Williams, Jr.

41936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 13th 1936

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1936, to March 13, 1936

I last saw him alive on March 12, 1936. Death is said to have occurred on the date stated above, at 6.30 a m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 3-7-36

Other contributory causes of importance:

cancer cachexia

carcinoma of esophagus.

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edwin Flannigan, M. D.

(Address) 1904 W. Baltimore St.

Rec.—2-29-28—L. F. S.—500 Blks.

21794

F 21794

82-W

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE; (No.) 1239 Darley Ave. (ST.) 12 (WARD)

2—FULL NAME Mrs. Emilia Gobel

(a) RESIDENCE NO. 1239 Darley Ave (ST.) 12 (WARD)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

No War Record

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word)
F	W.	Widowed

If ~~married~~ widowed, ~~or divorced~~ (or) WIFE of Richard Gobel. Widowed

DATE OF BIRTH (month, day, and year) July 28th 1859

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	7	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Pikesville, Md.

10 NAME OF FATHER Frederick Teufel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

Informant Emil F. Gobel

(Address) 2223 Franklin Ave

Filed 1936 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12-1936

17 I HEREBY CERTIFY, That I attended deceased from March 5, 1936, to March 12, 1936, that I last saw h-e alive on March 11, 1936, and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy with right Hemiplegia

(duration) 6 yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Cardiac arteriosclerosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Roscoe Edwards M.D.

March 1936 (Address) 2438 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bachmans — DATE OF BURIAL Mar 16th 1936

20 UNDERTAKER Wm Cook — ADDRESS 1219 St. Paul St.

21795 ✓ F 21795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 800 William St. St. 7-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel M. Worrel
If U. S. Veteran specify WAR

(a) Residence: No. 800 William St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jessie Worrel
DATE OF BIRTH (month, day, year): July 8, 1880
AGE: Years 55; Months 8; Days 5; If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Orange, Va.
13. NAME of: Unknown
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country)
17. INFORMANT: Louis Worrel
(Address): 800 William St.
18. BURIAL, CREMATION, OR REMOVAL
Place: Cedar Hill Cem. Date: 3/16 1936
19. UNDERTAKER: Margaret G. Flynn
(Address): 1722 Light St
Filed 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 13, 1936
22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935 to Mar. 13, 1936
I last saw HER alive on Mar. 13, 1936 Death is said to have occurred on the date stated above, at 1:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	
Indefinite	
Other contributory causes of importance:	
Exhaustion	3/11/36

Was an operation performed? no Date of —
For what disease or injury?
Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
3/13/36 (Signed) R. E. Campbell M. D.
(Address) 644 Hanover St

21796 ✓ F 21796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 93-C

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9-9 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William J illett — If U. S. Veteran specify WAR .....

(a) Residence: No. Cassadena A. A. 6 St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence M. Tillett

DATE OF BIRTH (month, day, year) Dec 12 - 1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	3	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Morisett Tillett

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Hutchison

16. BIRTHPLACE (city or town) (State or country) Hutchison

17. INFORMANT Monford Tillett
(Address) 2518 S. Bouldin

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem Co 3/15 1936

19. UNDERTAKER J. Few Mc Cully
(Address) 130 E. Fort Ave

19 1936 Huntington Williams, M.D.
(Signature of Attending Physician)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1936, to March 12, 1936

I last saw him alive on March 12, 1936. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arteriosclerosis	
2. Chronic myocarditis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, state how .....

(Signed) W. M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

21797 F 21797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8363 82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME William Jones

(a) Residence: No. 806 Tessier St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie

DATE OF BIRTH (month, day, year) 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Davis Jones

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Annie Stewart

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cem 3/14/ 1936

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W. Biddle St

Interington Funeral Home

4 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/7, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/29, 1935 to 3/7, 1936

I last saw him alive on 3/7, 1936 Death is said to have occurred on the date stated above, at 8 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	10 mo.
Arteriosclerosis	?
Other contributory causes of importance:	
Hypertension	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reitz. M. D.

(Address) Balto City Hosp.

21798

✓ F 21798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 S. Durham Street St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Andrzej Niemczyk

(a) Residence: No. 704 S. Durham Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of Lucyanna Niemczyk

DATE OF BIRTH (month, day, year) Nov, 25, 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	3	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Jakob Niemczyk

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Dorota ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Lucyanna Niemczyk

(Address) 704 S. Durham Street

18. BURIAL, CREMATION, OR REMOVAL

Place St, Stanislaus Date March, 16/ 1936

19. UNDERTAKER George A. Weber

(Address) 705 South Ann Street

Huntington Williams, M.D.

Registrar.

141936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1936 to March 12, 1936

I last saw h/ alive on March 12, 1936 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Stomach — Date of onset April 1934 (?)

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug. 1934

For what disease or injury? Carcinoma of stomach

Name of operation Laparotomy & Gastrectomy Date of Aug 1934

What test confirmed diagnosis? Clinical & Operative Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suiride, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed Joseph F. Flenga M. D.

(Address) 209 S. Chester St.

21799 F 21799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2613 W. Franklin St., 20-2nd Ward)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Joseph Hunt.

(a) Residence: No. 2613 W. Franklin St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 24-1935

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none. child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Francis Rowland Hunt

14. BIRTHPLACE (city or town) (State or country) Trenton New Jersey.

15. MAIDEN NAME Geraldine Irene Shoop

16. BIRTHPLACE (city or town) (State or country) Pennsylvania Penn.

17. INFORMANT Francis R. Hunt.
(Address) 2613 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 3/14/36. 19

19. UNDERTAKER Harry A. Nichols
(Address) 4101 Eastern Ave

Filed MAR 16 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1936. to March 12, 1936

I last saw him alive on March 11, 1936. Death is said to have occurred on the date stated above, at 1:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Influenza	3-5-36

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? B.S. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify —

(Signed) Chester Riland, M. D.

(Address) 25-2 Lemmon Ave.

21800 ✓ F 21800

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH # 12017 - 108

349

Registered No. ____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St.) (Ward) 22-29

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1916 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR ____

2. FULL NAME Geo. Warren Turner

(a) Residence: No. 19 Hanover St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Penny (dead)

DATE OF BIRTH (month, day, year) 11-29-1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	56	3	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Caroline

13. NAME Joe (dead)

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Charlotte (Dead)

16. BIRTHPLACE (city or town) (State or country) North Caroline

17. INFORMANT Records of Balto. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Mch 14 1936

19. UNDERTAKER James A Hayes
(Address) 142 Lusitania St

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/3, 1936 to 3/12, 1936

I last saw him alive on 3/12 1936 Death is said to have occurred on the date stated above, at 9 25 a. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

(a) Lobar pneumonia 9 days.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

F 21806 ✓ F 21801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2808 Roselawn Ave St.) (Ward) 27 B

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Henry Eury

(a) Residence: No. 2808 Roselawn ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

DATE OF BIRTH (month, day, year) Jan 27 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	1	14 16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Boiler Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Crown Cork Seal

10. Date deceased last worked at this occupation (month and year) — mar 10th

11. Total time (years) spent in this occupation — 12yrs

12. BIRTHPLACE (city or town) (State or country) — Virginia East Union

13. NAME — Isaac Eury

14. BIRTHPLACE (city or town) (State or country) — Virginia Mont Rucker

15. MAIDEN NAME — Ida Hamble

16. BIRTHPLACE (city or town) (State or country) — Va East Union

17. INFORMANT (Address) — Mrs Mary Brent 2808 Roselawn ave

18. BURIAL, CREMATION, OR REMOVAL. Place Woodland Park Date Mar 16th 1936

19. UNDERTAKER (Address) — Geo Schilling & Sons Monument & Casket Co Hunting & Williams, Inc

20. FILED MAR 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13 . 1936

22. I HEREBY CERTIFY, That I attended deceased from March 11 . 1936. to March 13 . 1936

I last saw him alive on March 13 . 1936. Death is said to have occurred on the date stated above, at 2:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Rheumatic heart disease	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Lawrence Katzenstein, M. D.

(Address) 5806 Harford Road

1802 # 12378 ✓ F 21802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Estelle Woodson

(a) Residence: No. 1511 W. Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1-9-1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. $17.00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Charles Smith

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sara Soden

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 3/16/36 19

19. UNDERTAKER P. Thurston Williams
(Address) 15-13th Federal St

41936 Lexington 1511 W. Lexington St. Negro

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/12 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/18 1936 to 3/12 1936.

I last saw her alive on 3/12 1936 Death is said to have occurred on the date stated above, at 12 05 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular renal disease	3yr.

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Raitt M. D.

(Address) Baltimore Md.

F 21803 Mattie McCleary. ✓ F 21803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+121

Registered No. ____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR ____

2. FULL NAME Mattie Martha McCleary

(a) Residence: No. Cockeysville St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of J.LeRoy McCleary

6. DATE OF BIRTH (month, day, year) Jan 23 1898 Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ____ | 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jos. Leaf

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT J.LeRoy McCleary
(Address) Cockeysville

18. BURIAL, CREMATION, OR REMOVAL Date May 16, 36
Parish Ch Cmtry

19. UNDERTAKER W. C. Brooks
(Address) Timonium Md

20. FILED ____ 19 ____ Registrar

141936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day) March 13, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardiac Valvular Disease	
Acute Appendicitis	

Other contributory causes of importance ____

Was an operation performed? Yes Date of March 12, 193

For what disease or injury? Acute Appendicitis

Name of operation Appendectomy Date of March 12

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) F. H. Cullen, M. D.
(Address) 3737 N. Howard St. (Cardiac)

21804 Sweeting ✓ F 21804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH University Hospital W-2 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., W-2 Ward)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James A. Sweeting

(a) Residence: No. 745 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) Aug 28, 1908

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27		14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME James A Sweeting

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Blanche Russell

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Blanche Sweeting
(Address) 745 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Mar 16, 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St Huntingtown Williams, M.D.

Filed ..... 19 ..... Registrar

14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-12-36 19

22. I HEREBY CERTIFY, That I attended deceased from Mar. 8 1936 to Mar. 12 1936

I last saw him alive on Mar. 12 1936 Death is said to have occurred on the date stated above, at 6 A .m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subdural Hemorrhage	2/22/36
Other contributory causes of importance: Hypostatic pneumonia	3/10/36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John M. Warren M. D.
(Address) John Hopkins Hospital.

F 21805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH #12546

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1885 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louise Brauner

(a) Residence: No. 1833 Vine St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Brauner

6. DATE OF BIRTH (month, day, year) 10-20-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66		4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Charles Holly

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Nellie Swales

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date May 18, 1936

19. UNDERTAKER McKelvie R. Williams
(Address) 3221 Edmondson Ave Huntington Millionaire, Md.

FILED 14 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-27 1936 to 3-13 1936

I last saw him alive on 3-12 1936 Death is said to have occurred on the date stated above, at 7.45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Diabetic Gangrene right leg and foot	?

Other contributory causes of importance:

Was an operation performed? yes Date 3-9-36

For what disease or injury? Diabetic gangrene right foot

Name of operation Amputation Thigh Date of 3 9 36

What test confirmed diagnosis? Blood Sugar Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robt F Mantin M. D.

(Address) Balto City Hospt

10210 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

21806 21806

CERTIFICATE OF DEATH

95-B

Registered No. 10-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Viola Woodward

(a) Residence: No. 2416 W. Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of James

DATE OF BIRTH (month, day, year) 1-19-1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. book-binder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Kerr

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Mary Adams

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Annapolis

Place St Johns Cemetery Date Feb. 14, 1936

19. UNDERTAKER Elmer W. Conklin

(Address) 924 Fayette St

20. FILED FEB 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/12/1936

22. I HEREBY CERTIFY, That I attended deceased from 10/29/1935 to 3/12/1936

I last saw her alive on 3/12/1936 Death is said to have occurred on the date stated above, at 7½ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	[illegible]
Cerebral embolism	10/7/35
Other contributory causes of importance: Gangrene of legs from embolism	1½ mo.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp

F 21807

21807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 15-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jason Reed

(a) Residence: No. 3409 Rural Ave., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lowella Reed

7. DATE OF BIRTH (month, day, year) 11/16/56

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	3	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) October 1928

11. Total time (years) spent in this occupation 2 years

12. BIRTHPLACE (city or town) (State or country) Maine

13. NAME Jacob Reed

14. BIRTHPLACE (city or town) (State or country) Maine

15. MAIDEN NAME Hannah Loker

16. BIRTHPLACE (city or town) (State or country) Milton Maine

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Richmond, N. H. Date March 14, 1936

19. UNDERTAKER Joseph H. Poole (Address) 1005 N. Eutaw St. Baltimore, Md.

Filed ... 19... Huntington Williams, M.D. Registrar.

MAR 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13 1936

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1936, to March 13, 1936

I last saw h... alive on March 13, 1936. Death is said to have occurred on the date stated above, at 6 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema	2/29/36

Other contributory causes of importance:

Bronchopneumonia, Pneumococcal	3/9/36
Arteriosclerotic Heart Disease	1932

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph T. Kelly, Jr., M. D.

(Address) Johns Hopkins Hospital.

F 21808 — 1000 Blks.

F 21808

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21808

CERTIFICATE OF DEATH.

✓ 121

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 4131 Hayward Ave St. 28th WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ephriam Llewellyn Berryman

(a) RESIDENCE. No. 4131 Hayward Ave St., 28th WARD

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: Mary Rebecca Berryman

6 DATE OF BIRTH (month, day, and year): Aug 29. 1854

7 AGE — Years: 82 — Months: 6 — Days: 15 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Reisterstown Balto Co.

PARENTS

10 NAME OF FATHER: Ephriam Berryman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Reisterstown

12 MAIDEN NAME OF MOTHER: Maria Hanson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address): Mrs Mary Durham ~~Huntington Millwood, Va~~

15 Filed . 19 Registrar

4 1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 13 1936

17 I HEREBY CERTIFY, That I attended deceased from April 18 . 1935. to Mar 13 . 1936.

that I last saw him alive on Mar 13 . 1936

and that death occurred, on the date stated above, at 2.15 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis Arteriosclerosis.

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary): Prostatitis - chronic

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exams

(Signed) Charles L Warner M. D.

. 19 (Address) 3312 Egerton Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge

DATE OF BURIAL: March 16 1936

20 UNDERTAKER: Berryman & Sons

ADDRESS: Reisterstown

21809

T 21809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp St. 19-1 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Brown

(a) Residence: No. 408 N. Bruce St., Ward.
(Usual place of abode) (If noo-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 73

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Anna Mason

(Address) 409 N. Bruce

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 3-17 . 19 36

19. UNDERTAKER Jas H. Skinner & Co

(Address) 631 N. Calvert St

Huntington Williams, Registrar

. 19

14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained, by said Inquiry (Inquest, Autopsy or Inquiry) found that said deceased came to his death on the day stated above. 6.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	March 12 1936 6.30 P.M.
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos H Chellis M. D.
Coroner

(Address) 1939 Edmondson Ave.

D. P. 1268-9

F 21810

21810 HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

Registered No. 25-6

1. PLACE OF DEATH Basin Monumental Co.
CITY OF BALTIMORE: (No.) Foot of Chesapeake Ave (Ward) Fairfield
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 4 mos. 2 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME James I. Brooks. (C)

(a) Residence: No. 1842 Chesapeake Ave. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed or divorced
HUSBAND of Joella Brooks.(C)

DATE OF BIRTH (month, day, year) November 8, 1905

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	30	4	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Bernard Brooks.(C)

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Susie Johnson(C)

16. BIRTHPLACE (city or town) (State or country) Virginia.

INFORMANT Joella Brooks.(C) wife.
(Address) 1842 Chesapeake Ave.

BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 4/3/36

UNDERTAKER Robt. E. Williams
(Address) 1515 N. C Elderry E
Huntington Williams, 5/4/36

Filed ..., 19... Registrar.

4 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	
Other contributory causes of importance:	

Name of operation None. Date of ...
What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Otto M. Steinhardt M. D. Coroner
(Address) 1017 N. Charles St.

Spec.—6-9-19—H. P. Co.—1000 Blks.

F 21811

21811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 159

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 3318 Belvidere ST. 27 16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME — Mooney

(a) RESIDENCE. NO. 3318 Belvidere ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, — hrs. or 5 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Malcolm Mooney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Edith Lohmeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant
(Address)

15 [illegible]

4 1936 Huntington Pathological Lab 2160

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/13 1936

17

I HEREBY CERTIFY, That I attended deceased from March 13, 1936, to March 13, 1936,

that I last saw her alive on ....., 19....,

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Premature Birth
(Lived 5 Minutes)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Charles J. Welle, M. D.

, 19 (Address) 5276 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: J. H. Med School — DATE OF BURIAL: March 14 1936

20 UNDERTAKER — ADDRESS

Department of Health.

H. D. B. 1268-9

F 21812

21812 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2825 W. Fairale St., 16-6 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Margret Ann O'Neill

(a) Residence: No. 2825 W Fairale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Sweeney

6. DATE OF BIRTH (month, day, year) Nov. 26-1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	4	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kingston N.Y.

13. NAME

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margret Hasson

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Joseph Bruchmella (Address) Pikesville Md.

18. BURIAL, CREMATION, OR REMOVAL Place Kingston N.Y. Date 3/15 1936

19. UNDERTAKER Frank H. Newell (Address) Pikesville, Md.

4 1936 Huntington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-12 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 30 1936 to March 8 1936

I last saw her alive on March 8 1936 Death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart dis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Ernest H. Kahn M. D.

(Address) 3005 W North Ave.

D.K. Paul Schenker, M.D.

F 21813

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21813

CERTIFICATE OF DEATH

V 186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 27-15 Ward

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jacob Engel

(a) Residence: No. 2212 Rogers Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Engel

7. DATE OF BIRTH (month, day, year) Dec. 23, 1869

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholesale Jewel-

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ry Business 6038

10. Date deceased last worked at this occupation (month and year) Jany. 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Griffon, Ga.

MOTHER FATHER

13. NAME Joseph Engel

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Lena Daniels

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. S. S. Strouse

(Address) 2212 Rogers Ave.

18. BURIAL, ~~CREMATION~~, REMOVAL

Place Oheb Shalom Cem Date Mch. 15 1936

19. UNDERTAKER David Lendheim & Son

(Address) 1902 Eutaw Place.

20. FILED 4 1936 ~~Huntington Hathaway, M.D.~~ JCPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-14, 1936, to 3-12, 1936

I last saw h[illegible] alive on 3-12, 1936 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

Subdural Hemorrhage - left — Date of onset .....

Other contributory causes of importance:

Fracture of Skull

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/13, 1936

Where did injury occur? Baltimore Maryland
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place Sheary Club, Fallon Place

Manner of injury Fall

Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Daniel D. Schwartz, M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

F 21814

21814 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 86

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1148 Shields Place St., 47-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eugene Richardson

(a) Residence: No. 1148 Shields Pl. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) Feb 12-1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Isaiah Richardson

14. BIRTHPLACE (city or town) (State or country) Florence S.C.

MOTHER

15. MAIDEN NAME Elizabeth Fordon

16. BIRTHPLACE (city or town) (State or country) Florence S.C.

17. INFORMANT Father (Address) 1148 Shields Pl.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Mar. 16, 1936

19. UNDERTAKER Mrs Katie R Williams (Address) 322 E Lanvale St.

Huntington Williams Registrar.

4 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 9,50 P.m.

The principal cause of death and related causes of importance were as follows:

Convulsions

Date of onset

Other contributory causes of importance:

Cause Unknown

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hance M. D.

Coroner

(Address) 1215 Hanover St

F 21815

21815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSP. St. 47-26 Ward)

Length of residence in city or town where death occurred 44 yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Washington

(a) Residence: No. 1343 Argyle Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Washington

6. DATE OF BIRTH (month, day, year) March 7, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44		5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Mackay

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Grace ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Former husband.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cemetery Date 3/14 1936

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St.
Huntington & Williams, Inc.
Registrar

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1936, to March 12, 1936.

I last saw her alive on March 12, 1936. Death is said to have occurred on the date stated above, at 5:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	3-10-36

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify .....

(Signed) Wm. C. Lopez, Jr., M. D.

(Address) SYDENHAM HOSP.

M. D. B. 1268-9

F 21816

21816

HEALTH DEPARTMENT—CITY OF BALTIMORE

XV 46-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward) 6-5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary Fontaine

(a) Residence: No. 114 Water Street St. Ward. Chestertown Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (or) WIFE of Dr Edgar Clarke Fontaine

7. DATE OF BIRTH (month, day, year) Mar 19, 1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	11	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Mar. 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME James Stevenson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elizabeth Hearne

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Hospital records

18. BURIAL, CREMATION, OR REMOVAL. Place Presbyterian Cemetery Date Mar. 17. 1936

Poromoke City Md

19. UNDERTAKER Vernon P. Stevenson

(Address) Poromoke City. Md

14 1936 Funeral Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 5. 1936 to March 14. 1936

I last saw her alive on March 14 1936 Death is said to have occurred on the date stated above, at 10 05 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach with abdominal metastases	
Other contributory causes of importance: Ureteral obstruction, bilateral, & uremia	

Name of operation Pyelostomy, bilateral Date of 3-12-36

What test confirmed diagnosis? Laboratory Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh C Hagerty M. D.

(Address) Church Home & Infirmary

F 21817

21817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV/31

Registered No. 1163

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. Arthur MacCubbin

(a) Residence: No. Laurel Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma MacCubbin.

6. DATE OF BIRTH (month, day, year) June 10th 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer ppb

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME William MacCubbin.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Dorman.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Emma MacCubbin (Address) Laurel Md

18. BURIAL, CREMATION, OR REMOVAL Laurel Md Date Mch. 16th 1936

19. UNDERTAKER Floyd Laisure. (Address) Laurel Md.

20. FILED ..... 19 ..... Registrar.

MAR 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13- 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-5- 1936 to 3-13- 1936

I last saw him alive on 3-13- 1936 Death is said to have occurred on the date stated above, at 7 15 p.m.

The principal cause of death and related causes of importance were as follows:

Cardio-Vascular-Renal disease. — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Dr. J. Frank Williams Jr. M. D.

(Address) Maryland General Hospital

F 21818

21818

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 46-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH: University Hosp. St. 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME: Adelaide Grimstead

(a) Residence: No. Owings Mills St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Father Grimstead

7. DATE OF BIRTH (month, day, year): Sept 6 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	6	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at St. School

10. Date deceased last worked at this occupation (month and year): 1936

11. Total time (years) spent in this occupation: 8

12. BIRTHPLACE (city or town) (State or country): Balto. Co

13. NAME: John M. Hood

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Alethia J. Brown

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Laura J. Grimsett

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Stone Chapel Date: Mar. 17 1936

19. UNDERTAKER: J. F. C. Lewis Sons

(Address): Westminster Md

15 1936 Westminster Maryland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/25, 1936 to 3/14, 1936.

I last saw h[illegible] alive on 3/14, 1936. Death is said to have occurred on the date stated above, at 3:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/10/36
Other contributory causes of importance: Carcinoma of Stomach	1931

Was an operation performed? Yes Date of 3/7/36

For what disease or injury? Carcinoma of Stomach

Name of operation Billroth #1 Date of 3/7/36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. M. Peter M. D.

(Address) University Hosp

21819 F 21819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1235 Mt. Royal Ave. St., 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank A. Ritter

(a) Residence: No. 1235 Mt. Royal Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Adele Rapp

DATE OF BIRTH (month, day, year) December 11, 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Muth Bros.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME George J. Ritter

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Catherine Minch

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Adele R. Ritter

(Address) 1235 Mt. Royal Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 3/16/36 19

19. UNDERTAKER Henry H. Mears & Son

(Address) 805 N. Eutaw St.

(Filed) MAR 15 Huntington Pittsburgh Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14 1936

22. I HEREBY CERTIFY, That I attended deceased from March 8 1936 to March 14 1936

I last saw him alive on March 13 1936 Death is said to have occurred on the date stated above, at 8 20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	3/8/36
Cerebral Arteriosclerosis	

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Austin F. Robinson M. D.

(Address) Medical Arts Building

21820 F 21820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1/26

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 716 S. Broadway) (Ward) 2-3
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Gregoria Sagarduy

(a) Residence: No. 716 S. Broadway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6a. If married, ~~widowed or divorced~~ ~~HUSBAND~~ (or) WIFE of: Ignacio Sagarduy

6. DATE OF BIRTH (month, day, year): April 24th 1886

7. AGE — Years: 49 | Months: 10 | Days: 19 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Spain

MOTHER

13. NAME: Tiburicio Vitiaga

14. BIRTHPLACE (city or town) (State or country): Spain

15. MAIDEN NAME: Catalina Vitiaga

16. BIRTHPLACE (city or town) (State or country): Spain

17. INFORMANT: Ignacio Sagarduy
(Address) 716 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mar 16th 1936

19. UNDERTAKER: Wm Cook
(Address) 127 St Paul St

FILED MAR 15 1936 Livingston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 13th 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14 1934 to March 13 1936

I last saw h[illegible] alive on March 12 1936 Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholelithiasis - Acute Jaundice	Sept 1934
Atrophic Cirrhosis Liver	

Other contributory causes of importance:
Myocardial Insufficiency - Rales
Pulmonary Edema

Was an operation performed? Yes Date of October 15-34

For what disease or injury? Cholelithiasis

Name of operation Cholecystotomy Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Wm G. Geyer M. D.
(Address) 156 N. Milton Ave.

M. D. B. 1268-9

F 21821

F 21821 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH 705 Pontiac ave Brooklyn — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 705 Pontiac ave St., 26 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Solomon — No War Record

(a) Residence: No. 705 Pontiac St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Gabriel Solomon

6. DATE OF BIRTH (month, day, year) aug 15, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Lynchburg Va

FATHER

13. NAME Edward Sullivan

14. BIRTHPLACE (city or town) (State or country) Lynchburg Va

MOTHER

15. MAIDEN NAME Mary Sullivan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Christina Alexander

(Address) 705 Pontiac ave Brooklyn

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 4/17/ 1936

19. UNDERTAKER William Cook

(Address) 1200 Gaithert St

H. Livingston Wilmington, Del.

20. FILED APR 15 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb-2, 1936, to Mar-1, 1936

I last saw her alive on Mar-1, 1936 Death is said to have occurred on the date stated above, at 5.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Myocardial Degeneration	
Cerebral Hemorrhage	Mar-x
Other contributory causes of importance:	
Uremia Cerebral Hemorrhage & paralysis of legs	1931

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Chas Luten M. D.

(Address) 320 Patapsco Ave

F 21822 ✓ F 21822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSP'T St. 17-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 18 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Dorothy Graney

(a) Residence: No. 1617 Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 15, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	3	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Daytona Beach Fla.

13. NAME Walter Graney

14. BIRTHPLACE (city or town) (State or country) Cleveland Ohio.

15. MAIDEN NAME Dorothy Curtis

16. BIRTHPLACE (city or town) (State or country) Lakewood N. J.

17. INFORMANT Mother Mrs Walter Graney

(Address) 1714 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cem Date 3/15 19 36

19. UNDERTAKER Wiegand Cook

(Address) 1217 St Paul Street

20. FILED 3/15 1936 A. E. Foster, Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936 to March 14, 1936

I last saw her alive on March 14, 1936 Death is said to have occurred on the date stated above, at 2.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	2-8-36
Bronchopneumonia	2-28-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D'Schwaecke M. D.

SYDENHAM HOSP'T

(Address)

M. D. B. 1268-9

F 21823

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21823

CERTIFICATE OF DEATH

47B

Registered No. 9-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 Gorsuch Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Jessie J. Brink

(a) Residence: No. 1103 Gorsuch Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cecelia M. Dillenburg

6. DATE OF BIRTH (month, day, year) April 24, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proof Reader

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Daily Record

10. Date deceased last worked at this occupation (month and year) 9/35 11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Anthony Brink

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT (Address) 1103 Gorsuch Ave Mrs Cecelia M. Brink

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cemetery Date March 17 1936

19. UNDERTAKER (Address) Elmer W. Conklin 124 E Eager St.

FILED 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14. 1936

22. I HEREBY CERTIFY, That I attended deceased from June 3 1935 to March 14 1936

last saw him alive on March 13 1936 Death is said to have occurred on the date stated above, at 3.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the Lungs	?
Other contributory causes of importance: Arthritis	?

Name of operation None Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. A. Zimmerman M. D.

(Address) 2255 Harford Ave

F 21824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. 26-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Josephs Hosp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth. Heckwolf

(a) Residence: No. 3806 Hudson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND (or) WIFE: Late George Heckwolf

6. DATE OF BIRTH (month, day, year) Dec. 25/1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	2	15 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0051

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germnay

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George H. Heckwolf Son

(Address) 3806 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross A. Date Mar16/36 19

19. UNDERTAKER Fetty & Zeiler

(Address) 203 S. Wolfe St.

FILED MAR 15 1936 F. F. Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 12/36 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Trochanteric left Femur	1 week

Other contributory causes of importance: Senilas Fibrillation - Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of Injury 3/5/36 19

Where did Injury occur 3806 Hudson St. Balto. Md. (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place Home

Manner of Injury Fell on cellar floor

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Thompson M. D. Coroner

(Address) 1919 E. Northern Ave.

F 21825

F 21825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. 16-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5117 O Donnel St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Mobray

(a) Residence: No. 5117 O Donnel St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella Mobray

DATE OF BIRTH (month, day, year) Feb. 24/187 9

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57		27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME William Mobray

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME May Ann Swain

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Ell Mobray wife

(Address) 5117 O Donnel S t.

18. BURIAL, CREMATION, OR REMOVAL Mt. Carmel Date Mar. 16/36 19

Place

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 40[illegible] S. Wolfe St.

20. FILED MAR 15 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 13. 36

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 - 34 to Mch 12 - 36, 19 36

I last saw h[illegible] alive on 3-12 36 Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 Mo.
Other contributory causes of importance: Carcinoma of Stomach	1 Yr. Mo.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

F 21826

F 21826 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 21-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 S. Fremont ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Clarasie Kabrer

(a) Residence: No. 506 S. Fremont ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Kabrer

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saleslady

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Nathan Newhouse

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Minnie Smith

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT David Newhouse

(Address) 3716 Park Heights ave

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 3-15-36 19

19. UNDERTAKER Jack Lowe Inc

(Address) 1439 E. Baltimore st

MAR 15 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14 1936

22. I HEREBY CERTIFY, That I attended deceased from March 5 1936, to March 14 1936

I last saw h[illegible] alive on March 13 1936 Death is said to have occurred on the date stated above, at 8[illegible] p. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset ?

Other contributory causes of importance:

acute cardiac dilatation

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) B. Kadin M. D.

(Address) 2306 Eutaw pl.

21827

F 21827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto. Gen. Hosp. St., (or Hosp.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry Glasser

(a) Residence: No. 606 S. Smallwood St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Freida Glassa

6. DATE OF BIRTH (month, day, year)

7. AGE — Years: 47 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor (Mens)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tailor Shop

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Freda Glasser, 606 S. Smallwood

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Northern Cemetery 3-15 1936

Place: Lark Lane Jewish

19. UNDERTAKER: 1439 E. Baltimore St.

(Address)

FILED MAR 15 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 6 1936 to March 15, 1936

I last saw him alive on March 15 1936 Death is said to have occurred on the date stated above, at 6 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

Bronch. Pneumonia — Date of onset 2/21

Multiple Lung Abscess — Date of onset 3/6

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? .....

If [illegible]

(Signed) E. Olesen M. D.

(Address) West Balto Gen'l Hosp

2444

21828 HEALTH DEPARTMENT—CITY OF BALTIMORE E 21828

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 Guyon Ave. Fable / Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna H. Lotz

(a) Residence: No. 1603 Guyon Ave. Fable Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Max H. Lotz

6b. DATE OF BIRTH (month, day, year)

7. AGE: Years: 74; Months: ; Days: ; If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Dr. H. Lotz - Son

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Holmes Agendale Date 3/15/36

19. UNDERTAKER: Jack Lewis Inc.

(Address) 1431 E. Baltimore St.

20. FILED: 3/16/36 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15-36 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 25 to March 15 1936

I last saw h[illegible] alive on March 13 1936 Death is said to have occurred on the date stated above, at 3 05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Myocardial Insufficiency	1933
Pulmonary Embolus	Mar. 15

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Saml. Wolman M. D.

(Address) 2444 Eutaw Pl.

F 21829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 16-11

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 S. Bouldin St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Maygers

(a) Residence: No. 715 S. Bouldin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Maygers

DATE OF BIRTH (month, day, year) July 11, 1860.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co., Md.

13. NAME John Maygers,

14. BIRTHPLACE (city or town) (State or country) Baltimore Co., Md.

15. MAIDEN NAME Elizabeth Potter,

16. BIRTHPLACE (city or town) (State or country) Baltimore Co., Md.

17. INFORMANT Catherine Maygers,
(Address) 715 S. Bouldin St.,

18. BURIAL, CREMATION, OR REMOVAL.
Place Sacred Heart Cem. Date March 18, 1936

19. UNDERTAKER Geo. W. Zirkler
(Address) 1737 E. Eager St.

20. FILED 15 1936 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 29th, 1936, to March 14th, 1936.

I last saw h alive on March 14th, 1936. Death is said to have occurred on the date stated above, at 9.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	Unknown
Chronic Myocarditis with decompensation.	
Other contributory causes of importance:	
Acute Dysentrisis	one day.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Philibert Antignani M. D.

(Address) 2042 W. Fayette Street.

M. D. 1268-0

F 21830

F 21830 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Jenkins Memorial Hospt.
CITY OF BALTIMORE: (No.) 1000 Caton Ave St. 10-2 Ward)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary Fait
(a) Residence: No. 1301 E. Eager St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
6a. If married, widowed, or divorced (or) WIFE of: Philip J. Fait
6. DATE OF BIRTH (month, day, year): Dec 26 1864
7. AGE: Years 71 Months 2 Days 18 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Ireland
13. NAME: Alexander McKeown
14. BIRTHPLACE (city or town) (State or country): Ireland
15. MAIDEN NAME: Rosetta McKendry
16. BIRTHPLACE (city or town) (State or country): Ireland
17. INFORMANT (Address): Jenkins Memorial Hospt. 1000 Caton Avenue
18. BURIAL, CREMATION, OR REMOVAL: Place Parkwood Cem. Date 3/14 19 36
19. UNDERTAKER (Address): John A. Moran 3000 E. Baltimore St.
20. FILED 15 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 12th. 1936
22. I HEREBY CERTIFY, That I attended deceased from September 18. 1935. to March 12. 1936
I last saw h[illegible] alive on March 12. 1936 Death is said to have occurred on the date stated above, at 10:20 p m.

The principal cause of death and related causes of importance were as follows: Carcinoma of the cervix — Date of onset

Other contributory causes of importance: General abd. metastases Cachexia

Name of operation Date of
What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no. Date of injury 19
Where did Injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? no If so, specify

(Signed) C. J. Williamson M. D.
(Address) St Agnes Hospital

21831 F 21831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No. .....

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. 6 1
CITY OF BALTIMORE: (No. ..... St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Frederick Manser

(a) Residence: No. 405 N. Streeper St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Bishop

7. DATE OF BIRTH (month, day, year) March 18, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	11	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Andrew Manser

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Lchwartz Lm Date 3/17/ , 193

19. UNDERTAKER John A. Moran
(Address) 3000 E. Baltimore St.

MAR 15 1936 Huntington, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1930, to March 13, 1936
I last saw him alive on March 13, 1936 Death is said to have occurred on the date stated above, at 8:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	1929
Other contributory causes of importance:	
Arteriosclerosis, general	About 1916

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. find. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....
Where did Injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) H. H. Anderson, M. D.
(Address) U.S. Marine Hospital

F 21832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No. F 21832

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. West Baltimore St. Ward) Gen'l Hosp (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Edith Wagner

(a) Residence: No. 1928 Patterson Park Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced (or) WIFE of: George D Wagner

6. DATE OF BIRTH (month, day, year): [illegible] 1879

7. AGE: Years 57 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Charles Emrod
14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER
15. MAIDEN NAME: Annie Dean
16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Mrs Eve 928 Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Dead Wedge Date: March 16 19

19. UNDERTAKER: May Bros Wedgewood
(Address): 900 E 22nd St

20. FILED: 19 Registrar

15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 13 1936

22. I HEREBY CERTIFY, That I attended deceased from March 8 1936 to March 13 1936

I last saw her alive on March 13 1936. Death is said to have occurred on the date stated above, at 9:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	
Bronchio Pneumonia	3/1/36
Other contributory causes of importance: Obesity	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Alexander M. D.

(Address) West Balto Gen'l Hosp

M. D. F. 1268-9

✓ F 21833

21833 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 N. Poppleton St. 18-1 Ward)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mary E. Allen

(a) Residence: No. 426 n. Poppleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Benjamin Allen / Willis E. Allen

6. DATE OF BIRTH (month, day, year) Oct. 11, 1866

7. AGE: Years 69 | Months 5 | Days # | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Domestic

10. Date deceased last worked at this occupation (month and year): 11/35

11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): Maryland.

13. NAME: Daisy Marshall

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Willis Allen
(Address) 937 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL
Place West Lawn Cem. Date MAY. 15, 1936

19. UNDERTAKER: Easton Sons
(Address) [illegible]

20. FILED 19 [illegible]

15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/6, 1936, to 5/11, 1936, I last saw h. alive on 5/11, 1936. Death is said to have occurred on the date stated above, at 8:10 m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. H. Curtis, M. D.

(Address) 2123 Druid Hill Ave.

F 21834 ✓ F 21834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

*53-C

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-25 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Emily B. West

(a) Residence: No. Havre de Grace St., Md Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hugh A West

7. DATE OF BIRTH (month, day, year) Nov 25th, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46 47	4 3	10 20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hartford Co. Md

13. NAME Zachariah Taylor Sampson

14. BIRTHPLACE (city or town) (State or country) Hartford Co Md

15. MAIDEN NAME Louisa Mitchell

16. BIRTHPLACE (city or town) (State or country) Hartford Co Md

17. INFORMANT (Address) Hugh West Havre de Grace Md

18. BURIAL, CREMATION, OR REMOVAL Place Havre de Grace Date Mar. 17, 1936

19. UNDERTAKER (Address) D. Madison Mitchell Havre de Grace Md

20. FILED MAR 15 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 9, 1936, to Mar 15, 1936

I last saw her alive on Mar 15, 1936. Death is said to have occurred on the date stated above, at 5.00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor (malignant)	Nov. '35

Other contributory causes of importance:

hypostatic pneumonia

Was an operation performed? yes Date of Mar 13, '36

For what disease or injury? Brain Tumor

Name of operation Bone flap. Date of 3/13/36

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Francis S. Dickey, M. D.

(Address) .....

F 21835 ✓ F 21835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 54 E

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St. 7-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Tilda Ballangee

(a) Residence: No. Russel, Kentucky St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Elmer E. Ballengee

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

FATHER
12. BIRTHPLACE (city or town) (State or country) Kentucky
13. NAME W. C. Stringer

MOTHER
14. BIRTHPLACE (city or town) (State or country) Ind.
15. MAIDEN NAME Martha —
16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Elmer E. Ballengee
(Address) Russell, Kentucky

18. BURIAL, CREMATION, OR REMOVAL
Place Russel, Kentucky 3-15- 1936

19. UNDERTAKER Jackson Bros
(Address) 1429 E. Balto St

3-15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1936, to March 15, 1936. I last saw her alive on March 15, 1936. Death is said to have occurred on the date stated above, at 5.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-4-36
over	
Other contributory causes of importance: Uremia	3-11-36

Was an operation performed? Yes Date of 3-10-36
For what disease or injury? Vesical stricture, urinary infection
Name of operation Uretero-Sigmoid anastomosis Date of 3-10-36
What test confirmed diagnosis? Bl. chemistry Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elliott Mitchelson M. D.
(Address) Sinai Hospital

21836

F 21836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 8-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1920-E. Preston Street St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Maria Anna Rosenberger

(a) Residence: No. 1920-E. Preston Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Rosenberger

7. DATE OF BIRTH (month, day, year) 11/17/1850

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	3	24 16	XXXX

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Michael Fleckenstein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Howard J. Holter

(Address) 1920-E. Preston Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date 3/16/36 19

19. UNDERTAKER 1205-Harford Ave.

(Address)

R 16 1936 Lington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13-36 19

I HEREBY CERTIFY, That I attended deceased from 2-1-36 to 3-13-36

I last saw her alive on 3-7-36. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	2-1-36
Hypertension	
Nephritis	
Chronic	
Other contributory causes of importance	
acute Cardiac Decompensation	

Was an operation performed? No Date of

For what disease or injury

Name of operation Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) F. Reginald Yingling M. D.

(Address) 810 Rosedale St

F 21837

F 21837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 8-2 Ward)

Length of residence in city or town where death occurred 1½ yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Francis Fuchs

(a) Residence: No. 1622 N. Bradford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	white	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7-23-26

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	9	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Schools

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joseph H. Fuchs

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Marie Heffernan

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date 3/17/36 19

Place

19. UNDERTAKER George J. Ruth & Son

(Address) 1165 Hollins cor Fulton

20. FILED MAR 15 1936 Harrington Pittsburgh Pa

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 14. 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1935 to March 14 1936

I last saw him alive on March 14 1936 Death is said to have occurred on the date stated above, at 5:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital hemolytic jaundice	
Other contributory causes of importance: Pneumonia, lobar	3-12-36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John A. Washington M. D.

(Address) Johns Hopkins Hospital.

M. D. B. 126-B

21838

HEALTH DEPARTMENT—CITY OF BALTIMORE

21838

CERTIFICATE OF DEATH

√23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 E. 29th St., 9-6 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Henry Rowe

(a) Residence: No. 1713 E. 29th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Adele M. Gardner Rowe

6. DATE OF BIRTH (month, day, year) Dec. 19, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jewelry Firm

10. Date deceased last worked at this occupation (month and year) 2-3-36

11. Total time (years) spent in this occupation 23 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER FATHER

13. NAME Wm. H. Rowe,

14. BIRTHPLACE (city or town) (State or country) New Haven, Conn.

15. MAIDEN NAME Marian C. Lindsley

16. BIRTHPLACE (city or town) (State or country) New Haven, Conn.

17. INFORMANT Mrs. Adele Rowe
(Address) 1713 E. 29th

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date 3/6/36, 19

19. UNDERTAKER Geo. J. Kelly & Son
(Address) 1725 Harford Ave

20. FILED 3-6-1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-12-1936

22. I HEREBY CERTIFY, That I attended deceased from 2-3-1936 to 3-12-1936

I last saw him alive on 3-12-1936 Death is said to have occurred on the date stated above, at 11,30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical data Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. B. Seybert, M. D.

(Address) 2802 Harford Ave.

M. D. H 1268-9

F 21839

F 21839 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2124 E. Biddle St. St., 8-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Harry B. Fleishell

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2124 E. Biddle St. St., ... Ward.

(Usual place of abode) 30

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of [redacted] Mary E. Fleishell

6. DATE OF BIRTH (month, day, year) July 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baby furniture

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) MD

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Edgar Fleishell

(Address) 506 Chateau Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Date 3/17 36

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED ... 19 ... Registrar

16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker, M. D.

Coroner

(Address) 1919 E. North Ave.

F 21840 F 21840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH Maryland General Hosp 16-5 Registered No. .....
(If death occurred in hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Harry J Turfle

(a) Residence: No. 2519 N Laurale St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clara Turfle

6. DATE OF BIRTH (month, day, year): Aug 11 1865

7. AGE: Years 70 | Months 7 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stock Manager
9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc.: Standard Gas Equipment Co
10. Date deceased last worked at this occupation (month and year): 1934
11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Westminster Md

FATHER

13. NAME: Thomas Turfle
14. BIRTHPLACE (city or town) (State or country): Westminster Md

MOTHER

15. MAIDEN NAME: Margaret Miller
16. BIRTHPLACE (city or town) (State or country): Westminster Md

17. INFORMANT (Address): Hosp records

18. BURIAL, CREMATION, OR REMOVAL: Mt Hope Cem. (Woodsboro Md) Date Mar 25 1936

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St.

20. FILED: 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-14 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-5 1936 to 3-14 1936

I last saw him alive on 3-14 1936 Death is said to have occurred on the date stated above, at 10.25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	
Other contributory causes of importance: Chronic myocarditis	

Was an operation performed? Yes Date of 3-13-36

For what disease or injury? Urinary retention

Name of operation Cystotomy Date 3-13

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John N Barnaby M. D.

(Address) Maryland General Hosp

F 21841

21841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3413 Calloway Ave 15-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Helena R. Ackerman

(a) Residence: No. 3413 Calloway Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~ or ~~Divorced~~. Widowed. (write the word): Widowed

6a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of: Herman Ackerman

6. DATE OF BIRTH (month, day, year): Jan 5th 1850

7. AGE: Years 86 | Months 2 | Days 10 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: John Gronhardt Jr

(Address) 3413 Calloway Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Mar 17th 1936

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

16 1936 ~~A Eyster Baltimore, Md~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15th, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1936 to March 15, 1936

I last saw h alive on March 14, 1936 Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

Arteri Sclerosis — Date of onset 1930

Other contributory causes of importance:

Cerebral Hemorrhage — March 15 1936

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Observation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. C. Ernest, M. D.

(Address) 4209 Liberty Hgts Ave

F 21842

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21842

CERTIFICATE OF DEATH

93-C

8-7

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1242 N. Broadway Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Anna Galuska

(a) Residence: No. 1242 N. Broadway, Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

3a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of George Galuska

6. DATE OF BIRTH (month, day, year) About 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Feb 1936

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT George Galuska (Husband)
(Address) 1242 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mar 24 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED Huntington Williamsport
MAR 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1936, to Mch 17 1936

I last saw her alive on Mch 17 1936 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/3/36
Other contributory causes of importance: Myocarditis	2/3/36

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E Gill Hall M. D.

(Address) 1631 E North Ave

21843

F 21843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S.[1] If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy O'Melia

(a) Residence: No. 2211 E. Federal St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-17-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 10 min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME Joseph O'Melia

14. BIRTHPLACE (city or town) (State or country) Balt. Md

MOTHER

15. MAIDEN NAME Mary Hook

16. BIRTHPLACE (city or town) (State or country) Balt. Md.

17. INFORMANT Father.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mar 16, 1936

19. UNDERTAKER John Ulrich
(Address) 2008 Orleans

FILED MAR 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14-, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-14, 1936 to 3-15, 1936

I last saw him alive on 3-15, 1936. Death is said to have occurred on the date stated above, at 5 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity -	
Delivered at Cesarean Section	
Placenta Previa of mother	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. J. Durante, M. D.

(Address) Mercy Hosp. Balto Md

F 21844

21844 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

X 30

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore general Hospital

CITY OF BALTIMORE: (No. Dr Eland and Lemmon Sts 16-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Swayne

If U. S. Veteran specify WAR .....

(a) Residence: No. Rear 3 Sun y Maryland Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W -	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Yeta.

6. DATE OF BIRTH (month, day, year) June 23/87

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48 -	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ferrist Lamp. 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) penn.

FATHER

13. NAME Enoch - P - Swayne.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Ida - Dorsett

16. BIRTHPLACE (city or town) (State or country) penn.

17. INFORMANT Bertha E - Ball. (Address) Landenberg Pa.

18. BURIAL, CREMATION, OR REMOVAL Place Union Protestant Cem. Date 3/18 1936

19. UNDERTAKER J. B. Mitchell Sons (Address) 1900 Eutaw Place

[illegible] 19 [illegible] Registrar

R 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/15/36. 19

22. I HEREBY CERTIFY, That I attended deceased from 2/29/36. 19 . to. 3/15/36. 19

I last saw h[illegible] alive on 3/15/36. 19 . Death is said to have occurred on the date stated above, at 12:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted]	
1 Tuberculosis of Right Kidney and ureter	
2 Uraemia	
Other contributory causes of importance:	
Septicaemia	

Was an operation performed? Yes Date of 3/11/36

For what disease or injury? Tbc of Right Kidney & Ureter

Name of operation Right Lumbar Nephrectomy Date of 3/11/36

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George Schaefer M. D.

(Address) West Balt. General Hospital

F 21845

F 21845.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 N. Bradford St St., 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Bonacker

(a) Residence: No. 1105 N. Bradford St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Bonacker

6. DATE OF BIRTH (month, day, year) Jan. 3, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 60 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Alexander Chalmers

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT MR. George Smith

(Address) 1719 N. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cmty. Date 3-16-36. 19

19. UNDERTAKER Richard W. Meyer

(Address) 1020 Ashburton St.

20. FILED 161936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1936. to Mar. 12, 1936

I last saw her alive on Mar. 10 1936 Death is said to have occurred on the date stated above, at 10:45 P. m.

The principal cause of death and related causes of importance were as follows:

Hypertension Cardiovascular Disease — Date of onset October 1935

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Karl Grossman, M. D.

(Address) 1212 N. Patterson Park Ave

F 21846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 47-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL 1-1-1

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 10 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME (a) Ida Samuel Dickson Barr

(a) Residence: No. 711 St. Paul St., ... Ward. Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Elizabeth

6. DATE OF BIRTH (month, day, year) 6/27/69

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr's office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn —

MOTHER FATHER

13. NAME S. M. Barr

14. BIRTHPLACE (city or town) (State or country) Penn —

MOTHER

15. MAIDEN NAME Susannah Dickson

16. BIRTHPLACE (city or town) (State or country) Penn —

17. INFORMANT Records —
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 3/16 1936

19. UNDERTAKER G. A. Mitchell Bodie.
(Address) 1900 Eutaw Place.

20. FILED 19 [illegible]

MAR 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1936 to Mar. 14 1936

I last saw him alive on Mar. 14 1936 Death is said to have occurred on the date stated above, at 3 45-5 m.

The principal cause of death and related causes of importance were as follows:

malignant tumor of lungs, ribs, ~~collateral~~ & adrenals — primary site unknown. — Date of onset ?

Other contributory causes of importance:

Arteriosclerosis Arteriosclerotic heart disease — Date of onset ?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edw B. Crossman, M. D.

(Address) The Johns Hopkins Hospital

M. D. B. 1268-9

F 21847

F 21847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 Hanover St. 93-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie M. Sing

(a) Residence: No. 1321 Hanover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Johannes P. Sing

6. DATE OF BIRTH (month, day, year) April 16, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	10	26 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 27

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Somerset Co. (State or country) Md.

FATHER

13. NAME Geo. F. Wyatt

14. BIRTHPLACE (city or town) Somerset Co. (State or country) Md.

MOTHER

15. MAIDEN NAME Malischia Coaker

16. BIRTHPLACE (city or town) Somerset Co. (State or country) Md.

17. INFORMANT Chas. P. Sing

(Address) 1321 Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date March 16, 1936

19. UNDERTAKER A. Pogues & Sons

(Address) 409 W. Lexington St. Huntington Williams,

L. 16 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1936, to March 13, 1936

I last saw h.. alive on March 13 36. Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia, Bronchopneumonia	4 d.
Arterio Sclerosis Hypertension	15 d
Myocarditis	15 d

Other contributory causes of importance:

Chronic Nephritis	15 d

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

3-37 (Signed) Thos. F. A Stevens, M. D.

(Address) 2878 Harford Rd

F 21848 HEALTH DEPARTMENT—CITY OF BALTIMORE F 21848

CERTIFICATE OF DEATH

164-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1427 Ollive St. St., 23rd Ward

Length of residence in city or town where death occurred 54 yrs. 4 mos. 23 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry A. Stone.

(a) Residence: No. 1427 Olive St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If XXXXX widowed, of XXXXXX HUSBAND of XXXXXX Florence C. Stone

6. DATE OF BIRTH (month, day, year) October 18, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	4	23 24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crane operator. 60 80

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Thomas Stone.

14. BIRTHPLACE (city or town) (State or country) England.

15. MAIDEN NAME Maria Endersly.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT George A. Stone. (brother)
(Address) 1400 Light St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar. 16, 1936

19. UNDERTAKER A. Howard Eppes
(Address) 460-62 Eutaw St.

16 1936 , 19 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating gas poisoning.	
Suicide	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 3/12/36 19.....

Where did injury occur? 1427 Olive St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Illuminating gas poisoning.

Nature of injury Gas asphyxia.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M. Reinhardt, M. D.
3/13/36 Coroner

(Address) 1017 E. Charles St.

F 21849

21849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

Registered No. .....

1. PLACE OF DEATH Maryland Gen'l. Hosp. St. 15-2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 38 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry Sakolsky

(a) Residence: No. 2019 Westwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Yetta

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Max

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Hilda

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 3/16/36

Hebrew Cemetery

19. UNDERTAKER Jack Levine Inc

(Address) 1439 E. Baltimore St.

Huntington Williams, M.D.

Registrar

161936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15-, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-4-36, 19..., to 3-15-, 1936

I last saw him alive on 3-15-, 1936 Death is said to have occurred on the date stated above, at 4:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	3-4-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) A. L. Ewald Jr., M. D.

(Address) Maryland General Hospital

21850 F 21850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Hannemann

If U. S. Veteran specify WAR

(a) Residence: No. 1308 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 18, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Geo. Hannemann

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Rosina Branick

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Miss. H. Hannemann
(Address) 1906 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Pl. Loudon Pk. Cem. Date Mch. 18 19 36

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED 19 Registrar

16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15 1936

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1936, to March 15, 1936

I last saw him alive on March 16, 1936. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	3-5-36

Other contributory causes of importance:

Benign Prostatic Hypertrophy

Was an operation performed? Yes Date of 3-10-36

For what disease or injury? Urinary obstruction

Name of operation Suprapubic cystotomy Date of 3-10-36

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliott Muhlfeld, M. D.

(Address) Sinai Hospital

D.K. Paul Schenthal, M.D
2851

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21851

CERTIFICATE OF DEATH

✓ 186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 13-2 Ward)

Length of residence in city or town where death occurred Veteran ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Lydia Schenthal

(a) Residence: No. 2314 Eutaw Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Schenthal

6. DATE OF BIRTH (month, day, year) June 6, 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Simon Halle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bertha Stroyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. I. Halle
(Address) 1914 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Cem. Date Mch. 16, 1936

19. UNDERTAKER David Hoydekin & Son
(Address) 902 Eutaw Pl.

Huntington Feldmann, M.D.
Registrar

2 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1936, to March 14, 1936. That saw h... alive on March 13, 1936. Death is said to have occurred on the date stated above, at 10:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured hip.	Jan 16
Broncho-pneumonia (bilateral)	Jan 30

Other contributory causes of importance:

Myocardial failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan 16, 1936

Where did injury occur? Home (Balto., Md.)
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall in bath-tub.

Nature of injury Fracture of hip & dislocation of shoulder

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. Hyman Grumet M. D.

(Address) Sinai Hospital

F 21852

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21852

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp) 3-7-36 Ward 20

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Esther Strouse

(a) Residence: No. Greenspring Manor Apts. 203 # Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Harry Strouse

6. DATE OF BIRTH (month, day, year) Aug. 16, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

FATHER

13. NAME Ferdinand Strauss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Sterne

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. I. Strouse

(Address) Green Spring Manor

18. BURIAL, CREMATION, OR REMOVAL

Cincinnati, Ohio Date Mch. 16, 1936

19. UNDERTAKER Harry Lonsheim & Son

(Address) 1902 Eutaw Place

Huntington Williams, M.D.

Registrar

AR 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1936 to Mar. 14, 1936

I last saw her alive on Mar. 14, 1936 Death is said to have occurred on the date stated above, at 11:26 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy of Caecum	3/1/36

Other contributory causes of importance:

Pulmonary Embolism	3/14/36
Lobar Pneumonia lower Lt.	3/14/36

Was an operation performed? Yes Date of 3/12/36

For what disease or injury? Malignancy of Caecum

Name of operation Resection of Caecum Date of 3/12/36

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) Robert H. Sivers, M. D.

(Address) Union Memorial Hosp.

F 21853

12815

F 21853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 7-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth 40 yrs. mos. da.

2. FULL NAME Jacob Skarbek

If U. S. Veteran specify WAR

(a) Residence: No. 1609 Eastern Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia

6. DATE OF BIRTH (month, day, year) Not known.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem. Date March 18 1936

19. UNDERTAKER Wm. L. Fialkowski

(Address) 2007 Eastern Ave

MAR 16 1936 . 19 Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-3 , 1936 to 3-14 , 1936

I last saw h[illegible] alive on 3-14 , 1936 Death is said to have occurred on the date stated above, at 6:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (type unknown) Cardiac End of Stomach	?
Other contributory causes of importance Generalized Arteriosclerosis	?

Was an operation performed? yes Date of 3-11-36

For what disease or injury Carcinoma of Upper end Stomach

Name of operation Gastrostomy Date of 3.11.36

What test confirmed diagnosis Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hospitals

M. D. H. 1268-9

21854 HEALTH DEPARTMENT—CITY OF BALTIMORE 21854

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mattie Lattimore

U. S. Veteran specify WAR

(a) Residence: No. 1127 Stockton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wayman

7. DATE OF BIRTH (month, day, year) June 1 1876

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Veal

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wayman Lattimore

(Address) 1127 Stockton St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem. Date 3/17/1936

19. UNDERTAKER Frances A. Hemsley

(Address) 2436 W. Biddle St

MAR 16 1936

Stockton Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by inquest autopsy find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner, M. D.

(Address) 1010 S. Wolfe Ave

F 21855

F 21855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 172-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 14 W 3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary J. Meyers

(a) Residence: No. 327 S. Gilmor - 61 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mch 23rd 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William K. Meyers

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary E. Bush

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary E. Meyers

(Address) 327 S. Gilmor st

18. BURIAL, CREMATION, OR REMOVAL

Place St Augustine Date Mch 18th 1936

19. UNDERTAKER E. Jones

(Address) 111 S. Gilmor St

Filed 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 1928 to Mar 15, 1936

I last saw him alive on 3/15 36 Death is said to have occurred on the date stated above, at 730 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cachexia, marasmus & blood	2 Wks
Diarrhoea due probably from	
Constriction of portions of Colon	
& Marked dilatation of obstipation	4 Wks
of Colon	
Other contributory causes of importance	
Dementia præcox	22 yrs
Arteriosclerosis.	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Damian P. Alexis M.D.

(Address) 3326 Fordham Ave.

JUN 16 1936

M. D. B 1268-9

F 21856 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 21856

CERTIFICATE OF DEATH

✓ 164-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 Callow Ave St. 13-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Means

If U. S. Veteran specify WAR

(a) Residence: No. 2001 Callow Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Means

6. DATE OF BIRTH (month, day, year) Feb 20 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vadis W Va.

FATHER

13. NAME William Means

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Margaret Hurst

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Mrs Margaret Means

(Address) 2001 Callow Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Mar 16 1936

19. UNDERTAKER W. J. Pickney & Sons

(Address) 1501 E. Penna Ave

20. FILED MAR 16 1936 Washington Nathanson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 13, 1936

22. I HEREBY CERTIFY, That I last saw the above-named deceased on ... and that I ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning from Illuminating Gas	3/13/36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 3/13, 1936

Where did injury occur? 2001 Callow Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place House

Manner of injury Turning on gas burners on closed Stove

Nature of injury Carbon Monoxide Poisoning

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) ... M. D. Coroner

(Address) Coroner

M. D. B. 1268-9

21857

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21857

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. ..... St., 16-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Mary E Kellmeyer

(a) Residence: No. 2035 W Lafayette Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 14 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME August J Kellmeyer

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Alvina Misselhorn

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Stella Blazius

(Address) 2035 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Mar 18 1936

19. UNDERTAKER Wm J Kenney & Sons

(Address) North & Penna Ave

20. FILED ..... 19..... Huntington Publishing Co

MAR 16 1936

MEDICAL CERTIFICATE OF DEATH

X

21. DATE OF DEATH (month, day, year) Mar 15 1936

22. I HEREBY CERTIFY, That I attended deceased from March 13 1936 to March 15 1936

I last saw he alive on March 15 1936 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis	1933
Pulmonic Tuberculosis	1930
Other contributory causes of importance:	
Acute Influenza	2-1936

Name of operation No Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm J Kenney M. D.

(Address) Bon Secours Hosp

21858 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 21858

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3802 Dalrymple Ave) (Street) 15-9 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Howard Myers

(a) Residence: No. 3802 Dalrymple Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida R. Myers.

6. DATE OF BIRTH (month, day, year) Mar. 27, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spooner, sawyer, bookkeeper, etc. Shop Supt. & Pa. RR.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Jacob Myers.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lydia Ensor

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Ida R. Myers

(Address) 3802 Dalrymple Ave.

18. BURIAL, CREMATION, OR REMOVAL Lorraine Cem. Date Mar. 16 1936

19. UNDERTAKER Lemmon Pet Lee Sons

(Address) North Beaver & Huntington Aves.

FILED 19 Registrar.

MAR 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1936 to March 13, 1936.

I last saw h- alive on March 12, 1936 Death is said to have occurred on the date stated above, at 1.20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	March
& paralysis	12-36
Other contributory causes of importance:	
arterio-sclerosis	about 1926
Hypertension	1926

Was an operation performed? No Date of

For what disease or injury? none

Name of operation Date of

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wallis Dunbar M. D.

(Address) 2220 Garrison Blvd

12934

21859 HEALTH DEPARTMENT—CITY OF BALTIMORE 21859

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Richard Mahoney

(a) Residence: No. 3549 Roland Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Meude V. Mahoney

6. DATE OF BIRTH (month, day, year): 3-9-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: John Mahoney.

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Callie? Wines.

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St, Mary's. Hampden. March 17 36

19. UNDERTAKER Thenowetton Son.

(Address) 3615-17 Chestnut Ave

20. FILED MAR 16 1936 19 Livingston Williams, D Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1936 to March 15, 1936

I last saw him alive on March 15, 1936. Death is said to have occurred on the date stated above, at 10.00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	Unknown
Cerebral Hemorrhage	6 days ago.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. de Sautelle M. D.

(Address) Baltimore City Hospitals

Fidelity

F 21860

HEALTH DEPARTMENT—CITY OF BALTIMORE 21860

CERTIFICATE OF DEATH

1/31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 W 38th St. St.) 13-7 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lenel E. Arthur

If U. S. Veteran specify WAR

(a) Residence: No. 914 W 38th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Arthur

6. DATE OF BIRTH (month, day, year) May 9 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist .031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocer Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William H. Arthur

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah G. Jackson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Elbert V. Arthur

(Address) 914 W 38th St.

18. BURIAL, CREMATION, OR REMOVAL

Druid Ridge Date March 17, 1936

19. UNDERTAKER Edmondson & Son

(Address) 3015-17 Pulaski Ave.

Huntington Williams, MD

MAR 16 1936

Left

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1935 to Mar 13, 1936

I last saw him alive on Mar 13 1936 Death is said to have occurred on the date stated above, at 9 55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac vascular Renal disease	1/14/35
Other contributory causes of importance:	
Arteriosclerosis	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) E. H. Richardson M. D.

(Address) 850 W 36th

21861

HEALTH DEPARTMENT—CITY OF BALTIMORE

21861

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 E. Pratt St. St., 2-2 Ward)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret [redacted] Schellr

If U. S. Veteran specify WAR

(a) Residence: No. 1815 E. Pratt St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Anton Scheller

6. DATE OF BIRTH (month, day, year) June 10/1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Uknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rose Chultz

(Address) 1815 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar. 17/36

19. UNDERTAKER Zilly & Zubrod

(Address) 402 S. Wolfe St.

MAR 16 1936 [redacted] Registrar

[redacted] Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 13/36, 19

22. I HEREBY CERTIFY, That I attended deceased from March 10 1936 to March 13 1936

I last saw h[redacted] alive on March 10 1936 Death is said to have occurred on the date stated above, at 11/30 [redacted] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchio-Pneumonia	4 days
Other contributory causes of importance: Cardiac Dropsy	2 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [redacted] Dewitz, M. D.

(Address) 1090 E. Pratt St

21862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospitals (St.) (Ward) 13-2

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julius Pukas (Julian Pukacz) If U. S. Veteran specify WAR .....

(a) Residence: No. 1265 S. Eden St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55 - 53	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: X

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Balto City Hospitals records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Laurel Heart Date: 3-16 1936

19. UNDERTAKER: J. J. Fahey & Sons
(Address) 1316 Light St

Registered ... 19 ... Huntington Williams, M.D. Registrar

R 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 8, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) A. M. Wright Coroner, M. D.

(Address) 1014 S. Bellefield Ave

21863

HEALTH DEPARTMENT—CITY OF BALTIMORE

21863

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1527 N. 36th St., 13 Ward) Registered No. 13-87

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. — mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas R. Jenkins

(a) Residence: No. 1527 N. 36th St. St., 13 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): March 5-1935

7. AGE: Years 1; Months —; Days 10; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: James B. Jenkins

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Ethel Jones

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): James B. Jenkins 1527 N. 36th St.

18. BURIAL, CREMATION, OR REMOVAL: Place St. Marys Hampden Date March 16 36

19. UNDERTAKER (Address): Horace G. Burgee 3631 Falls Road Huntington Williams, Md.

MAR 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 15 1936

22. I HEREBY CERTIFY, That I attended deceased from March 11th 1936 to March 15th 1936

I last saw him alive on March 15th 1936 Death is said to have occurred on the date stated above, at 2.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. A. Lillich M. D.

(Address) 36 N Fallis Rd Baltimore Md

M. D. F. 21864 ✓ F 21864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Hinx

(a) Residence: No. 711 E Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucy

6. DATE OF BIRTH (month, day, year): 1-15-74

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): W Va

FATHER

13. NAME: Henry Hinx

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Jeanette Boyd

16. BIRTHPLACE (city or town) (State or country): W. Va

17. INFORMANT: Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Paul's Date 3-17-36 19..

19. UNDERTAKER: Bedell & Humphreys
(Address) 501 N Broadway

MAR 16 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 12 1936

22. I HEREBY CERTIFY, That I attended deceased from March 10 1936 to March 12 1936

I last saw him alive on March 12 1936 Death is said to have occurred on the date stated above, at 3 05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-5-36
due to Pneumococcus Group IV	
Other contributory causes of importance:	
Septicemia - Pneumococcus	?
Arteriosclerosis [Group IV	?

Name of operation: ... Date of ...

What test confirmed diagnosis? Blood culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) ...

21865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 21865

1. PLACE OF DEATH Md. Gen. Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11-3 Ward)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? 29 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mike Bollias - Manoubis

(a) Residence: No. Boy 59 Fairmount St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fin Mill. Op.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Spinning Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Pete Bollias

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT John Bollias

(Address) Edgemere Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date 3/16/ 1936

19. UNDERTAKER John F. Connelly

(Address) Essex Md.

20. FILED MAR 16 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15th 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry, find that said deceased came to death on the day stated above. 3.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Left Lower Lobe	

Other contributory causes of importance: Paralytic Ileus, Thrombosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. Hanna Coroner, M. D.

(Address) 12 S Hanover

F 21866

F 21866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 N. Streeper St., 7-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Pfetzer

(a) Residence: No. 518 N. Streeper St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Pfetzer

6. DATE OF BIRTH (month, day, year) Oct 25, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME John Kahl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Julius Rohrbach

(Address) 511 N. Streeper St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date March 16 1936

19. UNDERTAKER Margaret J. Flynn

(Address) 1422 Light St

R 16 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/13/36

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1936, to Mar 15, 1936

I last saw h alive on Mar 15, 1936 Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/7/36
Other contributory causes of importance: Chronic Nephritis	
Influenza age	8

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19 —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) C. V. Mengel M. D.

(Address) 1520 E. 33rd

F 21867

21867 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSP'T St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Helen D Hildebrandt

(a) Residence: No. 1926 E Madison St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 15, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry A. Hildebrandt

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Dora Lewisfeld

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Father

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date March 17, 1936

19. UNDERTAKER Henry Strack Sons, Inc

(Address) 1301 E. Eager St Huntington Building, Md

Registrar

16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1936 to March 16, 1936

I last saw her alive on March 16, 1936 Death is said to have occurred on the date stated above, at 6 50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis media	3-10-36
Streptococcus meningitis	3-13-36

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D Schwentker M. D.

(Address) SYDENHAM HOSP'T

M. D. B 1268-b

✓ F 21868

21868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2-3 9H-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Poszlusny

(a) Residence: No. 1735 Lancaster St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor (WPA)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Notknown

14. BIRTHPLACE (city or town) (State or country) Notknown

MOTHER

15. MAIDEN NAME Notknown

16. BIRTHPLACE (city or town) (State or country) Notknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U. of M. Med. School Date Mar 16, 1936

19. UNDERTAKER [illegible]
(Address) [illegible]

[illegible] 1936 Huntington Williams M.D.

21883

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1936

22. I HEREBY CERTIFY, That I was present at the [illegible] of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO
If so, specify .....

(Signed) A. R. Rowland M. D.

(Address) 2757 Garrison

21869 ✓ F 21869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-9-82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Jackson

(a) Residence: No. Levering House St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 2-21-1846

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
90		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME William Jackson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Margaret Dorsey

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med School Date Mar 16 1936

19. UNDERTAKER Commissioner Health,
(Address)

16 1936
2152

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/2 1936

22. I HEREBY CERTIFY, That I attended deceased from 1932 to 3/2 1936

I last saw him alive on 3/2 1936. Death is said to have occurred on the date stated above, at 7P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	?
Hypertension	?
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

Mary Mason Collins ✓ F 21870

F 21870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital) (St.) 7-3 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Mary Mason Collins

(a) Residence: No. 2316 E. Madison Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 15-1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	5	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Gephardt

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Wm. B. Mason
(Address) 2316 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date Mar. 17, 1936

19. UNDERTAKER C. Miller & Son
(Address) 2334 Jefferson St.

20. FILED MAR 16 1936 Huntington Baltimore Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/14/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3/8/36 . 19 . to 3/14/36 . 19 .

I last saw h[illegible] alive on 3/14/36 . 19 . Death is said to have occurred on the date stated above, at 3.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	3/14/36

Other contributory causes of importance:

Was an operation performed? No. Date of 3/7/36

For what disease or injury? Fibroid of Right Ovary

Name of operation Right Oophorectomy Date of 3/7/36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.

(Signed) J. Mason Albert Hosp. M. D.

(Address) University Hospital

21871 ✓ F 21871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. (6-1)
CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 50-60 yrs. mos. ds. How long in U. S. If of foreign birth? 50-60 yrs. mos. ds.

If U. S. Veteran — specify WAR .....

2. FULL NAME John L. Ennis

(a) Residence: No. 209 N. Streeper St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie ~~Ennis~~ Ennis

6. DATE OF BIRTH (month, day, year) June ? 1867 or 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	9	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 10-16

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lighthouse Service

10. Date deceased last worked at this occupation (month and year) 1-1-31

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hamburg (State or country) Germany

FATHER

13. NAME Henry Ennis

14. BIRTHPLACE (city or town) Hamburg (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Bochalz

16. BIRTHPLACE (city or town) Hamburg (State or country) Germany

17. INFORMANT Record, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Balto. Cem. Date Mar. 18 1936

19. UNDERTAKER Mrs. G. Miller & Son (Address) 2334 Jefferson St.

FILED MAR 16 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 8, 1936, to March 14, 1936. I last saw him alive on March 14, 1936. Death is said to have occurred on the date stated above, at 5:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobular, both lung bases	3-13-3[illegible]
Other contributory causes of importance:	
Encephalomalacia	2-2-36
Arteriosclerosis, general	Unknow[illegible]

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. find. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T. M. N. [illegible] M. D.

(Address) U.S. Marine Hospital, Baltimore

F 21872 ✓ F 21872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2603 Eastern Ave St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Paul Schroll

(a) Residence: No. 2603 Eastern Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Margaret Schroll

6. DATE OF BIRTH (month, day, year) May 21-1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Box Factory

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 656

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Schroll

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mary Deninger (Address) 709 S. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Cem Date Mar 17 1936

19. UNDERTAKER Wm C. Miller & Son (Address) 2334 Jefferson St

20. FILED MAR 16 1936 Huntington Pollard, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1934, to March 13, 1936

I last saw him alive on March 13, 1936 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart disease — Date of onset 1934

Cerebral hemorrhage

Other contributory causes of importance:

arterio sclerosis

Hypertension

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? P.S.A.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John J. Kruger M. D.

(Address) 42 Eastern Ave

21873 13005 21873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Stern

(a) Residence: No. 116 N. Chester St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Stern

6. DATE OF BIRTH (month, day, year) ~~August~~ 8-5-1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Phillip Trank

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 3-18-36. 19

19. UNDERTAKER F. B. Wisner & Son
(Address) 300 E. Lexington Street Huntington Williams, W. Va.

MAR 16 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 13 1936 to March 15 1936

I last saw her alive on March 15 1936. Death is said to have occurred on the date stated above, at 11:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 days ago.
Bronchopneumonia	2 days ago.

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical Date of .....

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. A. De Sautelle M. D.

(Address) Baltimore City Hospital.

M. D. F. 1268-9

21874 HEALTH DEPARTMENT—CITY OF BALTIMORE 21874

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2032 Fulton Ave (St.) (Ward) 4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theresa Friedberger

(a) Residence: No. 2032 Fulton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Stork

6. DATE OF BIRTH (month, day, year) March 8 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	—	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pikesville Md

FATHER

13. NAME Lazarus Friedberger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Reis

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lina Goldsmith

(Address) 2032 Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL Sinai Cem. Date March 17 36

19. UNDERTAKER J. Weber & Sons

(Address) 2432 Reisterstown Rd

20. FILED MAR 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 1936 to March 15 1936

I last saw her alive on March 14 1936 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	1
	30
	36

Other contributory causes of importance: X

Name of operation none Date of ...

What test confirmed diagnosis? Heart Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X ... 19...

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no If so, specify X

(Signed) H. VanKilleaner M. D.

(Address) 3200 Eutaw Pl.

21875

HEALTH DEPARTMENT—CITY OF BALTIMORE

21875

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 N. Hamburg St. St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Larry George.(C)

(a) Residence: No. 422 N. Hamburg St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) December 5, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry George.(C)

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Dorothy Binns.(C)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Dorothy Binns.(C) mother
(Address) 422 N. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 3/17/36

19. UNDERTAKER Isaac L Bowen's Son
(Address) 108 W Montgomery St

20. FILED 16 1936 Huntington Wilkerson, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia.	
unknown.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Otto M Reinhardt, M. D. Coroner

3/16/36 (Address) 1017 E. Charles St.

M. D. B 1265-9

F 21876

F 21876 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME John Coleman If U. S. Veteran specify WAR. world war

(a) Residence: No. 1022 Wilmer Court St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Vulcan

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stoker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coke

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Florence (State or country) South Carolina

FATHER

13. NAME Clay Coleman

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Sorrells (?)

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Mrs Mary Coleman

(Address) 1022 Wilmer St

18. BURIAL, CREMATION, OR REMOVAL

Place National Date 3/16 19 36

19. UNDERTAKER Bernard Keighley

(Address) 818 Druid Park Ave

Huntington Maryland

19 Registrar.

161936.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15 , 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis (Meningococcus)	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. M. Magill Coroner, M. D.

(Address) 1010 S. Edmondson Ave

F 21877

21877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH Sinai Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8-1 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida Lynch

(a) Residence: No. 1303 N. Broadway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Lynch

6. DATE OF BIRTH (month, day, year) Sept 10 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Vogel

14. BIRTHPLACE (city or town) (State or country) germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Margaret Nowack

(Address) 1303 N Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Mar 18 1936

19. UNDERTAKER John Ullrich & Sons

(Address) 2008 Orleans St

Huntington Williams, N.D

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1 1936 to March 15 1936

I last saw her alive on 3-15 1936 Death is said to have occurred on the date stated above, at 4⁴⁵ pm.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 3-13-36 ?

Diabetes mellitus

Other contributory causes of importance:

Was an operation performed? Yes Date of 12-27-35

For what disease or injury? Diab. gangrene - rt leg

Name of operation Amputation at thigh of 12-27-35

What test confirmed diagnosis? Oper Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A Myrkin M. D.

(Address) Sinai Hosp.

MAR 19 1936

F 21878 ✓ F 21878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Md. Gen. Hospital. 1-3 Registered No. .....

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Catherine Cunningham ☐ U. S. Veteran specify WAR .....

(a) Residence: No. 2731 Eastern ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H Cunningham

6. DATE OF BIRTH (month, day, year) June 19 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 097

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Christian Zimm

14. BIRTHPLACE (city or town) (State or country) East Germany

MOTHER

15. MAIDEN NAME Mary Magdalena Zimmerman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Catherine Cunningham (Address) 2731 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Mausoleum Date Mar 18 1936

19. UNDERTAKER John Ulrich (Address) 2408 Orleans St

20. FILED Mar 18 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 6 17 ann

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C Hanson, M. D.
Coroner

(Address) 1249 Hanover

OCCUPATION is very important. See instructions on back of certificate.

F 21879

F 21879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2631 ~~Hoffman~~ Chase St. St., 8-3 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Hess

(a) Residence: No. 2631 ~~Hoffman~~ Chase St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or wife of)~~ Barbara Hess

6. DATE OF BIRTH (month, day, year) June 20, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 6070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. Balto.

FATHER

13. NAME William Hess

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Barbara Hess ~~Hoffman~~ Chase St.

(Address) 2631 E. ~~Hoffman~~ St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date Mar 18 1936

19. UNDERTAKER John Ullrich

(Address) 2008 Orleans St

Huntington Williams, N.D.

19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of brain	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury March 17, 1936

Where did injury occur? 2631 E. ~~Hoffman~~ Chase St. Balto, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Pistol Shot (Suicide)

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber M. D.

Coroner

(Address) 1914 E. Northway

R 161936

F 21880

21880 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

92-W

CERTIFICATE OF DEATH

Registered No. 18-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 334 N. Carrollton Ave. St.) (18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Theresa M. Horton

(a) Residence: No. 334 N. Carrollton Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank E. Horton

6. DATE OF BIRTH (month, day, year) Oct 6-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Castelmare

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Raymond L. Horton

(Address) 334 N. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 3-17-36 19

19. UNDERTAKER F. B. Wisbert & Son

(Address) 1202 Eutaw Place

6 1936 Lexington Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14-36 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1936 to March 14 1936

I last saw her alive on March 14, 1936 Death is said to have occurred on the date stated above, at 7:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Valvular Heart Disease	?
Angina Pectoris	?
Coronary occlusion	1 day

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Jennings M. D.

(Address) 1007 E. Baltimore

12978 F 21881

21881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. 16-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Mead

(a) Residence: No. 634 N. Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80 ? 81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Mar 17, 36

19. UNDERTAKER Sam'l H. Shaw & Son

(Address) 238 N. Eutaw

Filed MAR 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-12, 1936 to 3-15, 1936

I last saw h[illegible] alive on 3-14, 1936 Death is said to have occurred on the date stated above, at 11 55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Senile Arteriosclerosis	?
Other contributory causes of importance: Bilateral Broncho-pneumonia	3 days

Was an operation performed? no Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no — If [illegible]

(Signed) Robt. J. Mountin M. D.

(Address) Balto City Hospt.

F 21882 VI ✓ F 21882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St. 20-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Ida Aldecher - Ida C. Alsdorf If U. S. Veteran specify WAR .....

(a) Residence: No. 2631 Edmondson Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Wilhelm J. Alsdorf

6. DATE OF BIRTH (month, day, year) May 18th 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	6	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Stolp
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wilhelm J. Alsdorf
(Address) 2631 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 3/17/36 19

19. UNDERTAKER Geo. Weber & Son
(Address) 2503 Edmondson Ave Huntington Williams, Inc.

... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14-36 . 19

22. I HEREBY CERTIFY That I attended deceased from March 11, 1936 to March 14, 36
I last saw her alive on March 14, 1936 Death is said to have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Dilatation & Hypertrophy	
Chronic Myocarditis	
Auricular Fibrillation	

Other contributory causes of importance:

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) David I. Brody, M. D.
(Address) Sinai Hospital

R 16 1936

M. D. B. 1268-9

F 21883

31083
21883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 25-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Hoppel

(a) Residence: No. 2327 Washington Blvd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Herman Hoppel

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ola Colhouser

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Med School Date Mar 11. 19 36

19. UNDERTAKER
(Address)

20. FILED Mar 11 1936 Remington Funeral Home Registrar

2104

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 10 1936 to Mar 11 1936

I last saw h[illegible] alive on Mar 11 1936. Death is said to have occurred on the date stated above, at [illegible] p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (6 mos) [redacted]	2 days

Other contributory causes of importance:

aspiration

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] E Edwards M. D.
(Address)

M. D. B. 1268-9

T 21884

HEALTH DEPARTMENT—CITY OF BALTIMORE

T 21884

CERTIFICATE OF DEATH

Registered No. 95-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Smith

(a) Residence: No. 2195 Durham St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington

FATHER

13. NAME Wallace Harris

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Martha Conaway

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bal. Med. School Date March, 1936

19. UNDERTAKER [illegible]
(Address)

20. FILED MAR 16 1936 Huntington Williams, M.D. Registrar

2186

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1935 to March 9, 1936.

I last saw him alive on March 9, 1936. Death is said to have occurred on the date stated above, at 7.40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart disease	1895
& cardiac failure	
Pulmonary infarct ?	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wards S Allen, M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1268-9

F 21885

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21885

CERTIFICATE OF DEATH

176

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 3-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sam Petrovich

(a) Residence: No. 403 S Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/5/70

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65 70		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place 2d Med School Date Mar 16, 1936

19. UNDERTAKER

(Address)

2[illegible] 16 1936, 19 ..... Registrar.

2157

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 5, 1936 to Mar. 9, 1936

I last saw him alive on Mar. 7, 1936 Death is said to have occurred on the date stated above, at 8 50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hole Arthrosis	Jan 1935
Cardiac hypertrophy	"
Arteriosclerosis - generalized	?
Intracranial hemorrhage ?	

Other contributory causes of importance:

Cholecystitis

Name of operation Cholecystostomy Date of Mar. 1935

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm B. Sheppard, M. D.

(Address) Johns Hopkins Hosp.

M. D. B 1268-9

F 21886

21886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 32-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Richard Rentz

If U. S. Veteran specify WAR .....

(a) Residence: No. 1631 E. Baltimore St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 6087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date March 19 36

19. UNDERTAKER Commissioner Health.

(Address) ... Woodlawn

Registrar

6 1936

2188

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Wheeler, M. D.

Coroner

(Address) 1919 E. North Ave.

21887

✓F 21887

310792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Hubbard

(a) Residence: No. 907 N. Eutaw St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ollie

6. DATE OF BIRTH (month, day, year) 10-15-90

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant 0070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Richard Hubbard

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Laura Tyrell

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Leyington Va Date 3-17-1936

19. UNDERTAKER Wm. H. Holland
(Address) 1731 Eutaw Place

Filed MAR 16 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 10 1936 to March 13 1936

I last saw him alive on March 13. 1936 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis with Peritonitis	3-7-36
Acute Peritonitis	3-10-36
Tuberculous Pneumonia	3-10-36
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Was an operation performed? Yes Date of Appendectomy with Laparotomy

For what disease or injury? Appendicitis

Name of operation Appendectomy Date of 3-11-36

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David Strong Jr M. D.

(Address) Johns Hopkins Hospital

F 21888

21888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407-W. Bond Street St., 8-7 Ward)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary H. Davis

(a) Residence: No. 1407-W. Bond Street St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas E. Davis

6. DATE OF BIRTH (month, day, year) 3/26/1860

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
75	11	16	XXXX

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Louis Haas

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Harry Davis
(Address) 1407-W. Bond Street

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/17/36 19

19. UNDERTAKER George J. Kuth, Inc.
(Address) 1736 Pennsylvania Ave

FILED 16 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1931 to March 12 1936
I last saw h[illegible] alive on March 12 1936 Death is said to have occurred on the date stated above, at 3 40 P m.

The principal cause of death and related causes of importance were as follows:

Uremic Myocarditis. — Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Victor Goldberg M. D.

(Address) 1524 N Patterson Pk Ave

✓ F 21889

21889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 628 N. Central Ave Ward 5-1)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city (or town) where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Addie Anderson

(a) Residence: No. 628 N. Central Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ ~~Deceased~~ Laura Price

6. DATE OF BIRTH (month, day, year) Oct. 12. 1896.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39.	5	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter (Hotel) 0070
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Rose Tiay (Half Sister)
(Address) 1224 N. Spring Street

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date March 17 1936

19. UNDERTAKER Robert L. Russell
(Address) 804 N. Caroline St.

20. FILED ... 19... [illegible] Registrar

MAR 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14-, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-12-, 1936 to 3-13-, 1936
I last saw h[illegible] alive on 3-13, 1936 Death is said to have occurred on the date stated above, at 5A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Th.	
" Th Pneumonia	

Other contributory causes of importance: —

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation ... Date of ...
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. L. Hornstein, M. D.
(Address) 733 Aisquith St

F 21890

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21890

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Mercy Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 228 Division St. (Ward) 17-2

Length of residence in city or town where death occurred 40 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Joseph E Diggs — If U. S Veteran specify WAR .....

(a) Residence: No. 1228 Division St. — Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Rosella Diggs

6. DATE OF BIRTH (month, day, year) Sept 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Benjamin F Diggs

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Amanda

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Rose E Diggs

(Address) 1228 E. Division St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Pleasant Date Mar 17 1936

19. UNDERTAKER Thomas E Wright

(Address) Funeral Consultant

16 1936 Lexington Williams, M.D. Registrar.

OTW

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/16 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/28/36 1936 to 3/16/36 1936

I last saw him alive on 3/16 1936 Death is said to have occurred on the date stated above, at 12.30 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral hemorrhage	2/28/36

Other contributory causes of importance:

Hypertension	1
cerebral arteriosclerosis	5

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Neurological Exam Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) H Edgar Kreuler M. D.

(Address) Mercy Hospital

21891 ✓ F 21891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Saint Agnes' Hospital — Registered No. 70-7

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Benjamin Dukehart

(a) Residence: No. 28 S. Kossuth St. St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mabel

6. DATE OF BIRTH (month, day, year) Sept. 4-1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	5 6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Weather Striper 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Anthony Dykehart

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mabel D. Dykehart (Address) 28 S. Kossuth St

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Mar. 18, 1936

19. UNDERTAKER George L. Schnaut (Address) 2101 Eutaw Pl.

20. [illegible] C. J. Williamson M.D.

16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15-1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1936 to March 15, 1936

I last saw him alive on March 15, 1936. Death is said to have occurred on the date stated above, at 3:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalo-myelitis	
Other contributory causes of importance: Bronchio-pneumonea	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. J. Williamson M. D.

(Address) St. Agnes Hosp

F 21892 F 21892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St. 4 W. Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Kirlack

If U. S. Veteran specify WAR .....

(a) Residence: No. Westminster Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: None. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown Maryland

FATHER

13. NAME John Kirlock

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT (Address) Ralph Geary Still Pond, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Still Pond Date March 20 1936

19. UNDERTAKER (Address) B. Rutledge Still Pond, Md.

20. FILED 19 Registrar

MAR 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-1 1936 to 3-16 1936

I last saw him alive on 3-16 1936 Death is said to have occurred on the date stated above, at 4 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	3-15-36
Broncho Pneumonia	3-15-36

Other contributory causes of importance:

Diabetes Mellitus before	2-1-36

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Lewis H. Woodward Jr. M. D.

(Address) University Hosp.

F 21893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2509 Kirk Ave. 27-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amelia V. Huntsman

If U. S. Veteran, specify WAR No Record

(a) Residence: No. 2509 Kirk Ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Female	White	Married

6a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Albert W. Huntsman

6. DATE OF BIRTH (month, day, year) Mar 31st 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Toppa Md

FATHER

13. NAME George Hunter

14. BIRTHPLACE (city or town) (State or country) Toppa Md

MOTHER

15. MAIDEN NAME Mary McComas

16. BIRTHPLACE (city or town) (State or country) Toppa Md.

17. INFORMANT Amelia V. Burch

(Address) 2509 Kirk Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Mar 17th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Mar 18 1936 E. J. Lawrence Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15th 1936

22. I HEREBY CERTIFY, That I attended deceased from February 12, 1935 to March 13, 1936

I last saw her alive on March 13, 1936. Death is said to have occurred on the date stated above, at 2:32 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Two Days
Chronic Interstitial Nephritis	Jan. 1934
Other contributory causes of importance:	
Arteriosclerosis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. W. Montgomery M.D.

(Address) 401 East 25th Street

11 1936

F 21894 HEALTH DEPARTMENT—CITY OF BALTIMORE F 21894

CERTIFICATE OF DEATH

✓ 82-W

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 Lamont Ave Ward 9-G)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles R. Elliott If U. S. Veteran specify WAR No Record

(a) Residence: No. 1712 Lamont Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~ widowed, ~~wife of~~ HUSBAND of ~~living~~ Laura Elliott

6. DATE OF BIRTH (month, day, year) Nov 4th 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Robert Elliott

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Martha Gardner

16. BIRTHPLACE (city or town) (State or country) Annapolis Md

17. INFORMANT Alice Elliott
(Address) 1712 Lamont ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Mar 18th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED [illegible] Registrar

R 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16th 1936

22. I HEREBY CERTIFY That I attended deceased from March 6 1936 to March 16 1936

I last saw him alive on March 16 1936 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	1 Yr
Other contributory causes of importance: Cerebral Hemorrhage	3 Days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Raymond L Wood M. D.

(Address) 1132 Washington

M. D. H. 1268-a

F 21895

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21895

CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital St., 26 Ward

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John L. Hollyes

If U. S. Veteran specify WAR No Record

(a) Residence: No. 4309 Berger Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Emma C. Hollyes

6. DATE OF BIRTH (month, day, year) December 29, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Storedoor

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Diedrich Hollyes

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Bultmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary E. Hollyes

(Address) 3018 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudenslager Date Mar 18th, 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... Registrar.

R 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

21896

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21896

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH 12937 4-1

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mary Virginia Hammen

(a) Residence: No. 412 W. Saratoga St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) 10-30-1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown 1931

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

FATHER

13. NAME Thomas House

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rosetta Bradley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 17th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1936 [illegible]

R 171960

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1936, to March 14, 1936.

I last saw Mr alive on March 14, 1936. Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2 wks ago.
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. A. de Sanctis M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-6

F 21897 HEALTH DEPARTMENT—CITY OF BALTIMORE F 21897

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3821 (St.) Hayward ave (Ward) 27-18

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James E Stewart

No War Record

(a) Residence: No. 3821 Hayward ave St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary E Stewart

6. DATE OF BIRTH (month, day, year) Nov 21 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman & oil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 1934

11. Total time (years) spent in this occupation. 40 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Columbus E Stewart

14. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER

15. MAIDEN NAME Sarah J Crangle

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Mary E Stewart

(Address) 3821 Hayward ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 19th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

19. FILED MAR 17 1936 Washington Williams, Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16th 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 5th 1935 to March 16 1936

I last saw h alive on March 15 1936 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	unknown
Other contributory causes of importance Chronic Endocarditis	unknown

Name of operation.. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) C. V. Euson M. D.

(Address) 4926 Park Heights Av.

F 21898

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21898

93-C

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 22nd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Rose Schindelmeiser — If U. S. Veteran specify WAR No Record

(a) Residence: No. 617 S Paca St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of ——

6. DATE OF BIRTH (month, day, year) July 29, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Nicholas Schindelmeiser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Joana Rapp

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 18th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED MAR 17 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-10 1936 to 3-16 1936

I last saw her alive on 3-16 1936. Death is said to have occurred on the date stated above, at 9:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Coronary Heart Disease	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) John T. Barnaby M. D.

Address Maryland General Hosp.

F 21899

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21899

93-c

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2816 Hilldale St., 15-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME David Goodman

(a) Residence: No. 2816 Hilldale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rebecca

6. DATE OF BIRTH (month, day, year): Dec 20 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoe Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland.

FATHER

13. NAME: Nathan Goodman

14. BIRTHPLACE (city or town) (State or country): Poland.

MOTHER

15. MAIDEN NAME: Leah ?

16. BIRTHPLACE (city or town) (State or country): Poland.

17. INFORMANT (Address): Harry Goodman 2816 Hilldale ave

18. BURIAL, CREMATION, OR REMOVAL: Place Rose dale Cmty Date March 17 1936

19. UNDERTAKER (Address): Sol Levinson & Bros 1127 E Balto st

20. FILED 19 (Registrar)

D 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-15, 1935, to 3-15, 1936

I last saw him alive on 3-15, 1936. Death is said to have occurred on the date stated above, at 11:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3-15-36
Other contributory causes of importance:	
Chronic Bronchitis	15 mos.
Chronic Myocarditis	15 mos.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. E. Price M. D.

(Address) 920 St. Paul

F 21900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 641 George St. 17-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leroy Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 641 George St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 20-1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edward Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Nelda Johnson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Louise Johnson

(Address) 641 George St

18. BURIAL, CREMATION, OR REMOVAL

Place Ft Auburn Date 3/17/36

19. UNDERTAKER Thos. E. Kelson

(Address) 1303 Pennsylvania Ave

Huntington Williams, M.D.

Registrar.

MAR 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia (Primary)	Mar 13 1936

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) George S. Adkins M. D.

Coroner

(Address) 501 Courthouse

~~21901~~ 21901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

~~21901~~ 21901

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1051 Roland Hgts Ave St., 7-14 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Wittshauer

(a) Residence: No. 1057 Roland Hgts Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Geo. M Wittshauer

6. DATE OF BIRTH (month, day, year) June 25 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Caston Droge

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Geo Wittshauer
(Address) 1057 Roland Hgts Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Mar 18. 1936

19. UNDERTAKER P. S. Marshall
(Address) 2539 Talbot Co Easton Williams, Md

MAR 17 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15. 36

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1936 to March 15, 1936

I last saw her alive on March 10, 1936 Death is said to have occurred on the date stated above, at 1.45 p m

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:
Hypertension. Coronary Artery Disease

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, ... (Signed) H H Hamilton, M. D.

(Address) 4037 Falls Rd.

F 21902

F 21902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. V 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1824 Pennsylvania Ave (Ward) 14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William H. Romoser

(a) Residence: No. 1824 Pennsylvania Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Kilian Romoser

6. DATE OF BIRTH (month, day, year) Feb 20 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	0	25 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John. J. Romoser

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Regina Ommenhauser

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Elizabeth K. Romoser

(Address) 1824 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL

St Pauls (Violetsville) Date 3-17 1936

19. UNDERTAKER Mrs Chas A G Rohde

(Address) 1824 Pennsylvania Ave Huntington Williams, MD

19 Registrar.

171936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15th 1936

22. I HEREBY CERTIFY, That I attended deceased from 20 years ago 19 to Mch 15 1936

I last saw him alive on Mch 14 1936. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion	Mch 10
Myocarditis	Sept, '35
Other contributory causes of importance: Prostate operation (Fulguration) Jan 11/36	

Was an operation performed? Date of

For what disease or injury? Prostatic Hypertrophy

Name of operation (abn) Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed) David H. Gatlin M. D.

(Address) 1404 Linden Ave

F 21903

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21903

V 89-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jethel Dorsey.

(a) Residence: No. 2125 Division St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 22, 1920

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	15	4	23 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wm Dorsey

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ella may Emory

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Effie Carr

(Address) 2125 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn cemetery Date 3/18 36 19

19. UNDERTAKER Thos. E. Kelson

(Address) 1202 Pennsylvania Ave.

Ft. Taylor Baltimore, Md.

R 171936 left

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3.15 1936

22. I HEREBY CERTIFY, That I attended deceased from 2.1 1936, to 3.15 1936.

I last saw her alive on 3.15 1936. Death is said to have occurred on the date stated above, at 3 20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain abscess	1.18.36
Chronic otitis media and chronic mastoiditis -	12.11.35

Other contributory causes of importance:

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Aut Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?
NO If so, specify .....

(Signed) R. L. Jackson, M. D.

(Address) 600 N. Arlington

M. D. B. 12-39 F 21904

F 21904

310415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 50

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 19-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Holley

(a) Residence: No. 1621 Edmonson Ave St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Widow

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 1, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58 57	2	13 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry Asst

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joseph Smith

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Georgiana Stepney

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 3/16, 19..

19. UNDERTAKER Thomas E. Kelly
(Address) 150 Hamilton Ave
Huntington Hathaway & Sons Inc. Funeral Dirs.

17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936 to March 13, 1936
I last saw her alive on March 13, 1936 Death is said to have occurred on the date stated above, at 945 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	3-13-36
Other contributory causes of importance:	
Carcinoma of Breast	1935
Hypertension	?
Myomata uteri	?

Name of operation Radical Amputation of Breast Date of 3-3-36

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David H. Stronger M. D.

(Address) Johns Hopkins Hospital

21905

12901

F 21905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-J-82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 17 — Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Maggie Glenn

(a) Residence: No. 639 Jasper St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry

6. DATE OF BIRTH (month, day, year) 4-9-1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation: (month and year)

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Thomas Rand

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cavalry Cem Date 3/18/36 . 19

19. UNDERTAKER Wm A. Jackson
(Address) 416 Pennsa ave

20. FILED 171936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14 . 1936

22. I HEREBY CERTIFY, That I attended deceased from March 8 . 1936, to March 14 . 1936

I last saw her alive on March 14 1936 Death is said to have occurred on the date stated above, at 11.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, generalized	unknown
Cerebral Hemorrhage	6 days ago.

Other contributory causes of importance:

over

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) H. A. de Lautalle M. D.

(Address) Baltimore City Hospitals.

21906 Zwickel F 21906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen Hosp (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma E Zwickel (E for Elsie) If U. S. Veteran specify WAR .....

(a) Residence: No. 1519 N Bond St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 30, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed for over

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this

12. BIRTHPLACE (State or country) Crisfield Md

FATHER

13. NAME Edward V. Zwickel

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Katherine Ulrich

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Henry E Zwickel
(Address) 513 Beaumont ave Govans

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mar 18, 1936

19. UNDERTAKER Wm Tucker & Sons
(Address) Linden & Penna aves

Registrar. Huntington Williams M.D.

MAR 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 | 16 | 1936

22. I HEREBY CERTIFY, That I attended deceased from 3 | 6 | 1936 to 3 | 16 | 1936

I last saw her alive on 3 | 15 | 1936 Death is said to have occurred on the date stated above, at 3 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	2/10/36
Marked generalized Oedema	2/10/36
Diabetes	past yrs
Degenerative Myocarditis	
Fatty infiltration	

Other contributory causes of importance:
Bronchopneumonia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) M. Alonso M. D.

(Address) So. Balto. Gen Hosp.

F 21907

F 21907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 27-16 (Ward)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME George W. Geiger W fnu William

(a) Residence: No. 4975 Edgemere Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 14 1922

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
13	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Joseph Geiger

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Helen Fuhrer

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Joseph Geiger
(Address) 4975 Edgemere Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mar 19 1936

19. UNDERTAKER Wm J Jutzeler + Sons
(Address) North + Penna Ave

MAR 17 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15 1936, to Mar. 16 1936

I last saw h..., alive on Mar. 16 1936 Death is said to have occurred on the date stated above, at 5:45 pm.

The principal cause of death and related causes of importance were as follows:

Hyperuephroma - R. Kidney — Date of onset .....

Other contributory causes of importance:
Generalized metastases.

Was an operation performed? Yes Date of Jan 20, 36

For what disease or injury? Above.

Name of operation Laparotomy Date of 1/20/36

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M. S. Sachs, M. D.

(Address) mercy Hospital.

F 21908 F21908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Mary B. Reed

(a) Residence: No. Sykesville Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late James Reed.

6. DATE OF BIRTH (month, day, year) 1869-10-7.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Thomas A. Barnes

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Christina Stevens

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT James Reed

(Address) Sykesville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Round Ridge Cem. Date March 19. 1926

19. UNDERTAKER C. M. Watts

(Address) Winfield Md.

[illegible] 1926 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-17 1926

22. I HEREBY CERTIFY, That I attended deceased from 3-17, 1926, to 3-17, 1926

I last saw her alive on 3-17, 1926 Death is said to have occurred on the date stated above, at 6:25 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage. — Date of onset 3-18-26

Other contributory causes of importance:

Rheumatic heart disease. — 1915

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Freeman, M. D.

(Address) University Hospital

F 21909

21909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2423 Harlem Ave. St. 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 89 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Helen Souder,

(a) Residence: No. 2423 Harlem Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles S. Souder,

6. DATE OF BIRTH (month, day, year) February 9. 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Christian E. Barth,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Kraft,

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs Nelson H Shields

(Address) 2423 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date MAR 18 1936

19. UNDERTAKER Geo W Sittle

(Address) 2700 Edmondson Ave.

Filed MAR 17 1936, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 15 1936

22. I HEREBY CERTIFY, That I attended deceased from March - 2. 1936 to March - 15. 1936

I last saw h alive on March - 14 1936 Death is said to have occurred on the date stated above, at 3.15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	11 days
Other contributory causes of importance: Bronchio Pneumonia	10 days
Senility	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) D. Lloyd Johnson M. D.

(Address)

F 21910

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21910

CERTIFICATE OF DEATH

✓ 23

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Tuberculosis Division St., 13-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Kennedy

(a) Residence: No. 2917 Woodbrook ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Pikesville Maryland

FATHER

13. NAME James Kennedy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Julia Ruffner

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 3-13 19 36

19. UNDERTAKER J. Fahey & Sons
(Address) 13 E. Light St

20. FILED 19 36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25 1936 to March 10 1936

I last saw him alive on March 10 1936 Death is said to have occurred on the date stated above, at 2:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	7 mos.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of No

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Arthur Kaufman M. D.
(Address) Baltimore City Hospitals

M. D. H. 12

F 21911

F 21911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hos. St. 15-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Paul D. Nudson

(a) Residence: No. 1607 N. Gilmor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred

6. DATE OF BIRTH (month, day, year) March 15 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	35	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) 36

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jerome

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Tuke

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Lula Taylor (Sister)

(Address) 534 N. Mechanic St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 8-17- 1936

19. UNDERTAKER Jos. H. Hall & Son

(Address) 1201 Pennsylvania Ave.

AUG 17 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance: Arteriosclerosis (multiple)

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 1010 ..... Ave.

F 21912

F 21912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 436 N. Eden St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Howard

(a) Residence: No. 436 N. Eden St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
f	w	married

5a. If married, widowed, or divorced (or) ~~HUSBAND~~ WIFE of Frank Howard

6. DATE OF BIRTH (month, day, year) 4/7/1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Andrew Dockins

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

MOTHER

15. MAIDEN NAME Julia Sorrell

16. BIRTHPLACE (city or town) (State or country) Havre de Grace Md.

17. INFORMANT Frank Howard

(Address) 436 N. Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 3/18 19 36

19. UNDERTAKER Milton Darcey

(Address) 1624 E. Monument St.

Clayton Williams, N.D. Registrar

19 .....

R 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/14 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/21 1936, to 3/14 1936

I last saw her alive on 3/12 1936 Death is said to have occurred on the date stated above, at 5:40 m. p.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan 36
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Clayton Williams M. D.

(Address) 1510 E. Madison St

F 21913

F 21913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√15

Registered No. 1512

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Joan Orandle

(a) Residence: No. 3437 Fork Heights Ave. Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 17, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Sidney Orandle

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Evelyn Foreman

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Helen Friendship Date 3-17-36 19

19. UNDERTAKER Jenkins Funeral Home
(Address) 1439 E. Baltimore St. Huntington Pallisades, Md.

... 19 ... Registrar.

17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 5 1936 to March 16. 1936

I last saw her alive on March 16. 1936 Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	3/1?
streptococcic septicemia	3/15?

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Harold L. Stone M. D.

(Address) Senior House.

F 21914

F 21914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 15-6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Judith Hobeman

(a) Residence: No. 1801 Braddish St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Single

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 14 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Louis Hobeman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fannie Steinberg

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Nelson Gaylord Date 3/17/36 19

19. UNDERTAKER Jos. E. Sapp & Son
(Address) 1439 E. Baltimore St.

19 ..... Huntington Phillimore, M.D.
Registrar.

AR 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1936 to March 16, 1936

I last saw her alive on March 16, 1936 Death is said to have occurred on the date stated above, at 10:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute congestive pneumonia	3/13

Other contributory causes of importance:

Bilateral otitis media	3-12?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Francis S. Dudley M. D.

(Address) University Hospital

F 21915

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21915

95-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sadie Simmons

(a) Residence: No. 406 S. Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Simon

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Gould

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 3-17-36 19

Hebrew Rosedale

19. UNDERTAKER Jos. Levy & Sons

(Address) 1439 Eutaw Pl.

Filed ..... 19 ..... Registrar Huntington Williams, M.D.

MAR 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16-36

22. I HEREBY CERTIFY, That I attended deceased from 2/26/36, 19..., to 3/17/36, 19...

I last saw her alive on 3/14/36, 19... Death is said to have occurred on the date stated above, at 12.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	
Arteriosclerosis	
Popliteal Embolism	
Other contributory causes of importance:	
Arteriosclerotic Heart Disease	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Jeffrey, M. D.

(Address) Sinai Hospital.

F 21916

F 21916 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X √123

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE MD St. 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Janet L Kissner

(a) Residence: No. Washington, D. C. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) May 8, 1919

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
16.	10	9.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mont. D.C. Date 3/17/36

19. UNDERTAKER Leonard J Luck

(Address) 5305 Harford Rd

E. Temple Baltimore, Md

MAR 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1936, to March 17, 1936.

I last saw her alive on March 17, 1936. Death is said to have occurred on the date stated above, at 5:10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Abdominal adhesions	
2. Gangrene of small bowel	
3. Peritonitis	over

Other contributory causes of importance:

Was an operation performed? yes Date of 3-13-36

For what disease or injury? Gangrene of bowel

Name of operation Resection of bowel Date of 3-13-36

What test confirmed diagnosis? op Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H M Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL

F 21917

F 21917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-A

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3510 Hamilton Ave. 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME William F. Hilbert

(a) Residence: No. 3510 Hamilton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie C Hilbert

6. DATE OF BIRTH (month, day, year) July 17, 1877

7. AGE Years	Months	Days	If LESS than 1 day.... hrs. or .... min.
58	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk (Paint)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Grain Chain Co

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frederick Hilbert

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Caroline Beyhold

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Bessie C Hilbert

(Address) 3510 Hamilton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 3/20 19 36

19. UNDERTAKER Leonard J Myers

(Address) 5305 Harford Rd

19 ..... MAR 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/17/36 19

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1936, to March 17, 1936

I last saw him alive on March 17, 1936 Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Hypertension. Arteriosclerosis.	

Other contributory causes of importance:

Hypertension. Arteriosclerosis.	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) J B Boyle M. D.

(Address) 5309 - Harford Road —

F 21918

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21918

23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St. 13-3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME William Green

(a) Residence: No. 2406 Druid Hill ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Romanetta Green

6. DATE OF BIRTH (month, day, year) March 24, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	11	19 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Green

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Annie Swann

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Mar. 19, 36

19. UNDERTAKER Mrs. Kate R. Williams
(Address) 322 N. Schroeder St.

FILED MAR 17 1936 Kate R. Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1936 to March 15, 1936

I last saw him alive on March 15, 1936 Death is said to have occurred on the date stated above, at 4.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Sept. 1935

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Kaufman, M. D.

(Address) Baltimore City Hospitals

Spec.—1-12-23—M&T—500 Blks.

F 21919

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21919

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 728 N. Stockton ST. 16-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cornelius R. Ames Jones

(a) RESIDENCE NO. 728 N. Stockton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 3, 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
24	1912	Feb.	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Clerk

(c) Name of employer: American Store

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Henry E. Ames

11 BIRTHPLACE OF FATHER (city or town) (State or country): Accomac Co Va.

12 MAIDEN NAME OF MOTHER: Mary Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Rose Hill Va

14 Informant (Address): Father 728 N. Stockton

15 Filed 17 1936, 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/15/ 1936

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1935 to Mar. 14, 1936

that I last saw him alive on Feb. 25, 1936

and that death occurred, on the date stated above, at 6.50 A m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) yrs. 2 mos 10 ds.

CONTRIBUTORY (Secondary) Subacute Bronchitis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Balto. 603 N. Carey

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Medical Diagnosis

(Signed) J. N. Walters M. D.

19 (Address) 1606 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pt. Anburn

DATE OF BURIAL: Mar 18, 1936

20 UNDERTAKER: Mrs Katie B. Williams

ADDRESS: 3221 Schroeder Ave

TION is very important. See instructions on back of certificates.

F 21920

F 21920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 E. Lake Ave St. 27-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie K. Hoffacker

If U. S. Veteran specify WAR

(a) Residence: No. 217 E. Lake Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ira C. Hoffacker

6. DATE OF BIRTH (month, day, year) March 6-1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	—	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George R. Buffington

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME C. Kate Tovell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ira C. Hoffacker

(Address) 217 E. Lake Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date March 18, 1936

19. UNDERTAKER Horace F. Burgee

(Address) 3631 Wells-Read Ave. Huntington Williams, W. Va.

... 19... Registrar

R 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to March 16, 1936

I last saw her alive on March 6, 1936 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Thrombosis	Two yrs.

Other contributory causes of importance:

Arterio Sclerosis	10 yrs.
Chr. Valv. Heart Disease	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Walter E. Dix, M. D.

(Address) 20 20 N. Charles St.

F 21921 HEALTH DEPARTMENT—CITY OF BALTIMORE F 21921

CERTIFICATE OF DEATH

28-2 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4816 Gwynn Oak Ave. St. 28 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annabell Hamilton

If U. S. Veteran specify WAR .....

(a) Residence: No. 4816 Gwynn Oak Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 8, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chestertown Md.

FATHER

13. NAME William H. Hamilton

14. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

MOTHER

15. MAIDEN NAME Frances A. Pritchard

16. BIRTHPLACE (city or town) (State or country) Chestertown Md.

17. INFORMANT James E. Hamilton

(Address) 4816 Gwynn Oak Ave.

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Loudon Park Cem. Date Mar. 17. 1936

19. UNDERTAKER George J. Smith

(Address) 1900 Eutaw Place

FILED MAR 17 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15th. 1936

22. I HEREBY CERTIFY, That I attended deceased from June - ....., 1935 to March 14th 1936

I last saw her alive on March 14. 1936 Death is said to have occurred on the date stated above, at 12.10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Cerebral Hemorrhage	March 9
2). Bronchio-Pneumonia	March 11th

Other contributory causes of importance:

Hypertension Heart disease with mitral insufficiency	10 yrs.

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation None. Date of .....

What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Earl L. Chambers M. D.

(Address) 4108 Liberty Heights Ave

21922

21922 268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

207-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Kenwood Ave. & Eager St. St., 7-W Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Allen H. Schroeder

(a) Residence: No. 923 N. Luzerne Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 11, 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Henry F. Schroeder

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Meniskein

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Henry F. Schroeder
(Address) 923 N. Luzerne Ave.

18. BURIAL, CREMATION, OR REMOVAL.
Place Baltimore Cem. Date March 18 1936

19. UNDERTAKER John Lucas & Co.
(Address) 2205 Eastern Ave.

Huntington Williams, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest therein and from the evidence obtained by Inquest, Autopsy or Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Fractured hip (right)	
Abrasions of knees & left foot	

Other contributory causes of importance:
Shock

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury March 15, 1936

Where did injury occur? Eager St. & Kenwood Ave. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Railroad Tracks of Penna. R.R.

Manner of injury Struck by a train

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Paul Ehrenberg, M. D.
(Signature) Coroner
(Address) 1918 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

MAR 17 1936

21923

F 21923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 125 Rochester Place Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna B. Hughes

(a) Residence: No. 125 Rochester Place Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edw J Hughes

6. DATE OF BIRTH (month, day, year) Apr 28-1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Conrad Appel
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Anna Mensch
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Merritt
(Address) 125 Rochester Place

18. BURIAL, CREMATION, OR REMOVAL
Place N.Y. Carmel Cem Date March 17 36

19. UNDERTAKER John Ulmer
(Address) 208 Pleasant St Huntington Williamsport, Md.

....., 19..... Registrar.

MAR 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14, 36

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1935 to March 14, 1936.
I last saw her alive on March 13, 1936. Death is said to have occurred on the date stated above, at 1 - 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1935
Other contributory causes of importance: Cerebral hemorrhage	2 days

Was an operation performed? No Date of .....
For what disease or injury? —
Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Samuel Bowie, M. D.
(Address) 1331 E North Ave

F 21924

F 21924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 27-4 Ward)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Norman Jones

(a) Residence: No. 3208 Evergreen ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Jones

6. DATE OF BIRTH (month, day, year) 10/21/94

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brace Shop J.H.H.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6084

10. Date deceased last worked at this occupatinn (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henry Jones

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catherine Cook

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Morland Mem. Pk. Date 3/19 1936

19. UNDERTAKER J. Few McCully
(Address) 130 E. Fayette

20. FILED Huntington Feltonsville 19
Registrar.

R 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1936 to Mar 16, 1936

I last saw h[illegible] alive on Mar 16 1936 Death is said to have occurred on the date stated above, at 4:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas	3 Months

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug 21, 1935

For what disease or injury? Carcinoma of pancreas

Name of operation Exploratory Laparotomy Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hosp

F 21925 (Lydia Hollingsworth McKim) ✓ F 21925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital) (12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Hollins (Lydia) H. McKim

(a) Residence: No. 3800 Canterbury Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hollins McKim

6. DATE OF BIRTH (month, day, year) 22 Oct 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	4	24 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Thomas H. Morris

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Bowie Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary Camilla Williams

(Address) 3 Club Road Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date 3/18 19 36

19. UNDERTAKER Henry A. Poshee Sons Co

(Address) 1101 Eutaw & Cathedral Sts

FILED MAR 17 1936 Harrington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17th 1936

22. I HEREBY CERTIFY, That I attended deceased from March 3rd 1936 to March 17 1936

I last saw h. alive on March 17th 1936 Death is said to have occurred on the date stated above, at 5 25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	May 1934
Carcinoma of urinary bladder	Mar 1936
Arteriosclerosis, general	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? 0 Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Sam'l H. Hamburger Jr. M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

MAR 17 1936

F 21926

F 21926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH Maryland Gen Hosp 15-8

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr John L. Lehnert

(a) Residence: No. 3410 (Usual place of abode) Gwynnfalls parkway (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Margaret Linemeyer (nee)

6. DATE OF BIRTH (month, day, year) Dec 29. 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	2	16 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Guard. for Federal Reserve Bk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Chas A. Lehnert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Albertine Krupp

16. BIRTHPLACE (city or town) (State or country) maryland

17. INFORMANT Mrs Anne M. Ledley

(Address) 3410 Gwynns Falls Pkwy

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date March 19, 19 36

19. UNDERTAKER Harry L. Witzke

(Address) 4101 Edmondson Ave

20. FILED MAR 17 19 36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16 19 36

22. I HEREBY CERTIFY that I attended deceased from 2/15 19 36 to 3/16 19 36

I last saw him alive on 3/16 19 36 Death is said to have occurred on the date stated above, at 1.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of Rectum	

Other contributory causes of importance:

Chronic myocarditis

Was an operation performed? yes Date of .....

For what disease or injury? Ca of Rectum

Name of operation Colostomy Date of 3/9/36

What test confirmed diagnosis? Surg Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. P. Sleeth, M. D.

(Address) Md Gen Hosp

M.D. B 1268-9

F 21927 HEALTH DEPARTMENT—CITY OF BALTIMORE F 21927

CERTIFICATE OF DEATH

93-D

Registered No. 23-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1130 Olive St. St., 23-1 Ward)

Length of residence in city or town where death occurred 50 yrs. --mo.--da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Martin.(C)

(a) Residence: No. 1130 Olive St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced, HUSBAND of Maggie Martin.

6. DATE OF BIRTH (month, day, year) January 20, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	1	22 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Preacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2014

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

FATHER

13. NAME Louis Martin.(c)

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

MOTHER

15. MAIDEN NAME Emma Stewart.(C)

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

17. INFORMANT Alverta Tubman.(c)daughter
(Address) 1104 Olive St.

18. BURIAL, CREMATION, OR REMOVAL
Place not although Cem. Date 3/17, 1936

19. UNDERTAKER Walter B. Scruggs
(Address) 139 W. Fayette St.

MAR 17 1936 Huntington Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	
Myocardial insufficiency.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Otto H. Steinhardt, M. D. Coroner

3/16/36 (Address) 1017 E. Charles St.

M. D. F 1268-6

21928

HEALTH DEPARTMENT—CITY OF BALTIMORE

21928

CERTIFICATE OF DEATH

X 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Pronounced dead. 1224 Harvey St.

CITY OF BALTIMORE: (No. En route Cedar Hill to Baltimore Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Johnson, Jr. (C)

(a) Residence: No. Cedar Hill A. A. Co. Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) April 10, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. (None)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

FATHER

13. NAME Louis Johnson Sr. (C)

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Edith Levroney. (C)

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

17. INFORMANT Edith Johnson. (C) mother
(Address) Cedar Hill A. A. Co. Md

18. BURIAL, CREMATION, OR REMOVAL
Place Johnsen Cem Date 3/17, 1936
19. UNDERTAKER Walter B. Rouse
(Address) 109 W. Hamley St.

20. FILED MAR 17 1936 Registrar Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...
I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M. Reinhardt, M. D.
Coroner
3/14/36 (Address) 1017 E. Charles St.

1635 F 21929

F 21929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-83

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Howard Thorps

(a) Residence: No. 2415 Hudson Pl. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer 2040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N.C.

FATHER

13. NAME: James

14. BIRTHPLACE (city or town) (State or country): N.C.

MOTHER

15. MAIDEN NAME: Rosa Williams

16. BIRTHPLACE (city or town) (State or country): N.C.

17. INFORMANT: B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 3/20 19 36

19. UNDERTAKER: [illegible]
(Address) 916 [illegible]

20. FILED [illegible] 1936
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/15 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/10 1936 to 3/15 1936

I last saw him alive on 3/15 1936 Death is said to have occurred on the date stated above, at 4:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3wks.
General paresis	8 mo.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Roberta Reitz M. D.

(Address) Balto City Hosp

F 21930

F 21930 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 S Belnord ave 1-4 Ward)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 53 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Stanislawa Pilarska

(a) Residence: No. 812 S. Belnord ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Pilarska

6. DATE OF BIRTH (month, day, year) Dec. 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	2	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mollie Nowak

(Address) 930 S Bouldin St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date March 19 1936

19. UNDERTAKER Martin McE. Tuppel

(Address) 37 Amity St

21 1936 Huntington Ave

(Signature of Undertaker or Manager)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1936, to March 16, 1936

I last saw h[illegible] alive on March 16, 1936 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Mar 8 1936

Other contributory causes of importance:

Chronic bronchitis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. R. Wright, M. D.

(Address) 1010 S. Belnord Ave

A&Co. 5-31 250B

21931 ✓ F 21931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5705 Wildey Ave St., 27-12 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Richard Cromwell Parks

(a) Residence: No. 5705 Wildey Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Isabel Stout Parks

6. DATE OF BIRTH (month, day, year) Nov 26, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dentistry

10. Date deceased last worked at this occupation (month and year) Dec. 4, 1935

11. Total time (years) spent in this occupation 13 y.

12. BIRTHPLACE (city or town) (State or country) Pennsylvania, Balto County

FATHER

13. NAME Elmira Lincoln Parks

14. BIRTHPLACE (city or town) (State or country) Pennsylvania, Balto County

MOTHER

15. MAIDEN NAME Jennie Pfillendorf

16. BIRTHPLACE (city or town) (State or country) Balto. County

17. INFORMANT Isabel Stout Parks.
(Address) 5705 Wildey Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date 3/18 1936

19. UNDERTAKER Henry W. Myers and Son
(Address) 802 N. Eutaw St.

20. FILED MAR 17 1936 Washington [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1935, to March 15, 1936

I last saw him alive on March 15, 1936 death is said to have occurred on the date stated above, at 8.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	
Metastasis Liver & brain	

Other contributory causes of importance:

Name of operation Exploratory Date of Dec. 1935

What test confirmed diagnosis? Death Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Hruska, M. D.
(Address) 214 N. Howard St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

21932

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21932

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1116 E. Lacy St. 21-2 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M. Miller

(a) Residence: No. 1116 E. Lacy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August Miller

6. DATE OF BIRTH (month, day, year) Jan 2 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	1	21 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Emma Miller

(Address) 1116 E. Lacy Street

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Date 3/19/ 1936

19. UNDERTAKER John J. Donaghy

(Address) 22 E. Lexington Street

20. FILED 3/19/1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/16/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Inquiry 19 to 19

I last saw h alive on 19 . Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3-16-36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

F 2193 HEALTH DEPARTMENT—CITY OF BALTIMORE 21933

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1237 Glyndon Ave. St., 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. 5 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George F. Sadler.

(a) Residence: No. 1237 Glyndon Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, XXXXXXXXXX HUSBAND of XXXXXXX Mary Sadler.

6. DATE OF BIRTH (month, day, year) October 8, 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27 ~~29~~	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gas machi supplies operator.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Ambrose J. Sadler.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Sarah McConnell.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Sarah Sadler. (mOther)
(Address) 1237 Glyndon Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem. Date March 18, 1936

19. UNDERTAKER Jowell & Byers Inc.
(Address) 1017 W. Lexington St.

20. [illegible] 19 [illegible]

17 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1936.

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma.	
Myocardial Insufficiency.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Otto Leinhardt, M. D.
Coroner

3/16/36 (Address) 1017 E. Charles St.

M. D. P. 1268-9

✓F 21934

21934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

169

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Agnes Bordeys

(a) Residence: No. 2816 O'Donnell St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence

6. DATE OF BIRTH (month, day, year) Feb 25-1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	—	19 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Grodens Russian Poland

FATHER

13. NAME Stanislaw Lewloska

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Sekerski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Martha Kowalska

(Address) 2814 O'Donnell St.

18. BURIAL, CREMATION, OR REMOVAL Place St. Stanislaus Date 3/18 36 19

19. UNDERTAKER John F. Luda

(Address) 2811 Hudson St

20. FILED ... 1936 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
fractured skull	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury March 16 19 36

Where did injury occur? Outside 2816 O'Donnell St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street

Manner of injury fractured skull

Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D. Coroner

(Address) 1818 S. Wolfe St.

OCCUPATION is very important. See instructions on back of certificate.

21935 ✓ F 21935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH St. Agnes Hospital Registered No. .....
CITY OF BALTIMORE: (No. Caton + Wilkens St., 76-7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ✓ yrs. ... mos. ... da.

2. FULL NAME Mrs Mary (Tenneska) Januszewski If U. S. Veteran specify WAR .....

(a) Residence: No. 306 S. Newkirk St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Martin Januszewski

6. DATE OF BIRTH (month, day, year) 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
057			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stripe 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Mrs Mary Tenneska.

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Mary Czawska

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stans Date 3/20 36 19

19. UNDERTAKER John F Duda
(Address) 2811 Hudson St

20. [illegible] Washington Boulevard

3 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 16 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/6 1936 to 3/16 1936

I last saw h[illegible] alive on 3/16 1936 Death is said to have occurred on the date stated above, at 8 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension C.V. disease	?
Vascular nephritis a uremia	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) L Mulley M. D.
(Address) St Agnes Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

✓ F 21936

21936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat 28-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. 6 mos. 0 ds. How long in U. S. If of foreign birth 46 yrs. 5 mos. 16 ds.

2. FULL NAME Gertrude H. Lukes

(a) Residence: No. Philadelphia, Pa. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 29-1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	5	17/6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Rochester N. Y.

MOTHER FATHER

13. NAME Louis Lukes

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Hannah Landsen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs J. J. Wise - (sister)
(Address) 2007 Lansdowne Ave.

18. BURIAL, CREMATION, REMOVAL
Place Holy Sepulchre Cem. Date May 18 1936
Petition to remove to Pa.

19. UNDERTAKER Stewart Morris Co.
[illegible]

1936

[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924 to March 16, 1936

I last saw h e alive on March 16, 1936 Death is said to have occurred on the date stated above, at 12:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the liver	?

Other contributory causes of importance:

Dementia Praecox	1915

Name of operation None Date of

What test confirmed diagnosis? physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? , Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton P. Dell M. D.

(Address) Mount Hope Retreat

OCCUPATION is very important. See instructions on back of certificate.

F 21937 # 12963 ✓ F 21937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 190

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St., 3-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 14 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME George Murray
(a) Residence: No. 919 Granby St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Abernathy Murray

6. DATE OF BIRTH (month, day, year) 12-6-1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	3	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER
13. NAME Joseph Murray
14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER
15. MAIDEN NAME Alfonia Meddlin
16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery. March 18th

19. UNDERTAKER George J Ruth, Inc.
(Address) 1735 Harford Ave.

MAR 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-11 1936 to 3-16 1936
I last saw him alive on 3-15 1936 Death is said to have occurred on the date stated above, at 130 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Bilateral progressive gangrene, feet	2 wks
Other contributory causes of importance: Pulmonary embolism (?)	

Was an operation performed? no Date of —
For what disease or injury?
Name of operation — Date of —
What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Robt J. Heaney M. D.
(Address) Balto. City Hospt. Baltimore, Md.

✓ F 21938

F 21938 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

154

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 7-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Stevens

(a) Residence: No. 718 Pennsylvania Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Newborn

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Newborn infant

6. DATE OF BIRTH (month, day, year) March 1, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		14 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Pete Stevens

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Adams

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Mar 17, 1936

19. UNDERTAKER Dept. Director of Health.
(Address)

FOR USE OF WORKMEN:
19 .....

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936, to March 14, 1936

I last saw him alive on March 14, 1936 Death is said to have occurred on the date stated above, at 9:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	3/1
Aspiration pneumonia	3/14

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Charles L. Hollbrook, M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

177936

2191

F 21939

21939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSP St., 18-2 Ward) 207 N. Eutaw

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME BABY Boy LEE

(a) Residence: No. UNIVERSITY HOSP St., ... Ward. 6-2

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	COLORED	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) MARCH 13 - 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) UNIV HOSP BALTO MD

FATHER

13. NAME ~~BABY~~ ~~Boy~~ ~~LEE~~ Elmer LEE

14. BIRTHPLACE (city or town) (State or country) BALTO MD

MOTHER

15. MAIDEN NAME MAMIE WASHINGTON

16. BIRTHPLACE (city or town) (State or country) BALTO MD

17. INFORMANT ~~Dr.~~ E. D. Cornbrooks Jr M.D.

(Address) Univ. Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Universal of Md Date Mar 17 1936

19. UNDERTAKER City Undertaking Establishments

(Address)

171938 ~~Emma Williams~~ 2192 10th W

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/13/1936

22. I HEREBY CERTIFY, That I attended deceased from MARCH 13, 1936, to MARCH 13, 1936

I last saw him alive on MARCH 13, 1936. Death is said to have occurred on the date stated above, at 12:45 a.m.

The prinripal cause of death and related causes of importance were as follows:

PREMATURITY — Date of onset MARCH 13-36

Other contributory causes of importance:

POSSIBLE ASPHYXIA NEONATAL

Was an operation performed? NO Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. D. Cornbrooks Jr. M. D.

(Address) University Hosp

OCCUPATION is very important. See instructions on back of certificate.

F 21940

F. D. No. 21940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Sec City Hospital St. 25-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Nolan

(a) Residence: No. 3709 Wilkins Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Maud L.

6. DATE OF BIRTH (month, day, year) May 8 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	—	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 1030

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O R.R.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

FATHER

13. NAME Harry

14. BIRTHPLACE (city or town) (State or country) Phila Pa.

MOTHER

15. MAIDEN NAME Elizabeth Riley

16. BIRTHPLACE (city or town) (State or country) Phila Pa.

17. INFORMANT Mrs Maud L Nolan

(Address) 3709 Wilkins ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lindsay Park Date 3-18-36 19

19. UNDERTAKER Frederick A. Cole

(Address) 120 W. Lanvale St

FILED ..... 19 Huntington Williams, M.D. Registrar

MAR 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest found that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1-1-36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. W. Wiley M. D. Coroner

(Address) 1010 S. Edmondson Ave.

OCCUPATION is very important. See instructions on back of certificate.

21941 HEALTH DEPARTMENT—CITY OF BALTIMORE F 21941

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3018 Belmont Ave St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John S. Fraser

(a) Residence: No. 3018 Belmont, Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Mary E. Fraser

6. DATE OF BIRTH (month, day, year): Mar 6-1860

7. AGE: Years 75 Months Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Balto Co

MOTHER

13. NAME: Sarah Fraser

14. BIRTHPLACE (City or town) (State or country): Balto Co

FATHER

15. MAIDEN NAME: Matilda Fredrick

16. BIRTHPLACE (City or town) (State or country): Balto Co

17. INFORMANT: Mrs Fraser

(Address) 3018 Belmont Ave

18. BURIAL, CREMATION, OR REMOVAL: Strains Cemetery Date May 1936

19. UNDERTAKER: A. S. Aldershall

(Address) 3539 Falls Road

Interment for Pittsburgh, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-10, 1936, to 3-17, 1936

I last saw him alive on 3-17, 1936 Death is said to have occurred on the date stated above, at 1.10 A.m.

The principal cause of death and related causes of importance were as follows:

arteriosclerosis, arteriosclerotic heart disease, Benign Hypertrophy of prostate, Senile Psychosis

Date of onset

Other contributory causes of importance:

Bronchopneumonia

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Specific Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Lewis Woodward Jr. M. D.

(Address) University Hosp

OCCUPATION is very important. See instructions on back of certificate.

R 17 1936

M. D. B 1268-9

✓ Grave # 3.

21942

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21942

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 Harford Ave. St., 10-2 174 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Raymond Hayes

(a) Residence: No. 830 Harford Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Unknown

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) —

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Northeastern Police Station (Address) Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Public Cemetery Date May 17, 1936

19. UNDERTAKER Commissioner of Health (Address) 321 N. E. WOODALL

20. Filed MAY 17 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab wound of left thigh.	

Other contributory causes of importance: Hemorrhage

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury Feb. 13, 1936

Where did injury occur? 830 Harford Ave. Balto; Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Stabbed with a Pen Knife

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) Paul Kleemann, M. D. Coroner

(Address) 1919 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

17 1936

M. D. B. 1208-9

21943 ✓ F 21943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2830 Guilford Ave. St., 12-3 Ward)

Length of residence in city or town where death occurred 1 yr. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret Elizabeth Hull

(a) Residence: No. 2836 Guilford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 30-1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm G. Hull

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Cornelia Hagy

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Mary K. Hull

(Address) 2830 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date March 18, 1936

19. UNDERTAKER Engler & Loneedue

(Address) 1111 E Broadway

20. Filed 3-17 1936 The Sun Baltimore Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1936 to March 16, 1936

I last saw her alive on March 16, 1936 Death is said to have occurred on the date stated above, at 2:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (Left side)	
Other contributory causes of importance: Arterio Sclerosis & Nephritis	over

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Stanley Grayson M. D.

(Address) 700 St Paul St.

OCCUPATION is very important. See instructions on back of certificate.

Sola-Wm. 0181 Balto Md

21944 F 21944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 70-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Oletha Smith

(a) Residence: No. 3235 Lohr's Lane St. Irvington, Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Morris Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Frances Watts

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Frances Smith

(Address) 3235 Lohr Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Western Star Date March 9, 36

19. UNDERTAKER Mrs Katie R Williams

(Address) 327 N Schroeder St.

Irvington Williams, Md

171936

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 3-16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-27, 1936, to 3-16, 1936

I last saw her alive on 3-16, 1936. Death is said to have occurred on the date stated above, at 8 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from G.I. Tract	3-14-36
Typhoid fever	2-15-36

Other contributory causes of importance:

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) R. L. Jackson, M. D.

(Address) 600 N. Arlington

OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

✓ F 21945

21945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-A

1—PLACE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1314 Harlem ave ST., 16-2 WARD)

2—FULL NAME Gordon Roberts

(a) RESIDENCE NO. 1314 Harlem ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. _____ mos. _____ ds. How long in U. S., If foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar 10-1867

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	69		4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) anywhere 0040

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Georgia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Martha Roberts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Georgia

14 Informant W J Jackson

(Address) 1314 Harlem

15 Huntington Williams, M.D. Registrar

17 1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14, 1936

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1936 to March 14 1936

that I last saw h 1y alive on March 12, 1936

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) J. Douglas Sheppard M. D.

3-17 1936 (Address) 1663 Myrtle ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peter's Cemetery | DATE OF BURIAL Mar 18, 36

20 UNDERTAKER Mrs Katie R. Williams | ADDRESS 322 N Schroeder

Important. See instructions on back of certificates.

M. D. B 1268-9

F 21946

21946

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Wm Hopkins Hos St., 6-3 Ward)

Length of residence in city or town where death occurred 1 yr mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Meadows

(a) Residence: No. 2314 Orleans st St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) October 1927

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Peter Meadows.

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Zofia Olchanowski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Peter Meadows

(Address) 2314 Orleans St

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart of Mary Date March 18 1936

19. UNDERTAKER Fred W Orzechowski

(Address) 1930 Eastern Ave

20. FILED 1936 Huntington Williams Registrar.

R 17956

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Organ (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Duration
Ruptured Spleen	3 6/36
Other contributory causes of importance:	
Pneumonia	3 days

Was an operation performed? Yes Date of 3/6/36

For what disease or injury? Ruptured Spleen

Name of operation Splenectomy Date of 3/6/36

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/6 1936

Where did accident occur? Monroe & Orleans Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Street

How did injury occur? Struck by Car, based by driver

Nature of injury Abrasions, contusions

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Bigley Auto Coroner, M. D.

(Address) 1027 N Chas

F 21947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Francis Strzegowski

If U. S. Veteran specify WAR .....

(a) Residence: No. 1737 Bank st St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-7-36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Leo Strzegowski

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Frances

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date March 18, 1936

19. UNDERTAKER Fred W Grazewski

(Address) 1900 Eastern Ave.

20. FILED MAR 17 1936 Huntington Pollock Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1936, to March 16, 1936

I last saw her alive on March 16, 1936. Death is said to have occurred on the date stated above, at 12:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atresia of esophagus	birth

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John A. Washington M. D.

(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 21948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 2 Ward) 1122 - 3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Antone Margolewski

If U. S. Veteran specify WAR .....

(a) Residence: No. 1723 Fleet St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 0050

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Painter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unk.

14. BIRTHPLACE (city or town) (State or country) Unk.

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Unk.

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary. Date Mch. 19. 1936

19. UNDERTAKER Fred W. Rozencki

(Address) 1930 Eastern Ave.

MAR 17 1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15t. 1936 to 3-16 1936

I last saw him alive on 3-15 1936 Death is said to have occurred on the date stated above, at 10 45 m.

The principal cause of death and related causes of importance were as follows: a

	Date of onset
Lobar pneumonia right -	Jan 1, 1936
Other contributory causes of importance: Empyema, right	1 mo ago.

Was an operation performed? yes Date of 3-7-36

For what disease or injury? Empyema, right

Name of operation Thoracotomy Date 3-7-36

What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Robt. J. Martin M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

21949 ✓ F 21949

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. University Hospital St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Cornelius Gross — If U. S. Veteran specify WAR .....

(a) Residence: No. Prince Frederick, Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Gross

6. DATE OF BIRTH (month, day, year) Dec 31st 1895

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
40	2	15 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Fredrick Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William Gross
(Address) Prince Frederick Md

18. BURIAL, CREMATION, OR REMOVAL
Place Prince Fred Md Date Monday, 1936

19. UNDERTAKER Wilson R. Mason
(Address) Prince Frederick Md

Huntingdon Baltimore Md

R 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1936 to March 17, 1936

I last saw him alive on March 17, 1936 Death is said to have occurred on the date stated above, at 3:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Feb 1936

Other contributory causes of importance:

Bronchopneumonia
Cardiac failure

Was an operation performed? Yes Date of March 10, 1936

For what disease or injury? Carcinoma of stomach

Name of operation Billroth II Date of Feb 10, 1936

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) T. R. Adams, M. D.

(Address) University Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 21950

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21950

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSP St., 3-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME CONSETTA BONACORSI

If U. S. Veteran specify WAR .....

(a) Residence: No. 1006 Granby St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Santo Bonacorsi

6. DATE OF BIRTH (month, day, year) Dec 8, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Salvatore

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Cavalieri

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Rosario Bonacorsi

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 18, 1936

19. UNDERTAKER Frank V. Pepitone

(Address) 2818 E. Baltimore St

MAR 17 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1936 to March 17, 1936

I last saw h[illegible] alive on March 17, 1936. Death is said to have occurred on the date stated above, at 11 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Meningococcus meningitis	3-15-36
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Spinal puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis D'Schweinhaut M. D.

(Address) SYDENHAM HOSP

OCCUPATION is very important. See instructions on back of certificate.

21951 F 21951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSPT St. 3-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Santo Bonaccorsi

If U. S. Veteran specify WAR .....

(a) Residence: No. 1006 Granby St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Concetta Bonaccorsi

6. DATE OF BIRTH (month, day, year) Nov. 1, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Salvador Bonaccorsi

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Marie Farraro

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Rosario Bonaccorso

(Address) 1006 Granby Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 18, 1936

19. UNDERTAKER Frank V. Pistone

(Address) 2515 E. Baltimore St.

20. [illegible] Huntington Pkwy

17 1936

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) March 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1936 to March 17, 1936

I last saw him alive on March 17, 1936. Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	3-14-36

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. C. Lipke Jr. M. D.

(Address) SYDENHAM HOSPITAL

OCCUPATION is very important. See instructions on back of certificate.

F 21952 F 21952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ x 53-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos. 4 ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Hunter Butts

If U. S. Veteran specify WAR.....

(a) Residence: No. Martinsburg, W. Va. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Edith Butts

6. DATE OF BIRTH (month, day, year) 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W Va.

FATHER

13. NAME Silas Butts

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) W Va.

17. INFORMANT Howard Brown

(Address) Martinsburg W Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Martinsburg W Va. Date 3-20 1936

19. UNDERTAKER W. H. Hirshbarger

(Address) Elkins City W. Va.

19. FILED ..... 19..... Registrar

AR 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/13, 1936, to 3/17/36, 19....

I last saw him alive on 3/17, 1936 Death is said to have occurred on the date stated above, at 8.25 P m.

The principal cause of death and related causes of importanre were as follows:

	Date of onset
Brain tumor (malignant)	6/35

Other contributory causes of importance:

Was an operation performed? yes Date of 3/17/36

For what disease or injury? Brain tumor

Name of operation Bone flap, excision of tumor Date of 3/17

What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Francis S Dickey, M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 21953

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21953

CERTIFICATE OF DEATH

✓ 18

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSP'T St., 3-2 Ward)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World

2. FULL NAME Frank Bova.

(a) Residence: No. 8 S. Exeter St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Fruit Peddler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fruits

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frank Bova

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mary Bova

(Address) 8 S. Exeter St.

18. BURIAL, CREMATION, OR REMOVAL

Place National W S On Date March 18 1936

19. UNDERTAKER Kendall & Hunjoy

(Address) 1405 Eutaw St.

MAR 18 1936 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1936, to March 16, 1936

I last saw him alive on March 16, 1936 Death is said to have occurred on the date stated above, at 7.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	3-14-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. C. Stifler, Jr. M. D.

(Address) SYDENHAM HOSP'T

OCCUPATION is very important. See instructions on back of certificate.

F 21954

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21954

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 W. Biddle St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Hester Wilson

(a) Residence: No. 517 W. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wood

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Matron Shelter Old Women 517 W. Biddle St.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cem. Date 3/18/36

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W Biddle St.

20. FILED 19 Washington Williams, M.D.

MAR 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feby 29, 1936 to Mar 16, 1936

I last saw her alive on Mar 16, 1936 Death is said to have occurred on the date stated above, at 8.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Mar 7th

Other contributory causes of importance:

none

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Pelletain M. D.

(Address) 517 Hamilton Ter.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 21955

13001

F 21955

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 95-C

Registered No. 17-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Norman Allen

(a) Residence: No. 1036 Wilmer Ct. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Blanche

6. DATE OF BIRTH (month, day, year): 6- -1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: Fenton

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: Eliz. ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: B.C.H. RECORDS

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Oaklawn Mem. D.C. Date 3/19/ 1936

19. UNDERTAKER: Frances A. Hemsley

(Address) 578 W. Biddle St.

21. FILED 19 Baltimore, Md.

MAR 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1936, to March 15, 1936

I last saw him alive on March 15, 1936. Death is said to have occurred on the date stated above, at 10:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	Unknown
Cerebral Hemorrhage	2 days ago.

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation: Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) A. A. De Santelle, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

Vs 3

F 21956

F 21956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 W 38th St. St. 13-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rebecca J. Green

If U. S. Veteran specify WAR .....

(a) Residence: No. 1012 W 38 St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (husband of or) WIFE of Late Geo. H. Green

6. DATE OF BIRTH (month, day, year) May 28-1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME John J. McAlmanus.

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Lukena Thompson

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

17. INFORMANT Mrs. J. Malcolm Green (Address) 1012 W 38 St.

18. BURIAL, CREMATION, OR REMOVAL

Place Good Shepherd Cem. 3/14/36 19 ...

19. UNDERTAKER Chas. L. Bayer For (Address) 1512 Hillen St.

AR 18 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 2 . 1936 to Mar 16 . 1936

I last saw her alive on Mar 16 . 1936 Death is said to have occurred on the date stated above, at 6.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/15/36
Hypostatic Pneumonia	3/14/36

Other contributory causes of importance:

Aortic Stenosis	?
Arteriosclerosis & Hypertension	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ed Dickinson M. D.

(Address) 850 W 36 St.

OCCUPATION is very important. See instructions on back of certificate.

F 21937 Patricia J King F 21937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH The Union Memorial Hospital 119 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12 1 Ward.

Length of residence in city or town where death occ ed ..... yrs. 4 mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Patricia Jean King If U. S. Veteran specify WAR .....

(a) Residence: No. 327 W 29th St. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 14, 1935

7. AGE: Years | Months: 4 | Days: 3 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME Roland King.
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Mary Hicks.
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Roland King Jr.
(Address) 327 W 29th St

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery Date March 18, 1936

19. UNDERTAKER Ehrenfried Bros.
(Address) 3615-17 Eastern Ave

20. FILED MAR 18 1936 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1936, to March 17, 1936

I last saw her alive on March 11, 1936 Death is said to have occurred on the date stated above, at 1:52 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia. (resolving)	3-11-36
Ileo-colitis (non specific)	3-11-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Colin MacRae M. D.

(Address) Union Memorial Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 21958

F 21958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Mc Afee

If U. S. Veteran specify WAR

(a) Residence: No. 605 Gilbert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ivory McAfee

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Sola Davis

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Sola McAfee

(Address) 605 Gilbert St

18. BURIAL, CREMATION OR REMOVAL

Place Mt Auburn Cem Date 3/18/36

19. UNDERTAKER Robert Williams

(Address) 451 S M Secondary St

CERTIFIED . 19 Huntington Williams, Registrar.

MAR 18 1936

MEDICAL CERTIFICATE OF DEATH

X

21. DATE OF DEATH (month, day, year) 3.14 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 1.29 . 1936, to 3.14 . 1936

I last saw him alive on 3.14 1936 Death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema	2.17.36
Lobar pneumonia	1.26.36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. L. Jackson - M. D.

(Address) 600 N. Arlington

OCCUPATION is very important. See instructions on back of certificate.

F 21959

310535

F 21959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Wood

If U. S. Veteran specify WAR .....

(a) Residence: No. 1732 E Madison St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-9-35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Carter Wood

14. BIRTHPLACE (city or town) (State or country) (?)

MOTHER

15. MAIDEN NAME Viola Viner

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 3/19/36 19

19. UNDERTAKER Robert F Williams (Address) 225 W Lexington St

MAR 18 1936 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 17. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 3. 1936 to March 17 1936

I last saw him alive on March 17. 1936 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia- primary - ? lobar.	3/2/36

Other contributory causes of importance:

Toxemia medica. about March 1

Secondary Anaemia.

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Lydia B Edwards M.D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 21960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 E. Lombard St. 3-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

*2. FULL NAME Harry Sutton

(a) Residence: No. 1606 E. Lombard St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Jan 21 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bolts Md

FATHER

13. NAME Kedah Sutton

14. BIRTHPLACE (city or town) (State or country) Somerset Co Virginia

MOTHER

15. MAIDEN NAME Irene Young

16. BIRTHPLACE (city or town) (State or country) Bolts Md

17. INFORMANT Mrs Irene Sutton

(Address) 1606 E. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemetery Date Mar 18 1936

19. UNDERTAKER Robt E. Williams

(Address) 1316 McElderry St

Huntington Williams, M.D.

Registrar

MAR 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. W. Wright, M. D.

(Address) 1010 S. Ashland Ave Coroner

OCCUPATION is very important. See instructions on back of certificate.

F 21961

F 21961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 S. Castle St., 2-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Marguerite Busch

(a) Residence: No. 512 S. Castle St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julius Busch

6. DATE OF BIRTH (month, day, year) Feb 2. 1867

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	1	13.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ida Smedley

(Address) 512 S. Castle St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Mar 18. 1936

19. UNDERTAKER Chas L Fuller & Son

(Address) 2334 Jefferson St

19 Huntington Williams M.D.

Registrar

MAR 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1936 to March 16, 1936

I last saw h alive on March 15, 1936 Death is said to have occurred on the date stated above, at 6 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation (Chronic)	20
Arteriosclerosis	20
Hypertension	20

Other contributory causes of importance:

Chronic Pancreatitis	20

No

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical and autopsy 20

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, state how .....

(Signed) Thos. E. A. Stevens M. D.

(Address) 2878 Hartford Rd

OCCUPATION is very important. See instructions on back of certificate.

F 21962 F 21962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 15-16 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Joseph Goldman
(a) Residence: No. 2004 N. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year) April 10, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Charles Goldman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Barney Goldman
(Address) 2004 N. Bentalou St

18. BURIAL, CREMATION, OR REMOVAL
Place Herring Run Date March 18 1936

19. UNDERTAKER Sol Levinson Bros
(Address) 1127 E. Balto St
Huntington Avenue, Md.

20. FILED 19 Registrar

MAR 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 5, 1936, to March 17, 1936
I last saw him alive on March 17, 1936 Death is said to have occurred on the date stated above, at 2:15 P. m.

The principal cause of death and related causes of importance were as follows: — Date of onset

1. Arteriosclerosis
2. Chronic myocarditis
3. Coronary thrombosis - ct.

Other contributory causes of importance:
1. Cholecystitis, lithiasis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21963

F 21963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1834 Orleans St. St., 6-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillie Kelly (Cook)
If U. S. Veteran specify WAR

(a) Residence: No. 1834 Orleans St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored.	Widowed

5a. If married, widowed, or divorced
(or) WIFE of Perry Kelly.

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Approx	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown.
14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Clarence Kelly
(Address) 1520 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 3-18 1936

19. UNDERTAKER Robert K. Young
(Address) 804 N. Caroline St.

21. [illegible] Baltimore, Md.

MAR 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-2-, 1936 to 3-15-, 1936
I last saw h... alive on 3-14-, 1936. Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal Disease	

Other contributory causes of importance:
Senility.

Was an operation performed? — Date of —
For what disease or injury?
Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Bonzell, M. D.
(Address) 611 N Carey

OCCUPATION is very important. See instructions on back of certificate.

F 21964 F 21964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 N. Caroline St. 10-H Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizah Bedford. If U. S. Veteran specify WAR

(a) Residence: No. 706 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ella Bedford.

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longshoreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8074

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Elizah Bedford

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Emma —

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Daniel Bedford (Son)
(Address) 1527 Mc Elderry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 3/19 1936

19. UNDERTAKER Robert H. Young
(Address) 804 N. Caroline St

20. FILED 19 [illegible]

MAR 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/10 1936 to 3/16 1936

I last saw h[illegible] alive on 3/15 1936 Death is said to have occurred on the date stated above, at 5.08 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocard. fib.	?
Other contributory causes of importance:	
Pulmonary thrombosis	3-13-36
Arterio-sclerosis,	?
chronic interstitial nephritis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) 1500 E. Monument St

OCCUPATION is very important. See instructions on back of certificate.

V 9 3

M. D. B. 1268-9

F 21965

F 21965 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 10 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Michael

(a) Residence: No. 942 Harford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christina Gabriel

6. DATE OF BIRTH (month, day, year) Mar. 14. 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barge man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Md RR.

10. Date deceased last worked at this occupation (month and year) Aug 1935

11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Louis Michael

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Clara Not Known

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Christina Michael
(Address) 942 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Most Holy Redeemer Mar 21, 1936

19. UNDERTAKER Elmer N. Conkling
(Address) 924 E. Eager St

Huntington Williams, M. D.
Registrar.

R 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I ~~last saw him~~ alive on ..... 19.. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Bronchopneumonia	

Other contributory causes of importance:

Chronic bronchitis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. H. Wright M. D.
Coroner

(Address) 1010 S. Edmondson Ave

Date CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21966 F 21966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x V 23

1. PLACE OF DEATH U.S. Marine Hospital

CITY OF BALTIMORE: (No. ..... St. 12-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Thomas Wessels

If U. S. Veteran specify WAR .....

(a) Residence: No. 21 West Chesapeake Ave., St., Crisfield, Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 16, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govt

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) North Umberland Co. Virginia

FATHER

13. NAME John T. Wessels

14. BIRTHPLACE (city or town) (State or country) ? Virginia

MOTHER

15. MAIDEN NAME Sarah Hales

16. BIRTHPLACE (city or town) (State or country) ? Virginia

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Crisfield Cem. Date March 20 19 36

19. UNDERTAKER John A Bradshaw

(Address) Crisfield Md.

20. FILED ..... 19 ..... Huntington Williams, M.D. Registrar.

MAR 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17 19 36

22. I HEREBY CERTIFY, That I attended deceased from March 15 19 36 to March 17 19 36

I last saw him alive on March 17 19 36 Death is said to have occurred on the date stated above, at 4:20 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic far advanced	5-1935

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. find. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T. B. N. Anderson, M. D.

(Address) U.S. Marine Hospital.

DISEASES OF OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 21967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 Carroll St. St. 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Schmidt

If U. S. Veteran specify WAR .....

(a) Residence: No. 706 Carroll St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Schmidt

6. DATE OF BIRTH (month, day, year) April 18, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER FATHER

13. NAME John Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Johanna Weber

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. T. Krasse

(Address) 106 Osborne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar 18 1936

19. UNDERTAKER Wm J. Tucker & Sons

(Address) Druid & Penna Ave

20. FILED ..... 19 ..... Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poison (Illuminating Gas)	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident March 16, 1936

Accident, suicide, or homicide? ... Date of injury ... 19..

Where did Injury occur? 706 Carroll St Baltimore, Md.

(Specify city or town, street and number, or locality)

Specify whether Injury occurred in industry, in home, or in public place Home

Manner of injury Gas Jet accidental open in Ajoining Room

Nature of Injury Poison

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

Coroner

(Address) 2757 W. North Ave

AR 181936

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 21968

V 48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4515 Harrison Blvd (St.) 15-6 (Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Helen Amelia Roussey

(a) Residence: No. 3108 Presbury St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank A. Roussey

6. DATE OF BIRTH (month, day, year) Dec. 16, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Philip Hensel.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sarah Kormerly

16. BIRTHPLACE (city or town) Boston (State or country) Mass.

17. INFORMANT Mrs. Mary D. Thomas
(Address) State Sanitorium Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Mar 19 1936

19. UNDERTAKER Wm. T. Dickey Sons
(Address) 1908 E. Fayette
Huntington Williams, MD

... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 17. 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 19... to March 17th 1936

I last saw h... alive on Mar 17th 1936. Death is said to have occurred on the date stated above, at 7.10 a.m.

The principal cause of death and related causes of importance were as follows:

Adenoma Carcinoma of Uterus with metastasis to entire abdomen

Date of onset Nov 1935

Other contributory causes of importance:

Was an operation performed? Yes Date of July 1935

For what disease or injury? Ex Abscission Uter

Name of operation Mamma - of abdomen

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Samuel Brady M. D.

(Address) 2045 Woodbourne Ave

AR 18 1936

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21969 F 21969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

24-2

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 Henry St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Elizabeth Lloyd

If U. S. Veteran specify WAR

(a) Residence: No. 709 Henry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William D. Lloyd

6. DATE OF BIRTH (month, day, year) Feb. 19-1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	-	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cecil County Maryland

FATHER

13. NAME George Leitold

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT George A. Lloyd
(Address) 709 N. Eutaw St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3-18-36

19. UNDERTAKER P. B. Hyfield & Son
(Address) 1500 Eutaw Place

AR 18 1936 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1935 to 3-16-36

I last saw her alive on 3-13-36. Death is said to have occurred on the date stated above, at 11:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Abdomen	
Ileus	

Other contributory causes of importance: Acute Cardiac Dilatation

Was an operation performed? Yes Date of Dec. 1935

For what disease or injury? Intussusception of Abdomen

Name of operation Laparotomy Date of

What test confirmed diagnosis? Findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. A. Abbott M. D.

(Address) 800 Northumberland Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21970

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21970

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secour Hospital 70-1 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha C. Ide

If U. S. Veteran specify WAR

(a) Residence: No. 100 W. Payson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rev. Edwin E. Ide

6. DATE OF BIRTH (month, day, year) Nov. 1 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 6037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Highland Md.

FATHER

13. NAME William H Timmerman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Eckhardt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rev. Edwin Ide.

(Address) 100 W. Payson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar. 19 1936

19. UNDERTAKER F. S. Hyppert & Son

(Address) 13 a. Eutaw Place

Filed MAR 19 1936, 19 Huntington Williams, Md.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 17, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above, 10.15 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
	3-16-36
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. H. Caldwell M. D.

Coroner

(Address) 1939 Edmondson Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21971

F 21971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 W. Lexington St., 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Amalia George

If U. S. Veteran specify WAR .....

(a) Residence: No. 523 W. Lexington St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Harry C. George

6. DATE OF BIRTH (month, day, year) Nov. 15, 1885.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Christian Bohn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Nennstiehl

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Catherine George

(Address) 523 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Mch 19, 1936.

19. UNDERTAKER Harry A. Lutzke

(Address) 4101 Edmondson Av

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 10 - 1935 to March 16, 1936

I last saw her alive on March 16, 1936 Death is said to have occurred on the date stated above, at 8-30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast (L) Operated Feb 1935 - Liver & Heart	Feb - 35
Other contributory causes of importance Arteriosclerosis Myocardial Insufficiency	1 yr
Was an operation performed? Yes Date of May - 35	
For what disease or injury? Carcinoma L. Breast	
Name of operation Amputation L. Breast Date of	
What test confirmed diagnosis? Clinical Was there an autopsy? No	

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 —

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If ... specify

(Signed) Wm. L. Keyser M. D.

(Address) 156 N. Mulberry Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AR 18 1936

F. D. No. 21972

F 21972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 25-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William F. Vinyard

(a) Residence: No. 1107 Pine Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adelaide Vinyard

6. DATE OF BIRTH (month, day, year) December 19 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retail merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. produce dealer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Emma V. Vinyard daughter
(Address) 1107 Pine Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 3/19/36

19. UNDERTAKER Henry K. Tintyke
(Address) 4108 Eastern Ave

Huntington Williams, M.D.
Registrar

FILED ..... 19 .....

MAR 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	

Other contributory causes of importance:

Prostatic hypertrophy

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ..... M. D.
Coroner

(Address) 610 E. Fillmore St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21973 ✓ F 21973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sinai Hospital 5-1

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 26 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry Frank (Gerston)

(a) Residence: No. 10 N. Exeter St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dresser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isadore Frank

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Helen Wood Rd. Date 3/18/36

19. UNDERTAKER Jos. Levi & Sons
(Address) 1437 E. Baltimore St.

Huntington Williams, M.D.
Registrar

MAR 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-15, 1936, to 3-17, 1936

I last saw him alive on 3-17, 1936. Death is said to have occurred on the date stated above, at 5:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic rheumatic cardio-vascular disease complicated by acute pulmonary edema	

Other contributory causes of importance: Secondary anemia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel A. Belgorad, M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

21974 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21974

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH 143 N. Montford Ave. 6-7 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Flinty

(a) Residence: No. 143 N Montford Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick R. Flinty

6. DATE OF BIRTH (month, day, year) Sept. 28, 1868

7. AGE: Years 67 | Months 5 | Days 16 17 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md

FATHER

13. NAME William Finty

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Ivey

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Catherine Hartley

(Address) 1603 E. 31st St.

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cem. Date Mar. 18 1936

HENRY SANDER & SONS, INC.

UNDERTAKER

(Address) Baltimore & Broadway

MAR 18 1936

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936 to March 15, 1936

I last saw h[illegible] alive on March 14, 1936 Death is said to have occurred on the date stated above, at 4:50 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
metastatic carcinoma (mediastinal-pulmonary)	
metastatic carcinoma of liver	1934
carcinoma	3/14/36
myocardial insufficiency	
Other contributory causes of importance: carcinoma of both breasts	1931

Name of operation none Date of

What test confirmed diagnosis? clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) L. C. Tobikal M. D.

(Address) 447 N. Kenwood Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2312 E. Oliver St., 8th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George William Lappe Sr

If U. S. Veteran specify WAR .....

(a) Residence: No. 2312 E. Oliver St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elva Lappe

6. DATE OF BIRTH (month, day, year): July 16, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	7	29 30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Garage owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: " " 0086

10. Date deceased last worked at this occupation (month, day, year): 6 wks ago

11. Total time (years) spent in this occupation: 4 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: George W Lappe Jr

(Address) 1208 N Elwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar 18th, 1936

19. UNDERTAKER: Leo G. Lapook

(Address) 1703 N. Patterson Park Ave

MAR 18 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 15, 36

22. I HEREBY CERTIFY, That I attended deceased from Mar. 14, 1936 to Mar. 15, 36

I last saw him alive on Mar. 15, 1936 Death is said to have occurred on the date stated above, at 2.00 P.m.

The principal cause of death and related causes of importance were as follows:

Hypertension, Chr. nephritis, Mitral regurgitation, diabetes mellitus — Date of onset: about 5 months

Other contributory causes of importance:

Chr. passive congestion, Generalized Edema — 1 wk

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Jos Schlenger M. D.

(Address) 3034 E. Baltimore St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21976 ✓ F 21976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 8-1 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary K. Schmeing

(a) Residence: No. 3140 Cliftmont Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick

6. DATE OF BIRTH (month, day, year) 4-7-1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ow37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Schaub

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME C. Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer. Date Mar. 20 1936

19. UNDERTAKER Lilly & Feiler Inc.
(Address) 409 S. Wolfe St.

MAR 18 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/16/1936

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19..., to 3/16/1936

I last saw her alive on 3/16/1936 Death is said to have occurred on the date stated above, at 7 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	?
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21977 ✓ F 21977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 724 Washington Blvd St., 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest R. Woodley

If U. S. Veteran specify WAR No.

(a) Residence: No. 724 Washington Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 1. 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 20 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel

10. Date deceased last worked at this occupation (month and year) Mar 12. 1936

11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (city or town) (State or country) Hartford Conn.

FATHER

13. NAME Frederick Woodley

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Susan Toygason

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Charles E. Meeks
(Address) 720 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 19, 1936

19. UNDERTAKER Mr & Mrs. John W. Teufel & Son
(Address) 201 W. Fayette St.

FILED MAR 18 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 14, 1936 to Mar 17, 1936.

I last saw him alive on Mar 16, 1936 Death is said to have occurred on the date stated above, at 3.20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Mar 14

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Milton Storey, M. D.

(Address) 729 Linden Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21978 ✓ F 21978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

Registered No. 15-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Emerson Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rena Diehl

(a) Residence: No. 3411 Pawhattan ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William G. N. Diehl

6. DATE OF BIRTH (month, day, year) Aug. 3, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Labahn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis N. Zenn

(Address) 103 Hilton ave Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3/20. 1936

19. UNDERTAKER Mr. Mrs. John W. Teufel & Son

(Address) 801 W. Fayette st

20. [illegible] Huntington Ave, Md

AR 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-16, 1936, to 3-17, 1936

I last saw her alive on 3-17-36, N. Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated right inguinal hernia	
Other contributory causes of importance: Cardiac failure	

Was an operation performed? Yes Date of 3-17-36

For what disease or injury? Strangulated hernia

Name of operation Herniaplasty Date of 3-17-36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Philip A. Insley, M. D.

(Address) 710 Gen. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21979

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21979

CERTIFICATE OF DEATH

X 120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp 11-3 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Chisholm

If U. S. Veteran specify WAR .....

(a) Residence: No. Carsen Ave. Lenbark Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Chisholm

6. DATE OF BIRTH (month, day, year): Oct 5 1881

7. AGE: Years 54 | Months 5 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Car Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: R.R.

10. Date deceased last worked at this occupation (month and year): Mar 4/36

11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

FATHER

13. NAME: Charles Chisholm

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Elizabeth Trust

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mary Chisholm

(Address) Carsen Ave Dundalk

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 3/18 1936

19. UNDERTAKER: Jos Cook & Sons

(Address) 1210 E. Baltimore

20. FILED Mar 19 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/18/36

22. I HEREBY CERTIFY, That I attended deceased from 3-16-36, 19..., to 3-18-36, 19...

I last saw him alive on 3-18-36 19... Death is said to have occurred on the date stated above, at 8.50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforating Ulcer of Colon	Mar 1-36
Peritonitis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. P. Zeltus, M. D.

(Address) Md. Gen. Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21980

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21980

308 8.00

CERTIFICATE OF DEATH

91-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 27-19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maude Rans.

If U. S. Veteran specify WAR No Record

(a) Residence: No. 5701 Stewart Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. Melvin Rans.

6. DATE OF BIRTH (month, day, year) 11 | 28 | 12

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23 ~~24~~	3	27 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home-wife

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Thomas

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mildred Taylor

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar 20 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED MAR 19 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 17 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 . 1936 to Mar 17 . 1936

I last saw her alive on 3 - 17 . 1936 Death is said to have occurred on the date stated above, at 7'5 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacterial Endocarditis	Sept 1935

Other contributory causes of importance:

none

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. A. Grenway M. D.

(Address) Johns Hopkins Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 21981

21981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

H6-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 10910 (or Ward) 3647

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Irene Forrest

If U. S. Veteran specify WAR No Record

(a) Residence: No. 318 S. Lehigh St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of Thomas Forrest

6. DATE OF BIRTH (month, day, year) 6-11-1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James Burnett

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Margaret Burnett

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 19th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

FILED ..... 19 ..... Registrar

MAR 18 1936 ~~Lexington Mausoleum, Md~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-17 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-3 1935 to 3-17 1936

I last saw her alive on 3-17 1936 Death is said to have occurred on the date stated above, at 9:45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum (type unknown)	?
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson Jr. M. D.

(Address) Balto City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-2 Ward)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Garey

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1123 Bayard St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Divorced

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Jeanette Garey

6. DATE OF BIRTH (month, day, year) Sept 5th 1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29	6	11/12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 823

9. Industry or business in which work was done, as ~~saw mill, bank, etc.~~ Brooklawn Transfer Co

10. Date deceased last worked at this occupation (month and year) 3/14/36

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Lansdowne Md

FATHER

13. NAME Walter T. Garey

14. BIRTHPLACE (city or town) (State or country) Lansdowne Md

MOTHER

15. MAIDEN NAME Mary Watts

16. BIRTHPLACE (city or town) (State or country) Lansdowne Md

17. INFORMANT Mary Garey

(Address) 1123 Bayard St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 19th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 ..... by ..... Registrar

MAR 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-17 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-14 1936 to 3-17 1936

I last saw him alive on 3-16 1936 Death is said to have occurred on the date stated above, at 12:35 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation - Pulmonary Hemorrhage	Sudden

Other contributory causes of importance:

Pulmonary Tuberculosis	before 3-14-36
Broncho Pneumonia	3-15-36

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lewis H. Woodward Jr. M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21983

21983 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 Abbottston St., 9-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence M. Bullen

If U. S. Veteran specify WAR ~~26~~ Record

(a) Residence: No. 1702 Abbottston St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~divorced~~ (or) ~~HUSBAND~~ WIFE of John Bullen

6. DATE OF BIRTH (month, day, year) Jan 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Centreville Md

FATHER

13. NAME (Alsbrown) Grimes

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Malinda (Alsbrown)

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Woolford
(Address) 1716 Sotweed Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date 3/19 36

19. UNDERTAKER J. McCahill
(Address) 1214 N. Gilmor St

Filing Date MAR 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16th 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st 1935 to March 16 1936

I last saw her alive on March 16 1936 Death is said to have occurred on the date stated above, at 11:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?
Other contributory causes of importance:	
Hypertension	?
Chr Nephritis	?
Acute Bronchial Heart	2 hrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) L. J. McCahill M. D.

(Address) 1114 Washington Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7173

F 21984

F 21984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 1-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Barnett

(a) Residence: No. 613 N. Bradford St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lettie

6. DATE OF BIRTH (month, day, year) 9-6-1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Stephen

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Mar 16. 1936

19. UNDERTAKER ... (Address) ...

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-22 1935 to 3-15 1936.

I last saw him alive on 3-15 1936 Death is said to have occurred on the date stated above, at 2:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Benign Hypertrophy of Prostate Gland	5-22-35
Other contributory causes of importance: Bronchopneumonia	3-14-36

Was an operation performed? No Date of ...

For what disease or injury? None

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so specify ...

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7/7

R 181336

2194

HEALTH DEPARTMENT—CITY OF BALTIMORE

21985

Grave 21985

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. 24-322B

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Lawrence McFadden.

(a) Residence: No. Do not know. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ------ ----

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	//	------	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Do not know.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Southern District Police Report.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Dulaney Date May 18, 19 36

19. UNDERTAKER (Address)

FILED MAR 18 1936 Registrar. 3/6/36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Intestinal obstruction

Other contributory causes of importance:

Name of operation Laparotomy Date of 2/20/36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Geo. McFarland, M. D.
Coroner

3/6/36 (Address) 1017 S. Charles St.

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state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3 6233
21986

F 21986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary C. Bedell

If U. S. Veteran specify WAR .....

(a) Residence: No. 435 Wyckoff Ave St., ... Ward. Ithaca-N-Y

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Frederick Bedell

6. DATE OF BIRTH (month, day, year) 3/8/70

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	-	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME John H. Crehore

14. BIRTHPLACE (city or town) (State or country) N-H-

MOTHER

15. MAIDEN NAME Lucy Williams

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Friends.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, or REMOVAL at Loudon Park Greenwood Cem. Brooklyn Md. May 18. 1936

19. UNDERTAKER Henry H. Tebbis Sons Co

(Address) McCulloh Eutaw & Lan

MAR 18 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1936 to Mar-17, 1936

I last saw her alive on Mar 17, 1936 Death is said to have occurred on the date stated above, at 715 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma with metastases	1934
(Primary)	

Other contributory causes of importance:

Was an operation performed? Yes Date of 1937

For what disease or injury? Carcinoma

Name of operation Mastectomy Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) H. A. Brennan M. D.

(Address) Johns Hopkins Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21987

3 10 97

F 21987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 18-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clarence Davis

(a) Residence: No. ~~611 Mulberry~~ 520 N Schroeder St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-28-08

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bootblack

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Clarence Davis

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Nettie Carter

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mar 20, 1936

19. UNDERTAKER Mrs Katy R Williams (Address) 322 N Schroeder St. Huntington Williams, M.D.

Filed MAR 18 1936, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17 1936

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1936 to March 17, 1936

I last saw h im alive on March 17, 1936 Death is said to have occurred on the date stated above, at 420 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute hemorrhagic nephritis	3-10-36
Septicemia due to B haemolytic streptococci	3-10-36
Myocardial failure	
Other contributory causes of importance:	
Diffuse pyo-derma due to B. haemolytic streptococci	Jan '36.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood culture Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Fred T Thompson M. D.

(Address) The Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 21988 HEALTH DEPARTMENT—CITY OF BALTIMORE F 21988

CERTIFICATE OF DEATH X 157-C

1. PLACE OF DEATH Bon Secours Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore St., 7th Ward)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby (Girl) Peggy Lee "Albert"

(a) Residence: No. 147 Sanford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar. 14, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph Albert

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Helen Lutz

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date Mar 18, 1936

19. UNDERTAKER Easton, Sons
(Address) Eutaw St.

19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1936 to March 18, 1936
I last saw her alive on March 18, 1936 Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) D. C. MacLaughlin M. D.

(Address) Bon Secours Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AR 18 1936

M. D. B 1268-9

(Chiese) ✓ F 21989

F 21989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Josephine Chiese

(a) Residence: No. 1003 Russel Terrace Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
F	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Saml Parrish

(Address) 1003 Russel Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place L H Med School Date March 5, 1936

19. UNDERTAKER Dept Municipal Health.

20. FILED MAR 9 1936 Huntington Pittman & Co Registrar.

2196 THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis	Feb 24 1936
Other contributory causes of importance: 1st & 2nd & 3rd degree burns of Body	Feb 25-26

Was an operation performed? no Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to (external causes violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb 25, 1936

Where did injury occur? Balto md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home 1003 Russel Terrace

Manner of injury Was scalded from stove

Nature of injury Burns of body

24. Was disease or injury in any way related to occupation of deceased? Primus not in Use

If so, specify

(Signed) Geo P. Allen M. D.

Coroner

(Address) 25 E Lexington St

F 21990

F 21990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 N. Calhoun St. 19-1 Ward)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frederick M Dudley

(a) Residence: No. 413 N Calhoun St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary E Dudley

6. DATE OF BIRTH (month, day, year) Aug 6 1843

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
93	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middlesex Co Va

FATHER

13. NAME James Dudley

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Judith Williams

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Miss Cora V Dudley
(Address) 413 N Calhoun St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date March 19 1936

19. UNDERTAKER John F Denny
(Address) 710 Light St

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1935 to March 17, 1936

I last saw h[illegible] alive on 3-16-1936 Death is said to have occurred on the date stated above, at 12.45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	12-1-35

Other contributory causes of importance:

Senility	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Marion Le Strake M. D.

(Address) 8064 Fulton Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 18 1936

Huntington [illegible] MD

F 21991

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21991

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 15-E Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward Gibson

(a) Residence: No. 1501 Presstman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Martha Gibson.

6. DATE OF BIRTH (month, day, year) Dec. 8, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter. 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage.

10. Date deceased last worked at this occupation (month and year) Dec. 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Charles Gibson

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date Mar. 18 - 1936

19. UNDERTAKER Schofield & Geddis
(Address) 1111 W. Baltimore St.

AR 18 1936

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/23/36, to 3/16/36

I last saw him alive on 3/16/36. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis of liver.	12/15/35
secondary to	
Carcinoma of rectum	

Other contributory causes of importance:

Was an operation performed? Yes Date of 1/28/36

For what disease or injury? Carcinoma of liver

Name of operation Laparotomy (Biopsy) Date of 1/28/36

What test confirmed diagnosis? Biopsy. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Josiah A. Hunt, M. D.

(Address) Maryland General Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21992

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Balster

If U. S. Veteran specify WAR .....

(a) Residence: No. 4222 Springwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-13-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME George Balster

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Gertrude Schnaufer

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Geo Balster

(Address) 4222 Springwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Mar 19 1936

19. UNDERTAKER John Ulmi

(Address) 2008 Orleans St

[illegible] Washington Blvd

[illegible] Funeral Director.

AR 18 1936

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) 3-18- 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-13 1936 to 3-18 1936

I last saw her alive on 3-18 1936. Death is said to have occurred on the date stated above, at 12:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malformation of pharynx 3 months	
Other contributory causes of importance:	
Bronchopneumonia	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. P. Stiles, M. D.

(Address) Md Gen Hosp

INSTRUCTIONS: Prepare this certificate with the assistance of the attending physician. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

21993

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 21993

CERTIFICATE OF DEATH.

92-a

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 536 Liberty Hgts ave.

CITY OF BALTIMORE: (No. 28-1 ST. WARD)

2-FULL NAME Anna Elizabeth Hollenshade

(a) RESIDENCE No. 5368 Liberty Hgts Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos ds. How long in U. S., if of foreign birth? Ala of Life ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced, HUSBAND of (or) WIFE of: George E Hollenshade

6 DATE OF BIRTH (month, day, and year): Jany 6/1876

7 AGE — Years: 60 — Months: 2 — Days: 11 — If LESS than 1 day, ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Scheff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown.

12 MAIDEN NAME OF MOTHER: Dorothea Albert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: George E Hollenshade

(Address) 5368 Liberty Heights Ave

15 Date: MAR 18 1936, 19 — Filed: [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 17, 36

17 I HEREBY CERTIFY, That I attended deceased from 5 to 10 yrs. 19 ... to ... 19 ... or that I last saw her alive on Mar 16-36 19 ... and that death occurred, on the date stated above, at 2:00 P. m.

The CAUSE OF DEATH* was as follows: Valvular lesion of heart

unknown (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) C. A. Hofmann, M. D.

3-18-1936 (Address) 2500 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: Mar 19 1936

20 UNDERTAKER: Harry J Amacker — ADDRESS: 4204 Ridgewood Ave

APR 16 1936

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 21994

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21994

CERTIFICATE OF DEATH

X 172-W

1. PLACE OF DEATH University Hospital

Registered No.

CITY OF BALTIMORE: (No. St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Harrison

If U. S. Veteran specify WAR

(a) Residence: No. Ellicott city Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliz Jane Harrison

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Richard Harrison

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown, Unknown

17. INFORMANT Roney Harrison

(Address) Ellicott City Md

18. BURIAL, CREMATION, OR REMOVAL

Place Florence Md Date 3-21, 1936

19. UNDERTAKER F. D. Hagenbaugh & Son

(Address) Ellicott City Md

20. FILED Huntington Undertaking Co

MAR 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/15, 1936 to 3/19, 1936

I last saw him alive on 3/19, 1936 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3/17/36
Paralytic Ileus	3/15/36

Other contributory causes of importance:

Strangulated Umbilical Hernia	3/15/36

Was an operation performed? Yes Date of 3/15/36

For what disease or injury? Strangulated Umbilical Hernia

Name of operation Herniotomy Date of 3/15/36

What test confirmed diagnosis? Op find Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. H. Reese M. D.

(Address) University Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1C

F 21995

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21995

CERTIFICATE OF DEATH

√ X 47-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 16 dys. How long in U. S. If of foreign birth 33 yrs. 7 mos. 23 ds.

2. FULL NAME Fred K. Hoebert

If U. S. Veteran specify WAR NONE

(a) Residence: No. Glenville, W. Va. St., Ward. Glenville W. Va.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) July 24, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Equestrian & agent of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME A. B. Hebert

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Ella Cunningham

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Mrs Russell Ellyson (Address) Morgantown W. Va

18. BURIAL, CREMATION, OR REMOVAL Place Walkersville W. Va. Date 3/19/36

19. UNDERTAKER Sleight Mercy Company (Address) 108 W. North Ave.

20. FILED MAR 19 1936 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16-36

22. I HEREBY CERTIFY, That I attended deceased from 2-28-36, 19..., to 3-18-36, 19...

I last saw him alive on 3-18-36, 19... Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic carcinoma L. Lung	
Other contributory causes of importance:	
Surgical shock	

Was an operation performed? Yes Date of 3-11-36

For what disease or injury? Ca. L. Lung

Name of operation Pneumonectomy Date of 3/11

What test confirmed diagnosis Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theodore A. Schwartz, M. D.

(Address) c/o Mercy Hospital

Vol 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. Form 126 F 21996

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21996

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Home For Incurables

CITY OF BALTIMORE: (No. 700 N 40th St. 13-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 93 yrs. 4 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Mary Susana Clark

(a) Residence: No. Home For Incurables 700 N 40th St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) Nov. 11 - 1842

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Matthew Clarke

14. BIRTHPLACE (city or town) (State or country) England Europe

MOTHER

15. MAIDEN NAME Mary Mullen

16. BIRTHPLACE (city or town) (State or country) England Europe

17. INFORMANT Home For Incurables

(Address) 700 N. 40th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Date 3/21/36

19. UNDERTAKER Stewart & Myers Co.

(Address) 1001 Eutaw St.

20. FILED Huntington Williams M.D.

MAR 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1921 to March 18, 1936

I last saw her alive on March 18, 1936 Death is said to have occurred on the date stated above, at 7:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Arterial hypertension	1923

Other contributory causes of importance:

Bronchopneumonia	2 days

Name of operation None Date of —

What test confirmed diagnosis? P.M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W. W. B. Mayo, M. D.

(Address) Medical Arts Bldg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

Spec.—2-29-28—L. F. S.—500 Bks.

F 21997

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21997

CERTIFICATE OF DEATH

95-B

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 Portsmouth Ave ST., 9- WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.) Hard

2—FULL NAME William Clyde Groves

(a) RESIDENCE NO. 618 Portsmouth Ave ST.,

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella Groves

6 DATE OF BIRTH (month, day, and year): Dec 26 1871

7 AGE: Years 64 | Months 2 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Marine Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): U S Govt

(c) Name of employer: U S Govt

9 BIRTHPLACE (city or town) (State or country): Fredericks City Md.

PARENTS

10 NAME OF FATHER: Nathan Groves

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Whitmore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Ella Groves

(Address): 618 Portsmouth Ave

15 Filed MAR 19 1936 Wellington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 18 1936

17

I HEREBY CERTIFY, That I attended deceased from Mar 12th, 1936, to Mar 18th, 1936,

that I last saw him alive on Mar 17th, 1936

and that death occurred, on the date stated above, at 9 A — m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio vascular disease

(duration) 10 yrs. + mos. ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. V. D. Mack, M. D.

, 19 (Address) 513 East 39th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: 3/20 1936

20 UNDERTAKER: W. H. Cox

ADDRESS: 1214 Eutaw Pl

INFORMATION SHOULD BE GIVEN BY PERSON BEST QUALIFIED TO FURNISH CORRECT INFORMATION—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21998

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21998

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH 620 N Pulaski St

CITY OF BALTIMORE: (No. 620 N Pulaski St., 16-b Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence V Shawen

If U. S. Veteran specify WAR No Record

(a) Residence: No. 620 N Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Oct 4, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69	69	4 5	17 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

13. NAME John T Shawen

14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN NAME Lucretia Baer

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Mary E Shawen

(Address) 620 N Pulaski St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date March 21 1936

19. UNDERTAKER W M Cook

(Address) 1217 St Paul St

PLACE OF BURIAL Huntington, Williamsport, Md

MAR 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936, to March 18, 1936

I last saw her alive on March 17, 1936 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

Cortico sclerosis — Date of onset (1927)

Other contributory causes of importance:

Cerebral hemorrhage — 5 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury No

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H G Cover, M. D.

(Address) 720 N Monroe Ave

F 24999 F 21999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 18 Ward) 3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify W. No Record

2. FULL NAME Carrie Jr. Clarke

(a) Residence: No. 1014 West Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leroy Clarke

6. DATE OF BIRTH (month, day, year) Dec 28-1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House (Wife)

9. Industry or business in which work was done, as silk mill, saw mill:, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Hehrmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Doring

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary E. Hehrmann

(Address) 1014 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 21st 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 19 Registrar

MAR 19 1936 ~~Eastern Baltimore, MD~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 18 1936

22. I HEREBY CERTIFY That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by Autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Mar 12-36
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. H. Phillips M. D.

Coroner

(Address) 1939 Edmondson Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Verso

F 22000

12992 F 22000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 9-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ... Record

2. FULL NAME Sophie Parlett

(a) Residence: No. 3512 Old York Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
F	W	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Hyram Parlett

6. DATE OF BIRTH (month, day, year) 12-29-1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Waltger

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Katherine Moon

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Mar 20th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19 ... Registrar

MAR 19 1936 Huntington Pittman, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/17 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/12 . 1936 to 3/17 . 1936

I last saw her alive on 3/17 . 1936 Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2wk.

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

INFORMATION—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-2

F 22001

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22001

V 181

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 27-14

CITY OF BALTIMORE: (No. St. Mary's Orphan Asylum St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JULIA SMITH

(a) Residence: No. St. Mary's Orphan Asylum St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 2, 1922

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edward Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Margaret Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Rev. Sister Mary Lucretia
(Address) St. Mary's Orphan Asylum

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date March 19, 19 36

19. UNDERTAKER Chas. P. Travers & Son
(Address) 118 W. Mt. Royal Ave

20. FILED MAR 19 1936 Huntington Robinson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 19 36

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
3rd Degree Burns	3/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Fatal of injury? , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place St Marys orphan asylum

Manner of injury Dress ignited from fire in fireplace

Nature of injury 3rd degree burns over body

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
Coroner

(Address) Coroner

N. B.—WRITE PLAINLY IN THE INFANT'S NAME should be given, if born alive, and if DIED WITHIN A YEAR, the age in hours, days, weeks or months must be stated. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22002

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22002

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSP'T St. 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Booker

If U. S. Veteran specify WAR

(a) Residence: No. 1423 Druid Hill Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Belle Booker

6. DATE OF BIRTH (month, day, year): June 21, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Richmond Va

FATHER

13. NAME: Wilson Booker

14. BIRTHPLACE (city or town) (State or country): Richmond Va

MOTHER

15. MAIDEN NAME: Hattie Alston

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Belle Booker - wife - same

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Calvary Date 3/20 19 36

19. UNDERTAKER (Address): Wm A Jackson 716 Pennsave

20. FILED MAR 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1936, to March 18, 1936

I last saw h[illegible] alive on March 18, 1936 Death is said to have occurred on the date stated above, at 1.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic mastoiditis	Feb 1936
Pneumococcus meningitis	3-1936

Other contributory causes of importance:

Was an operation performed? Yes Date of 3-13-36

For what disease or injury? Mastoiditis

Name of operation Mastoidectomy Date of 3-13-36

What test confirmed diagnosis? Spinal puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Travis D Schweicker M. D.

(Address) SYDENHAM HOSP'T

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M F 22003 F 22003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Hospital for the Women of Maryland — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11-3 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME LENA Foote REESE

(a) Residence: No. 215 W. Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 18. 1865

7. AGE	Years	Months	Days	If LESS than 1 day. hrs. or min.
	70	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George S. Reese

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Josephine Foote

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs. Small (sister)
(Address) 932 South Beaux St. York, Pa.

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster, Md. Date March 19, 1936

19. UNDERTAKER Howard O. Whitehill, Funeral Director
(Address) 1900 Eutaw Place

FILED MAR 19 1936

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1936 to March 17, 1936

I last saw her alive on March 17, 1936. Death is said to have occurred on the date stated above, at 9:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	March 10

Other contributory causes of importance: (Cerebral)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Henry M. Hansen M. D.

(Address) Hospital for the Women of Maryland

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1936

F 22004

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22004

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., [illegible] Ward)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 32 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Roskowski

(a) Residence: No. 249 S. Castle St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME? [illegible]

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary. Date March 21 1936

19. UNDERTAKER Fred W Szczawinski
Address 1300 E Eager St.

FILED MAR 19 1936 19 [illegible] Registrar

[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/17 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/20 1936 to 3/17 1936

I last saw her alive on 3/17 1936 Death is said to have occurred on the date stated above, at 8 20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	2/10/36
Arteriosclerosis.	5

Other contributory causes of importance:

None

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 22005

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22005

CERTIFICATE OF DEATH

XV 94 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 West Lanvale St., 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julia Klein

(a) Residence: No. Brunnerdale, Maryland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Klein

6. DATE OF BIRTH (month, day, year) April 19 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68 +	11	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jos. Haake

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Albright

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Helen Ferguson

(Address) Granite Md.

18. BURIAL, CREMATION, OR REMOVAL

Granite Md. Date May 21 1936

19. UNDERTAKER Reese Son Dec.

(Address) Ellicott City Md

Filed MAR 19 1936, 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19th 1936

22. I HEREBY CERTIFY, That I attended deceased from March 16th, 1936, to March 19, 1936

I last saw h-w alive on March 18th, 1936. Death is said to have occurred on the date stated above, at 6:05 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
Myocardial failure.	

Other contributory causes of importance:

Arteriosclerosis

Name of operation None. Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) N. S. Needle, M. D.

(Address) 2347 - N. North Avenue.

X. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22006

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22006

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. 1200 Valley St St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Sonnet

If U. S. Veteran specify WAR

(a) Residence: No. 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 20 - 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Joseph Sonnet

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Marie Storch

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislas, Sup.
(Address) Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Mar. 20 1936

19. UNDERTAKER Ritz Wudefeld
(Address) 914 Greenmount Ave

19 Registered

MAR 19 1936 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1935 to March 18, 1936

I last saw h[illegible] alive on March 16, 1936 Death is said to have occurred on the date stated above, at 2:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	5
Other contributory causes of importance:	
Chr Nephritis	2
Hy Pressure	2
Captain Calyson	2

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Path Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) L. Mc Carter M. D.

(Address) 1114 Harlem Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22007

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22007

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. 1200 Valley St St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John J. Carey

(a) Residence: No. 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 30 June 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 05

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Michael Carey

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Campbell

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislas, Supt.
(Address) Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral, Date Mar 20, 1936

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

[illegible] 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1936, to March 17 1936

I last saw h[illegible] alive on March 16, 1936. Death is said to have occurred on the date stated above, at 10:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngeal Tuberculosis	?

Other contributory causes of importance:

Asthenia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Autopsy Date of

What test confirmed diagnosis? Path + Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) L. McParlin, M. D.

(Address) 1114 Hamilton Ter

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 19 1936

F 22008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie Margaret Frantz

If U. S. Veteran specify WAR .....

(a) Residence: No. 813 N. Washington St., St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Ernest

6. DATE OF BIRTH (month, day, year) 2/17/85

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Panzer

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anna Hamtenger

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 21, 19

19. UNDERTAKER (Address) 156 S. Eutaw

(Signed) Harrington Williams, Jr.

MAR 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 17. 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1936 to Mar. 17, 1936

I last saw her alive on Mar. 17, 1936 Death is said to have occurred on the date stated above, at 5-20 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Carcinoma of Stomach	3 mos
b	
c	
d	

Other contributory causes of importance

a Infection, Tumor	5 days
b	

Was an operation performed? Yes Date of March 16

For what disease or injury? above

Name of operation Exploration, Date of March 18

What test confirmed diagnosis? Observation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M B Marshall, M. D.

(Address) J H Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22009 Ws. Ham 9-10 - 1-42

F 22009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 87-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2808 Cold Spring St., Lane 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. .... da. How long in U. S. If of foreign birth? .... yrs. .... mos. .... da.

2. FULL NAME MORTON BERGER

If U. S. Veteran specify WAR .....

(a) Residence: No. 2808 Cold SPRING LANE St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 28-1923

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	12	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Louis Berger

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Fannie Berkowitz

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Fannie Berger (Mother)

(Address) 2808 Cold Spring Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rodef Date 3-19- ..., 36

19. UNDERTAKER Jack Lewis Inc

(Address) 1429 E. Baltimore St.

20. FILED MAR 19 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came ... death on the day stated above. 12 m,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions	
Duration	
Interstitial Pneumonia	
Bronchial Pneumonia	
Lobar Pneumonia	

Other contributory causes of importance: Diphtheria Paralysis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Warn M. D.

Coroner

(Address) 1218 Hanover

S. H.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-3

F 22010 Emil Bogorad ✓ F 22010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3224 Shelburn Rd (Street) 37 20 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? 35 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emil Bogorad

(a) Residence: No. 3224 Shelburn Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bella

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Re Jewelry Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Prop

10. Date deceased last worked at this occupation (month and year) 20

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Daniel Bogorad

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Sinar

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Bella Bogorad

(Address) 3224 Shelburn Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Har Sinai Date 3/19/36 19

19. UNDERTAKER Jack Lewis Inc

(Address) 1934 E Baltimore St

19 Receiving Authority

MAR 19 1936

Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 3/16, 1936

22. I HEREBY CERTIFY, That I last attended the deceased from [illegible] to [illegible], that I have seen the remains of the deceased above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning accidentally in Garage from Auto. exhaust	1/3/36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/3/36, 19

Where did injury occur? 3224 Shelburn Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Garage at Home

Manner of injury Breathing Carbon Monoxide Gas

Nature of injury Carbon Monoxide Poisoning

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. Beddow Coroner M. D.

(Address) Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1936

F 22011 ✓ F 22011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

207 F

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John McFaul

(a) Residence: No. 3401 Elliott St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 906

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) July 12 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for wms.

10. Date deceased last worked at this occupation (month and year) Jan 1936

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Peter

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Rose Mullen

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. Anna McFaul
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Ash Lawn E.T. Date Mar 20 1936

19. UNDERTAKER Lilly & Zeiler & Son
(Address) 40 E Baltimore St

20. FILED ... 19 ... Registrar

MAR 19 1936 E. T. Whitenight

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound fracture left F'ibula & tibia & dislocation left ankle	March
Other contributory causes of importance: Pulmonary Oedema	March

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide accident Date of Injury March 15, 1936.

Where did injury occur? Street & Railroad
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Penn. R.R. Trackage

Manner of injury fell from car

Nature of injury Compound fracture left leg

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 1010 S. Calhoun

F 22012 ✓ F 22012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Methodist Aged Home

CITY OF BALTIMORE: (No. 207 Aisquith St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Williams

(a) Residence: No. 207 Aisquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupatinn (month and year)

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Farmville, Va. unknown

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Williams (Address) 207 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Date Mar 9, 1936

19. UNDERTAKER Mrs Hattie R. Williams (Address) 32 N Schroeder St

20. [illegible] Huntington Williams

MAR 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16-1936

22. I HEREBY CERTIFY, That I attended deceased from 3-12-1936, to 3-16-1936

I last saw h[illegible] alive on 3-14-1936. Death is said to have occurred on the date stated above, at 11:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal Disease	unk

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Wm H Cargile, M. D.

(Address) 601 N Caroline

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

F 22013

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22013

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2426 Brentwood ave St., 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Colbert

(a) Residence: No. 2426 Brentwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 11-1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Bernard Colbert

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Julia Morris

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Julia Colbert
(Address) 2426 Brentwood ave.

18. BURIAL, CREMATION, OR REMOVAL
Place MtCalvary Date 3/19 1936

19. UNDERTAKER Raynor Sanders
(Address) 1413 E Preston St

MAR 19 1936 Huntington Pittsman Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17 1936

22. I HEREBY CERTIFY, That I attended deceased from March 15 1936 to 3-17 1936

I last saw him alive on March 16 1936 Death is said to have occurred on the date stated above, at 9 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	March 13

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Jas S. Julian M. D.

(Address) 434 E 23rd St.

3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22014

F 22014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton ave. St., 9-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Emmet Seybold

If U. S. Veteran specify WAR .....

(a) Residence: No. 1634 E. 31st St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-19-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Emmet Seybold

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Catherine Mary Kennedy

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Catherine Seybold

(Address) 1634 E. 31st St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 3/22 1936

19. UNDERTAKER William Cook

(Address) 1119 St Paul Street

Huntington Pittsburgh Pa.

(Signature of Undertaker or Licensed Agent)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 19th 1936, to March 19th 1936

I last saw him alive on March 19, 1936. Death is said to have occurred on the date stated above, at 4h 05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	3/19/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Denial Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) L ..... M. D.

(Address) St. Agnes Hosp.

A. B.—WRITE PLAINLY, with pen and ink, and make no erasures. Fill out all information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 19 1936

M. D. B 1268-9

917 Madison Ave ✓ F 22015

F 22015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 11-H Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Green

If U. S. Veteran specify WAR

(a) Residence: No. 917 Madison Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Wd

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 21901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestics

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Potters Field Date May 19 1936

19. UNDERTAKER

(Address) Huntington Williams, Inc

MAR 19 1936

21? Morgue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1925

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen Coroner M. D.

(Address) 502 Aisquith St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

22016

F 22016

CERTIFICATE OF DEATH

1. PLACE OF DEATH Pronounced at the

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (Ward) 167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert H. Blake.

(a) Residence: No. 836 S. Kenwood Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of Frances Blake.

6. DATE OF BIRTH (month, day, year) July 24, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Finisher.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME David Blake.

14. BIRTHPLACE (city or town) (State or country) Connecticut

MOTHER

15. MAIDEN NAME Mary McDonald.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Frances Blake. (wife)

(Address) 836 S. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date March 21 1936

19. UNDERTAKER Fred W. Ozgenuts

(Address) 1980 Eastern Ave.

20. FILED MAR 19 1936 Huntington Pettingill, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laceration of the brain.	
Pistol shot wound through the head	
suicide.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 3/17/36 19...

Where did injury occur? Baltimore, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Of industry, Botend & Harbor Sts.

Manner of injury Pistol shot wound.

Nature of injury Laceration of the brain.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Otto H. Reinhardt, M. D. Coroner

3/18/36 (Address) 1017 S. Charles St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

Issue

F 22017

F 22017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Memorial Hosp St., 1925 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick McShane

If U. S. Veteran specify WAR

(a) Residence: No. 1818 St Paul St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan-14-1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Peter Mc. Shane

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Lyal

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Peter Mc Shane

(Address) 599 Broadway N Y.

18. BURIAL, CREMATION, OR REMOVAL

Place New York N Y Date March 19, 1936

19. UNDERTAKER John C Miller

(Address) 2433-35 E Lanvale St

20. FILED MAR 19 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16, 1936

22. I HEREBY CERTIFY, That I [illegible] charge of the remains described above, held an (Inquest, Autopsy) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	3/4/36

Other contributory causes of importance:

Was an operation performed? Yes Date of 3/16/36

For what disease or injury? Fractured Skull

Name of operation Decompression Date of 3-16-36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/16, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Sidewalk 23rd St near St Paul

Manner of Injury Fell while under influence of alcohol

Nature of Injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm Ordway Coroner, M. D.

Coroner

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V-66

M. D. B. 1268-9

✓ F 22018

HEALTH DEPARTMENT—CITY OF BALTIMORE

22018

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 N Collington St., 8 - 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dominikas Balunas

(a) Residence: No. 1804 N. Collington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Paulina

6. DATE OF BIRTH (month, day, year) 1864

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
72	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mens Clothing

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) ..... (State or country) Lithuania

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ? (State or country) Lithuania

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country) Lithuania

17. INFORMANT Paulina Balunas
(Address) 1804 N. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Date March 19 1936

19. UNDERTAKER Chas B. Meehan & Bro
(Address) 682 Washington Blvd

MAR 19 1936

Washington Pennsylvania

IV

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1936 to March 17, 1936
I last saw him alive on March 17, 1936 Death is said to have occurred on the date stated above, at 1:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic Nephritis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edward F. Nolan, M. D.
(Address) 682 Washington Blvd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 22019

F 22019

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 34A-159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Juanita Jenobia Williams

(a) Residence: No. 129 Winters Ave Catonsville Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-6-36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Louis Matthews

14. BIRTHPLACE (city or town) (State or country) Catonsville Md.

MOTHER

15. MAIDEN NAME Ruth Williams

16. BIRTHPLACE (city or town) (State or country) Catonsville Md

17. INFORMANT Ruth Williams

(Address) 129 Winters Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Med School Date Mar 19 . 1936

19. UNDERTAKER

(Address)

(Signed) Huntington Williams, M. D. Registrar.

MAR 19 1936

2198

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-17- . 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-6- . 1936 to 3-17- . 1936

I last saw her alive on 3-17- . 1936 Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature — 7 mos.	

Other contributory causes of importance:

Sepsis (Congenital)	

Name of operation Date of —

What test confirmed diagnosis? None. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George H. Pendleton, M. D.

(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-21—A C&S—500 Blks.

F 22020

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22020

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3636 Hilary St. 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm W Porter

(a) RESIDENCE NO. Crompton, Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9/ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Emma Porter

6 DATE OF BIRTH (month, day, and year): Oct 28, 1847

7 AGE: Years 88 | Months 4 | Days 22 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town): Hereford

(State or country): Maryland

PARENTS

10 NAME OF FATHER: W W Porter

11 BIRTHPLACE OF FATHER (city or town): Hereford

(State or country): Baltimore Co, Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country):

14 Informant: Mrs. Mary E. Porter

(Address): 3636 Hilary

15 Filed: Mar 23 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 19 19 36

17 I HEREBY CERTIFY, That I attended deceased from March 6 19 36, to March 19, 19 36,

that I last saw him alive on March 19, 19 36,

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

a- Cardio Renal Vascular disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Coronary Thrombosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Home findings

(Signed) W. H. Wilson, M. D.

, 19 (Address) 843 N 24th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Silverbrook Cemetery Del Date of Burial Mar 23 1936

20 UNDERTAKER: New Castle ADDRESS: Elmer W. Conklin 924 E Eager

R 19 1936

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

22021

F 22021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 E Federal St., 8-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Juanita Caroline Cooke

If U. S. Veteran specify WAR

(a) Residence: No. 1824 E Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 16, 1928.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
8	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas C Cooke

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret Stoeckert

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Thomas C Cooke

(Address) 1824 E Federal

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 20 1936

19. UNDERTAKER J Melville Jenkins

(Address) 1605 E Lafayette Ave

(Licensed Undertaker)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17. 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 2. 1935. to March. 1936

I last saw h alive on March 14. 1936 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	2 yrs
Bronchopneumonia	3 days
Cancer	1 yr

Other contributory causes of importance:

Cancer	
Intestines	

Was an operation performed? Yes Date of Nov. 1935

For what disease or injury? Cancer

Name of operation Abdominal Date of Nov 35

What test confirmed diagnosis? Clinical (Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 2103 Garrison Blvd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

MAR 19 1936

Spec.—1-10-21—M&T—1500 Bks.

F 22022

22022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

48

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3048 Armah Ave ST. 16-6 WARD)

2-FULL NAME Mary V. Clayton

(a) RESIDENCE NO. 3048 Armah Ave ST., WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	72		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER James Clayton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Martha R Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Edwin C. Clayton

(Address) 3048 Armah Ave

15 [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 19 - 1936

17

I HEREBY CERTIFY, That I attended deceased from Jan 10, 1933, to Mch 18, 1936.

that I last saw h[illegible] alive on Mch 18, 1936

and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH* was as follows:

Cancer of Uterus

(duration) 3 yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Microscopic exam of tissue

(Signed) W. S. Love M. D.

Mch 19 1936 (Address) 2211 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudoun Park — DATE OF BURIAL Mar 20 1936

20 UNDERTAKER Harry H Weitzke — ADDRESS 4101 Edmondson Ave

MAR 19 1936

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

F 22023 ✓ F 22023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSP St. 24-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. 5 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph J. Stallings

If U. S. Veteran specify WAR .....

(a) Residence: No. 127 E. Stiles St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 21, 1917

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Arthur Stallings

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

MOTHER

15. MAIDEN NAME Catherine Roth

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Visitor

(Address) 127 E. Stiles St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Date Mar. 20th, 1936

19. UNDERTAKER A. Howard Evans

(Address) 1700-02 E. Chas. St. Huntington Pettigrew, Registrar.

MAR 20 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1936, to March 19, 1936

I last saw him alive on March 19, 1936. Death is said to have occurred on the date stated above, at 12:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	3-18-36
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

M D (Signed) Wm. C. Stiles Jr., M. D.

(Address) SYDENHAM HOSP

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. H. No. 12 F 22024 ✓ F 22024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 15-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel Mills

(a) Residence: No. 1604 Clifton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Margaret Mills

6. DATE OF BIRTH (month, day, year) Feb. 14 - 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Samuel Mills

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Kelleher

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret Mills

(Address) 1604 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar. 21 1936

19. UNDERTAKER Josiah Syfer

(Address) 1600 W. North Ave

Registrar

MAR 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

Coroner

(Address) 1310 S. Edmondson Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22025 ✓ F 22025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 N. Monroe St., 15-K Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth In. Green

(a) Residence: No. 1525 N. Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George In. Green

6. DATE OF BIRTH (month, day, year) Oct. 30 - 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67.	4.	18.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME Conrad Michael

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Geo. In - Green

(Address) 1520 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date March 20 1936

19. UNDERTAKER Josiah Ryker

(Address) 1800 W. North ave.

FILED MAR 20 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1936.

22. I HEREBY CERTIFY, That I attended deceased from April, 1935, to Mch 18, 1936

I last saw h. alive on Mch 18, 1936. Death is said to have occurred on the date stated above, at 10-20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	
Other contributory causes of importance: Chronic valvular heart dis.	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Count N. Palmer, M. D.

(Address) 3005 W. North Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

22026 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 22026

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2601 Hampden ave Ward) 27

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida M. Buckholtz

(a) Residence: No. 2601 Hampden ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)
Female	white	Widow

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Lester Buckholtz

6. DATE OF BIRTH (month, day, year) Mar 30 / 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63.	11.	19.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Sylvester King

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Mary S. Taylor.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Virginia M. Ruby

(Address) 2601 Hampden ave

18. BURIAL, CREMATION, OR REMOVAL Ivy Hill Cem Lauel Date (3/22/36.

19. UNDERTAKER Walter Davis

(Address) 3418 Chestnut ave

MAR 20 1936 Huntington, West Virginia

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 19 / 36

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1936, to March 19, 1936

I last saw her alive on March 19, 1936, Death is said to have occurred on the date stated above, at 10 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	3 months
Broncho Pneumonia	2 days

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Chas H. Lucas, M. D.

(Address) 2039 E. South Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 22027

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22027

CERTIFICATE OF DEATH

107-W

17-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 George St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Gloria Parker

(a) Residence: No. 826 George St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 15-1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Abraham Parker

14. BIRTHPLACE (city or town) (State or country) Accomac Co Va

MOTHER

15. MAIDEN NAME Vernal Ellis

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Vernal Parker

(Address) 826 George

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Mar 26, 1936

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 S Schroeder St.

20. FILED 19 Registrar

MAR 20 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 18, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, and that said deceased came to death on the date stated above.

(Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis (Pneumonia)	Mar 16, 1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen, M. D.

Address 50 Rensselaer St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

F 22028

F 22028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3301 Fairview Ave (Ward) 27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rosie Levene

(a) Residence: No. 3301 Fairview Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT August Levene
(Address)

18. BURIAL, CREMATION, OR REMOVAL Balto Hebrew Date 3/20/36

19. UNDERTAKER Jas E. Lewis & Son
(Address) 1439 E. Baltimore St

Huntington Williams, M.D.
Registrar

MAR 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/18/36. 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1931 to March 18 1936.

I last saw h. alive on March 8 1936. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 3/18/36

Other contributory causes of importance:

Hypertension
Diabetes Mellitus

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton Sherry, M. D.

(Address) Medical Arts Bldg

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22029 ✓ F 22029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Leverdale
CITY OF BALTIMORE: (No.) Heber Home for Aged Infirm (Registered No. 2277)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. if of foreign birth yrs. mos. ds. 23

2. FULL NAME Mrs. Mat Miller

(a) Residence: No. Belvedere & Greenspring Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Freda Miller

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Rag Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

FATHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig. Emblat, Exec.
(Address) Belvedere & Greenspring Aves.

18. BURIAL, CREMATION, OR REMOVAL Holmes Herring Funl. Date 3/20/36

19. UNDERTAKER Jas. J. Berg Inc.
(Address) 1439 E. Baltimore St.
Huntington Williams, N.D.

20. FILED MAR 20 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19-36. 19

22. I HEREBY CERTIFY, That I attended deceased from 5-31, 1931 to 3-19, 1936

I last saw him alive on 3-19, 1936 Death is said to have occurred on the date stated above, at 11.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	3-15-36
Arteriosclerosis	

Other contributory causes of importance:

Cataracts
Chr. Bronchitis
Emphysema

Name of operation. Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. Edmund Levin, M. D.
(Address) Leverdale

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22030 ✓ F 22030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH — Registered No. .....
CITY OF BALTIMORE: (No. University Hospital St., 36-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. 5 mos. ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
2. FULL NAME Mr. William Lewis Widawski — U. S. Veteran (Specify WAR .....)
(a) Residence: No. 4216 Woodlea Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced — HUSBAND of [illegible] Mary [illegible] Lewis

6. DATE OF BIRTH (month, day, year) —

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture
10. Date deceased last worked at this occupation (month and year) Feb '36
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER
13. NAME Louis Widawski
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER
15. MAIDEN NAME Rebecca Baer
16. BIRTHPLACE (city or town) (State or country) Galt

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Philadelphia Date 3/20/36

19. UNDERTAKER Jack & Louis Inc.
(Address) 1435 E. Baltimore St.
Huntington Williams M.D.
MAR 20 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19-36. 19

22. I HEREBY CERTIFY, That I attended deceased from 3/1/36, 19 to 3/19/36, 19
I last saw him alive on 3/19, 1936. Death is said to have occurred on the date stated above, at 2:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1920?
Gangrene Rt foot	Feb 1936
Coronary Thrombosis	3/19/36

Other contributory causes of importance:

Was an operation performed? Yes Date of 3/3/36
For what disease or injury? Gangrene Rt Foot
Name of operation Amputation Date of 3/3/36.
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Walter H. Gerwig Jr. M. D.
(Address) University Hospital

INFORMATION SHOULD BE CAREFULLY SUPPLIED. ALL ENTRIES SHOULD BE MADE IN PLAIN LETTERS. PENCIL MUST NOT BE USED. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22031

✓ F 22031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 S Linwood Ave St., 1-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Francis O'Connor

If U. S. Veteran specify WAR .....

(a) Residence: No. 708 S Linwood Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 14 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	3	3.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pressman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John O. Connor

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Annie Balster

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Catherine Sinclair

(Address) Westwood Ave Roslyn

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Mar 20th 1936

19. UNDERTAKER Mrs C. Butler & Son

(Address) 235 N Eutaw St

20. FILED MAR 20 1936, 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1936 to March 17, 1936

I last saw him alive on March 17, 1936 Death is said to have occurred on the date stated above, at 9:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Unknown

Other contributory causes of importance

None Apparent.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? X.R. & P. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — , 19 —

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John J. Kreger, M. D.

(Address) 366 Edgecombe Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

30 S-18 122032 ✓ F 22032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St. 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Felix Bluthenthal If U. S. Veteran specify WAR

(a) Residence: No. Emerson Apt St., Lake Drive Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Florence

6. DATE OF BIRTH (month, day, year) 6/6/84

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER

13. NAME Aaron Bluthenthal

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Francis Bilson

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) Records - JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Balto. Hebrew Cy Date Oct 20 1936

19. UNDERTAKER Harry Goodman & Son (Address) 1902 Eutaw Place

MAR 20 1936 Lexington Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 31 1936 to Mar. 19 1936

I last saw h[illegible] alive on Mar. 19 1936. Death is said to have occurred on the date stated above, at 6.45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	
	0087

Other contributory causes of importance: aplastic anemia

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A H Robinson M. D.

(Address) Johns Hopkins Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22033 ✓ F 22033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen. Hosp St. 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Jelly

(a) Residence: No. 114 S. Fulton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 23, 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Samuel Jelley

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Rose Fitzpatrick

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Sol. William Roeder

(Address) 114 S. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date March 21st 1936

19. UNDERTAKER A. J. Jones

(Address) 111 S. Gilmor st

20. FILED Huntington Williams, M.D.

MAR 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18. 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-16-36, 19..., to 3-18-36, 19...

I last saw h. alive on 3-18-36, 19... Death is said to have occurred on the date stated above, at 1:05 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric thrombosis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 3-16-36

For what disease or injury? Laparotomy

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Francis N. Taylor, M. D.

(Address) S. Balto. Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v 9 3

F 22034 F 22034

311078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

xv49a

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. 1-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louise Riale

(a) Residence: No. Perryville St., Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph S. Riale

6. DATE OF BIRTH (month, day, year) 8-4-94

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) March 1936

11. Total time (years) spent in this occupation 20.

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME George Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Isaac

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Brooklawn Cem. March 23 1936

19. UNDERTAKER L. A. Patterson

(Address) Perryville, Md.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 16. 1936. to March 20. 1936

I last saw her alive on March 20. 1936. Death is said to have occurred on the date stated above, at 607 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Ovary, left with peritoneal implantation and invasion of colon and ileum.

Date of onset of symptoms

Other contributory causes of importance:

Exploratory laparotomy with resection of colon.

Was an operation performed? yes Date of March 19. 1936

For what disease or injury?

Name of operation Exploratory Laparotomy Date of Mar. 19. 1936

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Lowan Alexander Gray M. D.

(Address) Johns Hopkins Hospital.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 20 1936

M. D. B. 1268-3

F 22035

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22035

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 342 Rosebank St., 27-17 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Howard Lemmon

(a) Residence: No. 342 Rosebank Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Viola Lemmon

6. DATE OF BIRTH (month, day, year) Feb. 21 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer 62

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Noah Lemmon

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Irwin

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Albert Lemmon

(Address) 4166 Kenwood

18. BURIAL, CREMATION, OR REMOVAL

Loudon Cemetery W2 Date 3/23 1936

19. UNDERTAKER Geo. Leimbach

(Address) 1251 Lexington

Filed MAR 23 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/19 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 1936 to March 19 1936

I last saw him alive on March 5 1936 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1931
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. M. Bacon M. D.

(Address) 2810 Taylor Ave. Hamilton

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22036

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 11-a F 22036

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2306 Edgemont Ave. St., 13-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline H. Shriver

If U. S. Veteran specify WAR

(a) Residence: No. 2306 Edgemont Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 11, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Rev. Samuel S. Shriver

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Caroline M. McCluskey

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Samuel H. Shriver

(Address) Old Court Road, Pikesville

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem'ty Date Mar. 21, 1936

19. UNDERTAKER John O. Mitchell + Son, Inc.

(Address) 4900 Eutaw Place

FILED MAR 20 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1936, to March 19, 1936.

I last saw her alive on March 19, 1936. Death is said to have occurred on the date stated above, at 6-30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal Bronchitis with Edema of lungs	

Other contributory causes of importance:

Chronic Heart disease
Myocardial insufficiency

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Frank L. Smith M. D.

(Address) 927 N. Calvert St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 22037

E 22037

CERTIFICATE OF DEATH

× ✓ 184

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 42-7 Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 6 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME ROBERT CLAGGETT BRYANT

(a) Residence: No. YORK ROAD & WASHINGTON AVE. TOWSON Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 29.1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. McDonough school

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Allan M. Bryant

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Eleanor Bracco

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Eleanor B. Bryant
(Address) York Road & Washington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Mch. 20. 1936

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED MAR 20 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 18. 1936

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound lower abdomen. Multiple punctures of intestines	3-12-36
Other contributory causes of importance: Peritonitis. Generalized	3-12-36
Was an operation performed? Yes-Two Date of 3-12-36 3-16-36.	
For what disease or injury? Gunshot wound	3-12-36
Name of operation Exploratory Laparotomy Date of	3-16-36
What test confirmed diagnosis? Was there an autopsy? No.	

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3-12-1936
Where did injury occur? Home - Towson, Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Playing with rifle (Gun accident)
Nature of injury Gunshot wound abdomen

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Davidson M. D. Coroner
(Address) 850 W. 36th. St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

22038

HEALTH DEPARTMENT—CITY OF BALTIMORE

22038

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 S. Exeter St. 3-h Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Maria M. Della Viola

(a) Residence: No. 313 S. Exeter St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Antonio Della Viola

6. DATE OF BIRTH (month, day, year) June 11 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vasto Maimone Italy

FATHER

13. NAME Angelo Baccalà

14. BIRTHPLACE (city or town) (State or country) Vasto Maimone Italy

MOTHER

15. MAIDEN NAME Maria Nicola Fidelbo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Antonio Della Viola

(Address) 313 S. Exeter St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer C. Date March 21, 1936

Frank Della Rose

MAR 20 1936 Mortuary

20. FILED 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1936 to March 18, 1936

I last saw her alive on March 17, 1936 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Exhaustion	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Luigi S. DiStefano M. D.

(Address) 407 S. Exeter St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12515

F 22039 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 22039

CERTIFICATE OF DEATH

✓ 349-95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Oscar Knox

If U. S. Veteran specify WAR .....

(a) Residence: No. 1803 N. Mount St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worker 0045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Art

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Drumer

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Ord Va Date 3/22 . 193[illegible]

19. UNDERTAKER Thomas E. Kelson

(Address) 1309 Eastern Ave

FILED ... 19... Registrar.

MAR 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/18 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/25 . 1936 to 3/18 . 1936

I last saw him alive on 3/18 . 1936 Death is said to have occurred on the date stated above, at 4 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular disease	?
Other contributory causes of importance:	over

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A. Reitz . M. D.

(Address) Balto City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

22040 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22040

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 924 N. Carrollton Ave. 16-1 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Hattie Person

(a) Residence: No. 924 N. Carrollton Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: John Person

6. DATE OF BIRTH (month, day, year): Aug - 1849

7. AGE — Years: 36 | Months: 7 | Days: 1 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): 5 yrs ago

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Petersburg Va

FATHER

13. NAME: Samuel Gillam

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Mrs. Cora Carroll 1247 N. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 3/19 1936

19. UNDERTAKER: Thomas E. Kelly

(Address) 1002 Druid Hill Ave.

20. FILED MAR 20 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 18th 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 16th 1936 to Mar. 18th 1936

I last saw her alive on Mar. 18th 1936 Death is said to have occurred on the date stated above, at 4:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	3/12/36

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22041 12787 F 22041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 18-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Shedrick S. Mitchell

If U. S. Veteran specify WAR .....

(a) Residence: No. 824 W. Lombard St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-29-1863

7. AGE Years	Months	Days 18	If LESS than 1 day, ... hrs. or ..... min
~~28~~ 72	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware

FATHER

13. NAME Daniel (D)

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Margaret Downs

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place F. Vault. Date 3-21-36 19

19. UNDERTAKER Wendell E. Humphreys
(Address) 501 N. Gilmor St.

20. FILED ..... 19 ..... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/2, 1936, to 3/17, 1936

I last saw him alive on 3/17, 1936 Death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insuf -	2wk
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AR 20 1936

F 22042

M. D. H. 1268-9

F 22042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 342-74-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital St. 17-2 Ward)

Length of residence in city or town where death occurred ..... (yrs.) ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Bagley

(a) Residence: No. 1110 Penna Ave, ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Nov 18-1928

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Bagley

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Florence Boone

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Morgan (Address) 115½ N Stricker St

18. BURIAL, CREMATION, OR REMOVAL Mount Auburn Mar 20 19 36

19. UNDERTAKER [illegible] (Address) [illegible]

20. FILED ..... 19 ..... Registrar

MAR 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Meningitis	Mar 15 1936
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation No Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George P. Miller M. D. Coroner

(Address) 50 E Lexington St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22043

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22043

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5208 Elmer Ave St., 27-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louise E. J. Elliott

If U. S. Veteran specify WAR .....

(a) Residence: No. 5208 Elmer Ave St., ... Ward.

(Usual place of abode) 50 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Elliott

6. DATE OF BIRTH (month, day, year) June 18-1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rochester N.Y.

FATHER

13. NAME August Jacobi

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Walter J. Elliott

(Address) 5208 Elmer Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 3/21, 1936

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED Lexington Williams, M.D.

MAR 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mch 18, 1936, to Mch 18, 1936

I last saw h[illegible] alive on Mch 18, 1936. Death is said to have occurred on the date stated above, at 9P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Mch.
Respiratory Paralysis	18 36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Charles J. Wells, M. D.

(Address) 5276 Park Heights Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-B

F 22044

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22044

CERTIFICATE OF DEATH

93-C

Registered No. 8-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 Rutland Ave Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William D Mahoney

(a) Residence: No. 1111 Rutland Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mahaldia Mahoney

6. DATE OF BIRTH (month, day, year): April 1860

7. AGE: 75 Years | 11 Months | 4 Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Baltimore City

10. Date deceased last worked at this occupation (month, day, year): 2 1928

11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Dennis Mahoney

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Bridget Keal

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: George P. Mahoney

(Address) 1111 Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Day: Mar 20 19 36

19. UNDERTAKER: Elmer W. Conklin

(Address) [illegible]

20. FILED [illegible] 19 [illegible] Registrar.

MAR 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19 to [illegible], 19

I last saw h alive on [illegible], 19 Death is said to have occurred on the date stated above, at 4:30 p m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Other contributory causes of importance:

Cardiac Failure

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1918 E. Monument Ave

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 22045

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22045

CERTIFICATE OF DEATH

117-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals, St., 19 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Gries

(a) Residence: No. 1529 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Sept. 10 - 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness Maker 0088

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Andrew Gries

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Josephine Bush

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Enderick J. Gries

(Address) 517 S. Pinkston St

18. BURIAL, CREMATION, OR REMOVAL

Place Cem. Cathedral Date Mar. 21, 1936

19. UNDERTAKER George L. Schmidt

(Address) 2101 Eutaw St.

MAR 20 1936 Lexington Millinery

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ruptured gastric ulcer	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. F. W. Wright, Coroner, M. D.

(Address) 1016 S. Ellwood Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1934

F 22046

F 22046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Villa St. 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Mc D. Lannon

(a) Residence: No. Blackstone Apartments St., Ward. Chas 23rd

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Lannon

6. DATE OF BIRTH (month, day, year) 12, 0, 58

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Buyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mich

FATHER

13. NAME Patrick McDonough

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget McDonough

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Ann McDonough

(Address) Blackstone Apts

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 3/20/36, 19

19. UNDERTAKER J. J. Bahen & Sons

(Address) 318 Light St.

20. FILED [illegible] Huntington Pittsburgh, Penn.

MAR 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15th, 1936, to March 18th, 1936

I last saw h[illegible] alive on March 15th, 19 . Death is said to have occurred on the date stated above, at 11:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 15th 1936

Other contributory causes of importance:

Arterio Sclerosis
Hypertension
Chronic nephritis

Name of operation No Date of

What test confirmed diagnosis? Hemorrhage Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) J. L. Ouland, M. D.

(Address) 1300 N. Calvert St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22047

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ~~Ward~~ 4-2 Ward)

Registered No. 12855

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Enoch Blake

If U. S. Veteran specify WAR

(a) Residence: No. 10 N. Pearl St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie

6. DATE OF BIRTH (month, day, year) 7-24-1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.J.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) N.J.

MOTHER

15. MAIDEN NAME Lidyia McCade

16. BIRTHPLACE (city or town) (State or country) N.J.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hutchinson Field Date May 20, 1936

19. UNDERTAKER
(Address) Huntington Williams Co.

20 1936 2133 NRH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/10, 1936 to 3/17, 1936

I last saw him alive on 3/17, 1936 Death is said to have occurred on the date stated above, at 1:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days.
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

22048 V 22048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12179 51-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Boulding

(a) Residence: No. 925 Madison Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 4-8-1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Reedville N.C.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Nancy ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 3/23 19 36

19. UNDERTAKER Wade Jackson
(Address) 416 Hanover ave Huntington Williams, W.Va.

R 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-9 1936 to 3-19 1936

I last saw him alive on 3-19 1936 Death is said to have occurred on the date stated above, at 12:45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate Gland	?
Hypertensive Cardiovascular Disease	?

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? none

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson M. D.

(Address) Baldo. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F D 22049

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22049

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME J. Frederick Turner

(a) Residence: No. 308 S. Robinson St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, ~~or divorced~~ HUSBAND of (or ~~WIFE~~ of) Mary Turner

6. DATE OF BIRTH (month, day, year) November 27 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pattern Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 19 yrs

12. BIRTHPLACE (city or town) (State or country) Ind.

FATHER

13. NAME J. Frederick Turner

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Steele

16. BIRTHPLACE (city or town) (State or country) Panama

17. INFORMANT J. Frederick Turner

(Address) 308 S. Robinson St

18. BURIAL, CREMATION, OR REMOVAL

Place County Date Mar 21. 1936

19. UNDERTAKER John A. Moran

(Address) 3000 E. Balto St

20. FILED MAR 20 1936 ~~Hampton~~ Williamsport, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Injury (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fatal Pneumonia	
Empyema	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1912 E. North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

USE

Spec.—2-29-28—L. F. S.—500 Bks.

F 22050

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22050

CERTIFICATE OF DEATH

93-C

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2231 Cecil Ave ST., 9-C (WARD)

2—FULL NAME George Moran

(a) RESIDENCE NO. 2231 Cecil Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 12/853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82 83	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: George Moran

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mara McAnulla

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mary E Dobson

(Address) 2330 Cecil Ave

Filed MAR 20 1936 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 15/36

17

I HEREBY CERTIFY, That I attended deceased from Dec 16, 1935, to March 17, 1936,

that I last saw him alive on March 15, 1936

and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 4 mos. da.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? 9

Did an operation precede death? No Date of

Was there an autopsy? No ?

What test confirmed diagnosis? Clinical

(Signed) H. W. Wheaton, M. D.

, 19 (Address) 2309 Fk Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dorsey Run Co Dorsingtown

DATE OF BURIAL: Mar 21 1936

UNDERTAKER: Charles H Fleehner

ADDRESS 2301 Edmondson

important. See instructions on back of certificates.

22051

F 22051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 47-B

1. PLACE OF DEATH Maryland Gen'l. Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15-12 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Miss Belle Riddle

(a) Residence: No. 3912 Cottage Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dangle

6. DATE OF BIRTH (month, day, year) Oct 28 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48		4	20 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Martinsburg W Va

FATHER

13. NAME Charles Riddle

14. BIRTHPLACE (city or town) (State or country) W Va Virginia

MOTHER

15. MAIDEN NAME Elza Wolf

16. BIRTHPLACE (city or town) (State or country) W Va Virginia

17. INFORMANT Sarah K. Eilsen
(Address) Martinsburg W Va

18. BURIAL, CREMATION, OR REMOVAL
Place Green Hill Mausoleum W Va Date 3/22 1936

19. UNDERTAKER William Cook
(Address) 1217 St Paul St
Huntington Williamson, W Va
1911

R 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-20 1935 to 3-19 1936

I last saw her alive on 3-19 1936 Death is said to have occurred on the date stated above, at 7:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma lung & metastasis to bones.	
Other contributory causes of importance: Secondary anaemia Exhaustion	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) A. L. Ewald Jr. M. D.

(Address) Maryland Gen'l. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 22052

22052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 16-7 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Gordon

(a) Residence: No. 2756 Winchester St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) February 25, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Charles G. Sterner

(Address) 2756 Winchester St.

18. BURIAL, CREMATION, OR REMOVAL

Place Hampton Va. Date 3/24 1936

19. UNDERTAKER Geo. W. Little

(Address) 2700 Edmondson ave.

MAR 23 1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of left hip	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/6, 1936

Where did injury occur? Home - Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fell out of bed

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so specify

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

22053

F 22053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1639 N. Broadway St., 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Joshua Thomas Riley

(a) Residence: No. 1639 N. Broadway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary F. Whiteford

6. DATE OF BIRTH (month, day, year) October 12, 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hartford Co., Md.

FATHER

13. NAME William T. Riley

14. BIRTHPLACE (city or town) (State or country) Not obtainable

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country) Not obtainable

17. INFORMANT Mrs. Wm. T. Riley
(Address) 1639 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem Date 3/21/36, 19

19. UNDERTAKER Henry A. Meyer & Son
(Address) 800 N. Calvert St.

R 20 1936 [illegible] Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936 to March 19, 1936

I last saw him alive on March 16, 1936 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arteriosclerosis	
Other contributory causes of importance:	
Uric Nephritis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] Williams, M. D.

(Address) 1817 N. Broadway

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

22054

F 22054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

4-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 N. Green St. St., ... Ward)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William F. Hedderick

(a) Residence: No. 214 N. Green St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Hedderick

6. DATE OF BIRTH (month, day, year): May 10, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Henry Hedderick

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Nettie Feick

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Rose Greffian

(Address): 438 S. Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place: London East Date: 3-21-36 19

19. UNDERTAKER: F. B. Kephart & Son

(Address): East Entrance place

R 201936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 18, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. R. Waller M. D.
Coroner

(Address) 2757 N. Howard St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1263-9

F 22055

22055 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 Hopkins St. Hosp Ward) 5-18

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Patrica Swiss — If U. S. Veteran specify WAR .....

(a) Residence: No. 414 S Patterson Park ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 13 - 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None (Child)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Lenard Swiss

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Bertha Studzinski

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Lenard Swiss
(Address) 414 S Patterson Park

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date March 21 1936

19. UNDERTAKER Martin F. Dippel & Son
(Address) 37 E Lanvale St

Huntington Williams, M.D.
Registrar

R 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus Meningitis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1912 E. North ave

OCCUPATION is very important. See instructions on back of certificate.

F 22056

22056 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

23-2 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1228 Potapsco St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Michael J. Miller

(a) Residence: No. 1228 Potapsco St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Miller

6. DATE OF BIRTH (month, day, year) Dec 13, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Bessie Miller
(Address) 1228 Potapsco St

18. BURIAL, CREMATION, OR REMOVAL
Place Comet Cem. Date March 21, 1936

19. UNDERTAKER Fred. A. Krause & Son
(Address) 1224 E. Chase St.

DATE 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1936 to March 18th, 1936

I last saw him alive on March 18, 1936 Death is said to have occurred on the date stated above, at 2 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3/17

Other contributory causes of importance:

Was an operation performed? no Date of - - -

For what disease or injury? - - -

Name of operation none Date of - - -

What test confirmed diagnosis? P. f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Harry Deiwel M.D.

(Address) 1224-1226 Hanover S T.

OCCUPATION is very important. See instructions on back of certificate.

F 22057

22057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4-346-B

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL Registered No.

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Laurence T. Rudolph

(a) Residence: No. 3709 Elderon rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Jones

6. DATE OF BIRTH (month, day, year) March 9, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sec. Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Martin Rudolph

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Woods

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Leo A. Rudolph

(Address) 3727 Clearfield ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date March 21 1936

19. UNDERTAKER Fred. J. Krause & Son

(Address) 216 E. Madison St.

20. FILED ... 19 ... Registrar.

21 1936 Mt. Auburn Cemetery, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-17-1936

22. I HEREBY CERTIFY, That I attended deceased from 3-8- 1936 to 3-17 1936

I last saw him alive on 3-17 1936 Death is said to have occurred on the date stated above, at 9 p.m.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	?
Other contributory causes of importance: Intestinal obstruction, partial (chronic)	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. M. Wagensteller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

OCCUPATION is very important. See instructions on back of certificate.

F 22058

22058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-13

Registered No.

1. PLACE OF DEATH Mercy Hospital St. 27 Ward 18
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Edward Morris

(a) Residence: No. 3515 Spalding Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie C. Morris

6. DATE OF BIRTH (month, day, year) Oct. 28th 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Baltimore Transit Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME John A. Morris
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Sarah Allen
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Edward A. Morris
(Address) Trenton N. J.

18. BURIAL, CREMATION, OR REMOVAL Place David Ridge Date Mar 23rd 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED MAR 21 1936 Washington Williams Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-19, 1936 to 3-19-, 1936
I last saw him alive on 3-19, 1936 Death is said to have occurred on the date stated above, at 11:25 P m.

The principal cause of death and related causes of importance were as follows: Coronary Thrombosis — Date of onset 3-19-36

Other contributory causes of importance: Generalized arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Nor

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. J. Carr M. D.

(Address)

F 22059

F 22059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No. 24-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME George Keys

(a) Residence: No. 1619 Jackson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) 12-25-1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. lathe operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin Works 0.5.8

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME George Keys

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Madeline Ludwig

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Mar 21st 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

Filed Mar 21 1936 Washington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19..., to 3/19, 1936

I last saw him alive on 3/19, 1936 Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown
Tuberculous enteritis	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Pathological Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. de Sazstelle, M. D.
(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 22060

22060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

Registered No. 18-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 S. Amity St St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME James C. Parker

(a) Residence: No. 1 S. Amity St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 30, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Campbell C. Parker

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Curry

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Nellie D. Marcks

(Address) 3324 Spalding Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Mar 21st 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams Registrar.

21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March, 19, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. K. Mallory M. D.

(Address) 2737 N. Fremont

STATE CAUSE OF DEATH IN PLAIN TERMS, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

22061 F 22061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 18

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSP St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. 7 mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Elliott

(a) Residence: No. 1117 Washington Blvd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Olga Young Elliott

6. DATE OF BIRTH (month, day, year) May 30, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Salesman Coal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME David Elliott

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Rosina Kolbeing

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Mar 21st 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED MAR 21 1936 Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) March 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1936 to March 20, 1936

I last saw him alive on March 20, 1936 Death is said to have occurred on the date stated above, at 6:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	3-9-36

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify .....

(Signed) Wm. O. Hilles, Jr. M. D.

(Address) SYDENHAM HOSPITAL

OCCUPATION is very important. See instructions on back of certificate.

F 22062

22062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH South Baltimore General Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 25 (Ward) Lunacy

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Eileen Handschuh If U. S. Veteran specify WAR No Record

(a) Residence: No. 3100 Old Annapolis St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 7th 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——— None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ———

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Oswald Handschuh

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Ella Gosnell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Oswald Handschuh
(Address) 3100 Old Annapolis Rd

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 23rd 1936

19. UNDERTAKER Wm Cook
(Address) 1217 E. Baltimore St.

20. FILED MAR 24 1936 Registrar. Lexington Williams, Clk

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (month, day, year) March 19. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 3 1936 to March 19 1936

I last saw her alive on March 19. 1936 Death is said to have occurred on the date stated above, at 9.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Left lobar pneumonia	3/11
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wallace Durfee, M. D.

(Address) South Baltimore Hosp.

22063

HEALTH DEPARTMENT—CITY OF BALTIMORE 22063

CERTIFICATE OF DEATH

117-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1530 N Patterson St., 8th Ward.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME August Weide

(a) Residence: No. 1530 N Patterson St., Park Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Christena M Weide

6. DATE OF BIRTH (month, day, year): Jan 28 1879

7. AGE: Years 57 | Months 1 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Superintendent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Federal Tin Co

10. Date deceased last worked at this occupation (month, day, year): March 16 1936

11. Total time (years) spent in this occupation: 16

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Christena M Weide
(Address) 1530 N Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Date: 3/23/36

19. UNDERTAKER: Wm Cook
(Address) 1312 E Fayette St

21 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1936, to Mar 19, 1936

I last saw him alive on Mar 19, 1936. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a Duodenal Ulcer Perforation	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) B O Herzog M.D. M. D.

(Address) 1305 N Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

F 22064

F 22064 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 Riggs Ave 19 St. 2 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Othio H Kinney If U. S. Veteran specify WAR No Record

(a) Residence: 1415 W Hayetts St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Feb 1 1861

7. AGE Years 75 | Months 1 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) 1928 | 11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Ga

FATHER

13. NAME Samuel Kinney

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Susan Downs

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Emma L Richmond (Address) 1809 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 3/28 1936

19. UNDERTAKER Wm Cook (Address) 1314 E Pratt St

20. FILED 3/27 1936 Huntington Holmes, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1936 to March 20 1936

I last saw him alive on March 19 1936 Death is said to have occurred on the date stated above, at 6:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria-sclerosis	?

Other contributory causes of importance:

Cerebral Hemorrhage	March 12

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert Holmes M. D.

(Address) 1216 E. Preston St

OCCUPATION is very important. See instructions on back of certificate.

22065

F 22065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Aged of M. E. Church 22-15 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rebecca Coursey

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2211 Rogers Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed or Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of .....
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 26th 1845

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
90	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inmate 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home for Aged

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME Edward Coursey

14. BIRTHPLACE (city or town) (State or country) Carroline Co Md

MOTHER

15. MAIDEN NAME Elizabeth McGuir

16. BIRTHPLACE (city or town) (State or country) Carroline Co Md

17. INFORMANT Etta Cuddy

(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 21st 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19th 1936

22. I HEREBY CERTIFY, That I attended deceased from Mch 17 1936 to Mar 19 1936

I last saw her alive on Mch 19 1936 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
	10 yrs

Other contributory causes of importance:

Senility

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George C. Shannon M. D.

(Address) 760 Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 22066

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22066

CERTIFICATE OF DEATH

(Dead on arrival) 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 26-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lawrence H. Buerhaus

(a) Residence: No. 706-Debelius Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/12/1923

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
12	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School B

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Fred. Wm. Buerhaus

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Emma (Meyer)

16. BIRTHPLACE (city or town) (State or country) Baltimore?md.

17. INFORMANT Mrs. Emma Meyer Buerhaus

(Address) 706-Debelius Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Oakdawn Cem. Date 3/23/36

19. UNDERTAKER George J. Ruth Inc

(Address) 1735 W. Baltimore St.

21 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/19/36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture Skull (Base) — Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/19/36

Where did injury occur? 4300 Blk Phila Road (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by automobile while

Nature of injury Struck by Left Front Fender

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert Gardner, Jr. M. D.

Coroner

(Address) 107 N. Charles

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 22067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH: Bon Secours Hosp. St., 13-3 Ward.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Rider

(a) Residence: No. 2608 Francis St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/11/54

7. AGE	Years	Months	Days	If LESS than 1 day, ~~hrs.~~ or ~~min.~~
	✓	✓	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Rider

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Emma (Briscoe)

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Joseph Rider
(Address) 2608 Francis St

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Olivet Cem Date 3/21/36

19. UNDERTAKER George J. Ruth & Son
(Address) 1735 E. Monument St

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19th 1936

22. I HEREBY CERTIFY, That I attended deceased from March 9 1936 to March 19 1936

I last saw him alive on March 19 1936 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (type X) (Primary)	3-6-36

Other contributory causes of importance:

Otitis Media	3-10-36
Pneumococci Meningitis	3-14-36

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James L Kemp M. D.

(Address) Bon Secours Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22068

3 14

32068

CERTIFICATE OF DEATH

140

1. PLACE OF DEATH Johns Hopkins Hospital. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 76 Ward 10)

Length of residence in city or town where death occurred ... yrs. 5 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fern J. Mack.

(a) Residence: No. 111 N. Clinton St. St., ... Ward. City.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Frank Mack.

6. DATE OF BIRTH (month, day, year) Jan 23, 1898.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	1	29 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home duties

10. Date deceased last worked at this occupation (month and year) Feb 1936

11. Total time (years) spent in this occupation 10.

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Charles Byrode

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Rose Carney

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cremation Co. Date Mch 22 1936

19. UNDERTAKER Jos C. Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-20-36. 19

22. I HEREBY CERTIFY, That I attended deceased from 2-27-36 ... 19 ... to 3-20-36. 19 ...

I last saw him alive on 3-20-36 19 ... Death is said to have occurred on the date stated above, at 3 25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	3-6
Parametritis	2-29
U.t. Schwartz	2-27

Other contributory causes of importance: Infected abortion.

Name of operation Blood culture Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) ... M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

22069 ✓ F 22069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 Mt Royal Ave St., 11-2 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Gustav Helmich

If U. S. Veteran specify WAR .....

(a) Residence: No. 1231 Mt Royal ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Elsa Helmich

6. DATE OF BIRTH (month, day, year) July 8 - 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Artist & Portrait Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Henry Helmich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Meyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary E. Helmich

(Address) 1231 Mt Royal

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 23 1936

19. UNDERTAKER Thos. J. Pickup & Sons

(Address) Towson Md

21 1936 Washington Boulevard Office

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 18. 1936 to March 20 1936

I last saw him alive on March 20 1936. Death is said to have occurred on the date stated above, at 11 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/19/36

Other contributory causes of importance:

Arterial Sclerosis

2nd Cerebral Hemorrhage

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Omar F. Robinson M. D.

(Address) Medical Arts Building

M. D. P. 1268-9

F 22070

22070

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 15-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Henry Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 2114 Herbert St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced RUSBAND of (or) WIFE of Ada Johnson - Oct 12-1878

6. DATE OF BIRTH (month, day, year) Oct 12-1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 1083

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Ada Johnson

(Address) 2114 Herbert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Md Date Mar 21, 1936

19. UNDERTAKER Wm Buckner & Sons

(Address) Fremont & Penna ave

Mar 21 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 18, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described herein and held an inquest (Inquest, Autopsy, or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy, or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. W. Wiggins Coroner, M. D.

(Address) 1610 S. Wolfe St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

22071 ✓ F 22071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12672 137

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 26-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Carter

(a) Residence: No. Baltimore City Hospitals St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 10-6-1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Carter

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Louise ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Ridge Date Mar. 21, 1936

19. UNDERTAKER Wm J. Treichler & Sons
(Address) Walbert Pa.

MAR 21 1936 Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-19, 1929 to 3-18, 1936

I last saw him alive on 3-18, 1936 Death is said to have occurred on the date stated above, at 9:40A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophy of Prostate Gland with Bleeding	2-7-9-36
Other contributory causes of importance: chronic Myocarditis	1929

Was an operation performed? Yes Date of 3-1-36
For what disease or injury? Benign Hypertrophy of Prostate Gland
Name of operation Supra Pubic Cystotomy Date of 3-1-36
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.
(Address) Balto. City Hosp.

Derricks ✓ F 22072

22072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH Grounded Hospital

CITY OF BALTIMORE: (No. 13 14 Denmon St., 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Derricks

(a) Residence: No. McDonald Lane St., Parkville Ward, Maryland
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 15, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Derricks

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ? Hardlem

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Bessie Bell

(Address) [redacted] md

18. BURIAL, CREMATION, OR REMOVAL

Place St. Thomas Cem Date 3/22/ 19 36

19. UNDERTAKER Frances A. Hempley

(Address) 578 W. Biddle St.

FILED 21 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-18 1936 to 3-19 1936

I last saw him alive on 3-19 1936 Death is said to have occurred on the date stated above, at 8:32 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	
Chronic nephritis	
Arteriosclerotic gangrene	
Left Leg	

Other contributory causes of importance:

Was an operation performed? yes Date of 2-22

For what disease or injury?

Name of operation amputation Lt Leg Date of

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B O Sarro M. D.

(Address) Grounded Hospital

OCCUPATION is very important. See instructions on back of certificate.

V 9 3

M. D. B. 1268-9

✓ F 22073

22073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2301 Hunter St. 12-H Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James CrocKett

(a) Residence: No. 2301 Hunter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola CrocKett

6. DATE OF BIRTH (month, day, year) 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME David CrocKett

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Viola ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Viola CrocKett

(Address) 2301 Hunter St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem Date 3/23/ 1936

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St.

20. 3-21 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19 , 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	3/19/36
Other contributory causes of importance: hypertension	1935.

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jorge L. Callum M. D.
Coroner

(Address) 50 Conway St

22074 E 22074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2811 Eastern Ave. St., 1-2 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Amelia Haake

(a) Residence: No. 2811 Eastern Ave. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Goerge Haake

6. DATE OF BIRTH (month, day, year) Dec. 1-1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Andrew Heselbach

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Annie Vogelgesang

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Goerge Haake
(Address) 2811 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Schwartz Cem. Date Mar. 21/36 19

19. UNDERTAKER Mrs. G. Miller & Son
(Address) 2837 Jefferson St.

FILED MAR 21 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1936 to Mar 18, 1936

I last saw her alive on March 18 1936 Death is said to have occurred on the date stated above, at 9 5th A m.

The principal cause of death and related causes of importance were as follows:

Metastatic Carcinoma - mediastinum + abdomen (Primary - Left breast)

Date of onset '35

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept. 1931

For what disease or injury? Carcinoma left breast

Name of operation Amputation of breast Date of Sept '31

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George J. Deppe M. D.

(Address) 430 S. Patterson Pk Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-6

F 22075

F 22075 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3176 Wilkens Ave 25-1 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Strohmer

(a) Residence: No. 3176 Wilkens Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Strohmer

6. DATE OF BIRTH (month, day, year) July 20th 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Adolph Behm

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Behm

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph Strohmer
(Address) 3202 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sun Cathedral Date March 23 1936

19. UNDERTAKER George L. Schmidt
(Address) 2101 Frederick Ave.

20. FILED [illegible] Huntington Williams [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6 1935 to Mar 18 1936

I last saw her alive on Mar 7 1936 Death is said to have occurred on the date stated above, at 4:38 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Thrombosis	3/18/36
Senile Myocarditis	1934

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Strohmer M. D.

(Address) 1 E. Baltimore St.

INSTRUCTION IS VERY Important. See instructions on back of certificate.

22076 ✓ F 22076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 14 Ward)

Registered No. 14-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John H. Wright

If U. S. Veteran specify WAR Worlds War

(a) Residence: No. 917 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Wright

6. DATE OF BIRTH (month, day, year) 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44 43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, MD

FATHER

13. NAME John H. Wright Sr.

14. BIRTHPLACE (city or town) (State or country) Snowhill Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Williams Essex

(Address) 917 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date 3-21-, 1936

19. UNDERTAKER Bryson & Mamie H. Wright

(Address) 1218 Mc Elderry St

21 1936 Huntington Avenue, Baltimore

RPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3.18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3.15, 1936 to 3.18, 1936.

I last saw him alive on 3.18 1936 Death is said to have occurred on the date stated above, at 12 05 A m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 3-10-36

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. H. Jackson M. D.

(Address) 601 N. Arlington Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22077

CERTIFICATE OF DEATH

F 22077

107-a

Registered No. 28-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4429 Clifton Road St., 28 Ward 3)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ellen Jane Tunis

(a) Residence: No. 4429 Clifton Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edwin L. Tunis

6. DATE OF BIRTH (month, day, year) March 8, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. good

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Francis L. Wrightson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Seth

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Howard H. Tunis

(Address) 4509 Prospect Circle

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem'ty Date March 21, 1936

19. UNDERTAKER John O. Mitchell & Sons, Inc.

(Address) 1900 Eutaw Place

Filed MAR 21 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19/36. 19

22. I HEREBY CERTIFY, That I attended deceased from March 10/36. 19 . to March 19 . 1936

I last saw h[illegible] alive on March 19 . 1936 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	about March 12
Other contributory causes of importance: Broncho Pneumonia	March 3

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury ~~occurred in industry~~, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Walter D. Mullett, M. D.

(Address) 2220 Garrison Boulevard

22078 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 22078

CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH Baptist Home
CITY OF BALTIMORE: (No. 1615 Park Ave. St., 14-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Frances Durham

(a) Residence: No. 1615 Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 17, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlottesville Va.

FATHER

13. NAME Walter Durham
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sarah Agnes Clements
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Sarah Ella Durham
(Address) 1615 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's, Hampden Date Mar. 21, 1936

19. UNDERTAKER John J. Mitchell Sons, Inc.
(Address) 1900 Eutaw Place

20. FILED Mar 21 1936 C. Easton Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 36 to Mch 19 36
I last saw h. alive on Mch 19 1936 Death is said to have occurred on the date stated above, at 5 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis + Arterial Hypertension	1934

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. R. Johnson M. D.
(Address) 3 E. Mt. Vernon Pl.

22079 22079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34E-95-B

1. PLACE OF DEATH University Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 22-2 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Delman Staten

(a) Residence: No. 524 Burgundy St., ... Ward. 2
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00-0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME David Staten
14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Emma Miller
16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Emma Staten
(Address) 912 S Sharp St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Ct Date 3/21/36

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery St
Huntington Williams, Registrar.

MAR 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-18-36. 19

22. I HEREBY CERTIFY, That I attended deceased from Mar. 16, 1936, to Mar. 18, 1936

I last saw h/M alive on Mar. 18, 1936 Death is said to have occurred on the date stated above, at 6:40 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Aortic Aneurism	3/17/36
Intracranial Hemorrhage	3/17/36
Chronic Meningio-Encephalitis	15 Yrs

Other contributory causes of importance:

Hypertensive C.V. Disease	?
C.N.S Lues (?)	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. M. Warren M. D.
(Address) University Hospital

M. D. B. 1268-8

F 22080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 22080

108

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. ..... St 17-4 Ward)

Registered No. ~

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Jackson

(a) Residence: No. 404 E North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick B.

6. DATE OF BIRTH (month, day, year) Oct. 16, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
77	75	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) Feb. 27, 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Max Meyer.

14. BIRTHPLACE (city or town) (State or country) Bavaria, Germany

MOTHER

15. MAIDEN NAME Katherine Papini

16. BIRTHPLACE (city or town) (State or country) Bavaria, Germany

17. INFORMANT Sadie, Mrs H P Webb

(Address) 404 E North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Mar 21 1936

19. UNDERTAKER Albert W Deregay

(Address) 440 E Northern Pkwy

Huntington Woods, Md.

21 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1936, to March 19, 1936

I last saw h[illegible] alive on March 19, 1936 Death is said to have occurred on the date stated above, at 10:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Medulla)	2/24/36
Other contributory causes of importance:	
Lobar Pneumonia	2/26/36

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John A. Myers M. D.

(Address) Church Home & Infirmary.

OBSERVATION IS VERY IMPORTANT. See instructions on back of certificate.

M. D. B. 1268-9

F 22081

22081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 501 N. Lee St. Registered No. 131

CITY OF BALTIMORE: (No.) St., 22-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie Lee Blackwell

(a) Residence: No. 501 N Lee St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Blackwell

6. DATE OF BIRTH (month, day, year) 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife do 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME John H Lee

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Nancy Lee

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT James Blackwell

(Address) 501 N Lee

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mch 23 1936

19. UNDERTAKER James A Hayes

(Address) 142 Eutaw St

20. FILED Registrar.

21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/20/36

22. I HEREBY CERTIFY, That I attended deceased from 3/15 1936 to 3/20 1936

I last saw h alive on 3/20 1936 Death is said to have occurred on the date stated above, at 1130 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	
Other contributory causes of importance:	
Uremia	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Strampkin M. D.

(Address) 501 N Fremont St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 22082

22082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 Bolton St. 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 4 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie F. Rudy

If U. S. Veteran specify WAR .....

(a) Residence: No. 1617 Bolton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence W. Rudy.

6. DATE OF BIRTH (month, day, year) Oct. 21, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

FATHER

13. NAME Samuel Young

14. BIRTHPLACE (city or town) (State or country) Middletown Md.

MOTHER

15. MAIDEN NAME Emma Burkhart

16. BIRTHPLACE (city or town) (State or country) Middletown Md.

17. INFORMANT Mrs. Emma Young

(Address) 1617 Bolton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Middletown, Md. Date 3/24 1936

19. UNDERTAKER Gladhill Bro.

(Address) Middletown, Md.

21 1936 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1936

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... / ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above. 7:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Young, M. D.

Coroner

(Address) 1215 Hanover

F 22083

22083 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hospital St., Ward)

• Registered No. .....
(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Thomas

(a) Residence: No. Sandhills Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT John Doall
(Address) Sandhills, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Odenton A.D. Co. Date Mch. 23. 1936

19. UNDERTAKER J. B. Johnson & Sons.
(Address)

FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 17. 1936 to March 21. 1936

I last saw h.. alive on March 20. 1936 Death is said to have occurred on the date stated above, at 2.45 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	

Other contributory causes of importance:

Chronic Myocarditis
Chronic Nephritis

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. Wallace Shepherd M. D.

(Address) 1606 Penna Ave

F 22084

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22084

CERTIFICATE OF DEATH

V 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSP St., 14-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 7 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dorothy Nolley

(a) Residence: No. 1925 Etting St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 11, 1932.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
3	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Nolley

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Maggie McCullough

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Father

(Address) 1925 Etting Street.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date March 21 1936

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania Ave

FILED MAR 22 1936 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1936 to March 19, 1936

I last saw her alive on March 19, 1936 Death is said to have occurred on the date stated above, at 5:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus septicemia	3-19-36.

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm C. Lightfoot Jr. M. D.

(Address) SYDENHAM HOSP

F 22085

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22085

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1535 Cole St., 14-3 Ward.

Registered No. .....

(If death occurred in a hospital or institution, give NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? Life mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie F Montley

(a) Residence: No. 1535 Cole st St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of George Montley

6. DATE OF BIRTH (month, day, year) Jan 13 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph F Duckhotty

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Victoria Cornelius

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Enye Montley

(Address) 1535 Cole st

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Hornby 3/23/36

19. UNDERTAKER Enye A Fahey

(Address) Fulton & Fayette

..... 19 ..... Registrar.

MAR 22 1936

Pennington Delaware, Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 20. 1936.

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936. to March 20 1936.

I last saw her alive on March 20. 1936. Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Tuberculosis	6 Mo
Other contributory causes of importance:	
None.	

Was an operation performed? None Date of —

For what disease or injury? None

Name of operation None Date of —

What test confirmed diagnosis? Typical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos Portons M.D.

(Address) 688 N Lombard St.

F. No. 22086

F 22086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-B

Registered No. 27-19

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Isaac Nusbaum

(a) Residence: No. 5809 Clover Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced WIFE of [redacted] HUSBAND of Bertie Nusbaum

6. DATE OF BIRTH (month, day, year) April 5, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Feist Nusbaum

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Babet Sleitzer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Irvin Nusbaum

(Address) 5804 Clover Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Date March 22 1936

19. UNDERTAKER Sol Levinson & Bros

(Address) 1126 W. North ave

FILED 19 [illegible]

MAR 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North ave.

OCCUPATION is very important. See instructions on back of certificate.

F 22087

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22087

107-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 E Lexington St. 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Gershon Feldman

(a) Residence: No. 1219 E Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida

6. DATE OF BIRTH (month, day, year): 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Abraham Alex. Feldman

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Lottie —

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Harry Feldman

(Address) 2132 Brookfield ave

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Southern Cem. March 22 1936

Place Date

19. UNDERTAKER: Sol Levinson & Bros.

(Address) 1127 E Balto st

FILED MAR 22 1936 Huntington Williams Reg. Dist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1 1936 to March 21 1936

I last saw him alive on March 21 1936 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	1930
Myocardial Insufficiency	March 20

Other contributory causes of importance:

Broncho-pneumonia	March 20

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jack Cohen, M. D.

(Address) 2235 Broadway

F 22088

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22088

V 131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General St., [illegible] Ward) 2

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. (Bessie Henderson

(a) Residence: No. 2598 Druid Park Drive St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hyman Lesser

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sadie —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT John Henderson (Address) 2598 Druid Park Drive

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Date March 27 1936

19. UNDERTAKER Sol Levinson & Bros (Address) 1127 E Baltimore St

Filed MAR 22 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/14/36, 19 .. to 3/21/36, 19 .. I last saw h[illegible] alive on 3/21/36, 19 .. Death is said to have occurred on the date stated above, at 1:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Hypertensive Cardiovascular Renal disease	

Other contributory causes of importance: Terminal Bronchopneumonia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George Schaefer M. D.

(Address) West Baltimore General Hosp.

F 22089

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22089

CERTIFICATE OF DEATH

✓ 10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSP'T St. 2-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. — mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME ELIZABETH KEMPA

If U. S. Veteran specify WAR .....

(a) Residence: No. 923 Fell St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 10, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Paul Kempa

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Clara Graboski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mother

(Address) 923 Fell Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date March 22 1936

19. UNDERTAKER John M Weber

(Address) 404 E. Chester & Huntington Ave

20. FILED MAR 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1936 to March 21, 1936

I last saw her alive on March 21, 1936 Death is said to have occurred on the date stated above, at 8½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria, nasal, tonsillar laryngeal and tracheal	3-18-36

Other contributory causes of importance:

Was an operation performed? Yes Date of 3-21-36

For what disease or injury? Acute laryngeal obstruction

Name of operation Tracheotomy Date of 3-21-36

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D. Schwentker M. D.

(Address) SYDENHAM HOSP'T

F 22090 # 12993 F 22090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 22-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Reed

(a) Residence: No. 603 Sharp St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lilly

6. DATE OF BIRTH (month, day, year) 4-7-1903

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Douglas Reed

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Maggie Finney

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Savageville, Va Date March 24, 1936

19. UNDERTAKER J. E. Thomas,
(Address) Accomac, Virginia

FILED MAR 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/12, 1936 to 3/21, 1936

I last saw him alive on 3/21, 1936 Death is said to have occurred on the date stated above, at 7:35 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	16 days
Acute pancreatitis	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Bal. City Hosp.

Spec—9 30—A. & Co.—250 Bks.

F 22091

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22091

CERTIFICATE OF DEATH

93-C

REGISTERED NO. 97-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5706 (St.) Hanford Rd (WARD)

2. FULL NAME Allison R. Gordy

(a) RESIDENCE NO. 5706 (St.) Hanford Rd WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena K. Gordy

6 DATE OF BIRTH (month, day, and year) Aug 10, 1847

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sandy Spring Md.

PARENTS

10 NAME OF FATHER Benjamin Gordy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mrs. L. L. Gordy 5706 Hanford Rd

15 Filed MAR 22 1936 Emma Lee Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/21/36

17 I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1930 to March 21st, 1936

that I last saw him alive on March 21st, 1936

and that death occurred, on the date stated above, at 1. P. m.

The CAUSE OF DEATH was as follows:

Chronic Myocarditis

(duration) 5 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) L. L. Gordy M. D.

3-21 1936 (Address) 5706 Hanford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Evergreen Cemetery	3/23 1936
20 UNDERTAKER	ADDRESS
Leonard J. Rust	1305 Hanford Rd

F 22092 F 22092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2-1 46-B #10643

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Schatz

(a) Residence: No. 413 S. Chapel St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1-9-59

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John Schatz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ross

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem. Date March 23. 1936

19. UNDERTAKER H. Sander Sons Inc
(Address) 1710 Eliot

FILED MAR 24 1936 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/20 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/29 1936 to 3/20 1936

I last saw him alive on 3/20 1936 Death is said to have occurred on the date stated above, at 4½ a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	14 mo

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto

F 22093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2113 E. Chase St., 8-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Kochan

(a) Residence: No. 2113 E. Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Carl H. Kochan

6. DATE OF BIRTH (month, day, year): June 24 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: Thomas E. Wooden
14. BIRTHPLACE (city or town) (State or country): Balto

MOTHER

15. MAIDEN NAME: Louisa D. Harriman
16. BIRTHPLACE (city or town) (State or country): Balto

17. INFORMANT: Carl H. Kochan
(Address) 2113 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Date: Mar 23 1936

19. UNDERTAKER: Martin W. G. Dippel
(Address) 1712 Aisquith St.

20. FILED Mar 23 1936 Huntington Pittman, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury? March 20 1936

Where did injury occur? Monument & Collington Ave. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Public Place

Manner of injury: Fell on street and struck

Nature of injury: head on pavement.

24. Was disease or injury in any way related to occupation of deceased? —
If so specify

(Signed) Paul Schreiber, Coroner, M. D.

(Address) 1919 E. North Ave.

F 22094

22094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: Lith. Sisters of the Poor 10 - 1 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lucy Cooper

(a) Residence: No. 1209 - Valley — St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ? Cooper

6. DATE OF BIRTH (month, day, year) 23 Sept. 18

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 70		5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Silas Cornell

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Catherine Thermon

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Superior
(Address) Little Sisters of the Poor - 1200 W.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Hampden Date 3/24/36 19

19. UNDERTAKER Rita. Maitland
(Address) 914

20. FILED ..... 19 ..... Huntington Williams, Registrar

REC. 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1931 to Mar 21 1936

I last saw her alive on March 20 1936. Death is said to have occurred on the date stated above, at 12:10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	?
Other contributory causes of importance: Obliterating endarteritis	3 mos
Asthenia	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation Nil Date of No

What test confirmed diagnosis? Symps Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Dr. Clarke, M. D.

(Address) 1114 Dan Porter

F 22095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-0

Registered No. 15-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 N. Pulaski St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Ruppert

(a) Residence: No. 1726 N. Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine M. Ruppert

6. DATE OF BIRTH (month, day, year) March 1 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	—	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20 yrs

10. Date deceased last worked at this occupation (month and year) 23 yrs ago

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Mary Ruppert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina V. Volmer

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Catherine M. Ruppert
(Address) 1726 N. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date March 23 1936

19. UNDERTAKER H. W. Ecker
(Address) 1944 W. Baltimore Ave

20. FILED 19 Registrar

MAR 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21. 1936

22. I HEREBY CERTIFY, that I took charge of the remains of the above named deceased, held an Inquest, Autopsy or Inquiry, thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry, find that said deceased came to death on the day stated above. 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) O. Hagen, M. D.
Coroner

(Address) 1-15 Hanover

OCCUPATION is very important. See instructions on back of certificate.

F 22096 ✓ F 22096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. 16-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3117 Presbury St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Philip C. Fresh,

(a) Residence: No. 3117 Presbury St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida V. Fresh,

6. DATE OF BIRTH (month, day, year) March 5. 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	--	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Ice Co.

10. Date deceased last worked at this occupation (month and year) January 2. 1936

11. Total time (years) spent in this occupation 50 Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Fresh,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Bessie V Werner

(Address) 3117 Presbury St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date MAR 24 1936

19. UNDERTAKER Geo W Little

(Address) 2000 Edmondson Ave

MAR 22 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 21 1936

22. I HEREBY CERTIFY, That I attended deceased from July 12 1935, to March 21, 1936

I last saw him alive on March, 20, 1936 Death is said to have occurred on the date stated above, at 12.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 Yrs.
Fatty Degenration Heart	1 Yr.
Pulmonary Edema	1 Day

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) M. D.

(Address)

F 22097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3619 Falls Road St., 13 Ward.

Length of residence in city or town where death occurred 98 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Robert D. McCauley — If U. S. Veteran specify WAR

(a) Residence: No. 3619 Falls Road St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Mary Jane McCauley

6. DATE OF BIRTH (month, day, year) Jan. — 1838

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	98	2	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Good
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

FATHER
13. NAME John McCauley
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Mary C. Lovett
(Address) 3619 Falls Road

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Hampden Date March 23 1936

19. UNDERTAKER Horace F. Burgee
(Address) 3631 Falls Road

20. FILED 1936 [illegible] for Baltimore, Md.

22-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 15th 1936 to March 20th 1936
I last saw him alive on March 20th 1936 Death is said to have occurred on the date stated above, at 10:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion	10 days ago
Fracture of thigh of left leg	March 15th
Cardiac dilatation + Senility	March 20th

Other contributory causes of importance:
Senility - arteriosclerosis etc

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. G. Fillebrown M. D.
(Address) 3611 Falls Rd Baltimore Md.

F 22098

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22098

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406-N. Eden Street St., 9-9 Ward)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Francis X. Bokel

(a) Residence: No. 1406-N. Eden Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Staat

6. DATE OF BIRTH (month, day, year) 6/26/1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or XXXXXXX
70	8	22 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 6

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John G. Bokel

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Catherine Christ

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Henry Bokel
(Address) 1406-Eden Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 3/22, 36 19

19. UNDERTAKER George J. Ruth, Inc.
(Address)

20. FILED

Z 1530

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-20 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-16 1936 to 3-20 1936

I last saw him alive on 3-20 1936 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date at onset
Aortic Regurgitation	2 yrs
Other contributory causes of importance:	
Myocardial Insufficiency	3/16/36

Was an operation performed? No Date of

For what disease or injury? No

Name of operation Date of

What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did Injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Dane Miller M. D.

(Address) 1510 N Broadway

M. D. P. 1268-9

F 22099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. F 22099

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4617 Arabia Ave St., 27-E Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Lange

(a) Residence: No. 4617 Arabia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph Lange

6. DATE OF BIRTH (month, day, year) Nov 25-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	63	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Francis Streb

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary Hagesser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Francis Lang (Address) 4617 Arabia Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Mar 23rd 1936

19. UNDERTAKER Leo G. Crook (Address) 1703 N. Patterson Park Ave

20. FILED 19

R 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1936 to Mar 20 1936

I last saw h alive on Mar 20 1936 Death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	

Other contributory causes of importance:

Chronic Endocarditis. Myocarditis. Hypertension

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Leon Sturm M. D.

(Address) 4918 Harford Road

F 22100

M. D. B. 1268-3

F 22100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 9 Ward)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran (Specify War or Regular) specify War No War Record

2. FULL NAME Agnes Mary Eagan

(a) Residence: No. 2931 Kirk ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick W. Eagan

6. DATE OF BIRTH (month, day, year) Oct 23-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home, Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME Noah W. Waits

14. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

MOTHER

15. MAIDEN NAME Mary Jane Howard

16. BIRTHPLACE (city or town) (State or country) Osborne Ohio

17. INFORMANT Howard R. Waits

(Address) 2931 Kirk ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Mar 23rd 1936

19. UNDERTAKER Wm Cook

(Address) 1217 E Paul st

20. FILED ... 19 ... Registrar

MAR 22 1936 E to Tolchester, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 20, 1936

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	7
Gradually failing heart.	1

Other contributory causes of importance:

Fractured hip Feb 4-36

Was an operation performed? Yes Date of Feb 4-36

For what disease or injury? fracture hip

Name of operation Reduced fracture Date of 2-4-36

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury 2-4, 1936

Where did injury occur? At Home slipped on floor (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of injury slipped or stumbled on level

Nature of injury Fractured neck of L. femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thos H Phillips M. D. Coroner

(Address) 1939 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

F 22101

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22101

94-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2837 Riggs Ave 16-6 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Herman G. Strecker

If U. S. Veteran specify WAR ..... Record

(a) Residence: No. 2837 Riggs Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Amelia E. Strecker

6. DATE OF BIRTH (month, day, year): Feb 15th 1881

7. AGE: Years 55 | Months 1 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dept Mgr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Butler Bros

10. Date deceased last worked at this occupation (month and year): 3/1936

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Gustav J Strecker

14. BIRTHPLACE (city or town) (State or country): Richmond Va

MOTHER

15. MAIDEN NAME: Bertha A Sachtleben

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Amelia E. Strecker

(Address) 2837 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Cemetery Date: 3/23 1936

19. UNDERTAKER: William Cook

(Address) 1211 St Paul Street

20. Filed 1936 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 15 1936 to Mar 20 1936

I last saw him alive on Mar 19 1936 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleuro pneumonia	Mar 15 1936

Other contributory causes of importance: ✓

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ✓ Date of .....

What test confirmed diagnosis ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19....

Where did injury occur? ✓

(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place ✓

Manner of Injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) John A. Treland M. D.

(Address) 12 19 Orpha Street

M. D. H. 4-9 F 22102

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22102

CERTIFICATE OF DEATH

87-B

Registered No. 25-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2411 Annapolis Rd. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

No Record

2. FULL NAME Frank C. Kilbourne

(a) Residence: No. 2411 Annapolis Road Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: White

5. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Nancy E Kilbourne

5a. Single, Married, Widowed, or Divorced (write the word): Married

6. DATE OF BIRTH (month, day, year): Aug. 21, 1886

7. AGE: Years 49; Months 6; Days 29; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City of Balto

10. Date deceased last worked at this occupation (month and year): Feb 1935

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Kent Co Md

FATHER

13. NAME: John C Kilbourne

14. BIRTHPLACE (city or town) (State or country): Kent Co Md

MOTHER

15. MAIDEN NAME: Kate Mosier

16. BIRTHPLACE (city or town) (State or country): Kent Co Md

17. INFORMANT: Nancy E Kilbourne

(Address) 2411 Annapolis Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Mar 23rd 1936

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

20. FILED. 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1936 to March 20, 1936

I last saw him alive on March 20, 1936 Death is said to have occurred on the date stated above, at 11:52 PM

The principal cause of death and related causes of importance were as follows:

Multiple Sclerosis — Date of onset ? 2/21/36

Cerebral Embolism

Other contributory causes of importance:

Broncho-Pneumonia. — Date of onset 3/18/36

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Hammond Wheeler M. D.

(Address) 2910 Hollins Ferry Rd

F 22103

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22103

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 N. Broadway 8-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Chas P. Lantz

(a) Residence: No. 312 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. If Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of Carrie Lantz

6. DATE OF BIRTH (month, day, year) June 9 1863

7. AGE: Years 72 | Months 9 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Boiler Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tin Box Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0086

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Peter Lantz

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Catherine Weinecke

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Carrie Lantz 312 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL: Place London Pk Date Mar. 23 1936

19. UNDERTAKER (Address): Wm C. Miller 2435 E. Lanvale St

R 22 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 20. 36

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1936 to March 20, 1936

I last saw him alive on March 20, 1936. Death is said to have occurred on the date stated above, at 7.20 P m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Arteriosclerosis — Duration 2 days
Prostatic hypertrophy — Duration 2 mos.

Other contributory causes of importance:

Prostatitis Duration 2 mos.
Pyuria Duration 2 mos.

Date of onset
2 days
2 mos.
2 mos.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Louis F. Klemm M. D.

(Address) 2623 E. Monument St.

Balto Md.

F 22104 ✓ F 22104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3120 Reisterstown Rd. St. 15-5 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Fannie Weissman

(a) Residence: No. 3120 Reisterstown Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis Weissman

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham —

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Chassie —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jack Weissman
(Address) 3120 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Date 3-22- 1936

19. UNDERTAKER Jack Lewis Inc.,
(Address) 1439 E. Baltimore St

20. FILED ..... 19 ..... Registrar .....

R 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-21- 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/10 1936 to 3/21 1936

I last saw her alive on 3/21 1936 Death is said to have occurred on the date stated above, at 10 15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage	
1 mo.	

Other contributory causes of importance:

Chronic nephritis

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Microscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Dr. J. Mullen M. D.

(Address) 1422 W. Lee St.

M. D. B. 1268-9

22105

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 22105

93-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 N Potomac St., 5 Ward)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Luther Walston

(a) Residence: No. 110 N Potomac St. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Elizabeth

6. DATE OF BIRTH (month, day, year): 1863

7. AGE: Years 71 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Waterman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: James H Walston

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Sallie -

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Taylor Walston

(Address) 1924 Huffington Ave

18. BURIAL, CREMATION, OR REMOVAL: Md

Place Pimlico Date 3/23, 1936

19. UNDERTAKER: Edward Poulson

(Address) 2319 W Lanvale Blvd

20. FILED ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1936, to March 20, 1936

I last saw h... alive on March 20 1936 Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	3 days
Chr. arterio sclerosis &	?
Chr. myocarditis	
Other contributory causes of importance:	
Pneumococcus type I isolated	2 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Wm F Seyfert M. D.

(Address) 700 N. Patterson Park Ave

M. D. R. 1206-A

F 22106

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22108

CERTIFICATE OF DEATH

X 210-M

1. PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. 9-4 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME John Monmonier Jr

(a) Residence: No. Russelville Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 26 - 1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
26	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Monmonnie Sr

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Lucy Lunch

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs E Gross

(Address) Beaver Md

18. BURIAL, CREMATION, OR REMOVAL Auto Car turned over & on

Place Pikesville Date Mch 24 1936 to Hospital car advanced

19. UNDERTAKER Thos Dandridge Sons

(Address) Ellicott City Md

DATE RECEIVED MAR 27 1936 Registrar

(over)

MEDICAL CERTIFICATE OF DEATH 1220 Ad

21. DATE OF DEATH (month, day, year) 3/22/36 , 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held a (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull	

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 3/21, 19 36

Where did accident occur? Monmonier Russelville Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Harvey Gurley Autz M. D.

Coroner

(Address) 909 N Charles St

F 22107 ✓ F 22107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 72-a

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD St., 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph L. Puthmueller

(a) Residence: No. Lansdowne Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 14 1922

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
13	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lansdowne Md

FATHER

13. NAME Jos L Puthmueller Sr

14. BIRTHPLACE (city or town) (State or country) Lansdowne Md

MOTHER

15. MAIDEN NAME Teresa Jackson

16. BIRTHPLACE (city or town) (State or country) Lansdowne Md

17. INFORMANT Mrs J L Puthmueller Sr

(Address) Lansdowne Md

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date 3/25/36

19. UNDERTAKER Bernard J Finds Funeral Home

(Address) 5135 Edmondson Ave

FILED MAR 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1936, to March 22, 1936

I last saw him alive on March 22, 1936 Death is said to have occurred on the date stated above, at 20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Splenic anaemia and leukaemia.	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) J. M. Magruder M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

M. H. B. 22108 ✓ F 22108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH 1001 Hanover St Registered No.

CITY OF BALTIMORE: (No. ..... St., 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Geo S. Possiter Jr

(a) Residence: No. 1001 Hanover St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 7, 1918

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
17 18	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md
(State or country)

FATHER

13. NAME Geo S Possiter Sr

14. BIRTHPLACE (city or town) Balto Md
(State or country)

MOTHER

15. MAIDEN NAME Anne Sullivan

16. BIRTHPLACE (city or town) Boston Mass
(State or country)

17. INFORMANT Geo S Possiter Jr
(Address) 1001 Hanover St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Mar 23, 1936

19. UNDERTAKER Judy & Reuwer Co
(Address) 1116 Eastern Ave

20. FILED ... 19... Clayton White ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20th 1936

22. I ~~HEREBY~~ CERTIFY, That I attended deceased from March 9th 1936 to March 20th 1936

I last saw him alive on March 20th 1936 Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/9/36
Secondary cellulitis of face (with probable blood stream infection)	3/16/36

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? P. E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry Deibel M.D.

(Address) 1224 26 Hanover St

F 22109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 22109

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Chapel Gate Lane 21 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida Emmett

(a) Residence: No. 864 Washington Blvd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced (or) WIFE of Baker Emmett

6. DATE OF BIRTH (month, day, year) Nov. 1. 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

MOTHER FATHER

13. NAME John Guest

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md

15. MAIDEN NAME Mont Knowe

16. BIRTHPLACE (city or town) (State or country) Mont Knowe

17. INFORMANT John E. Emmett (Son)
(Address) 864 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date March 24 1936

19. UNDERTAKER Margaret E. Flynn
(Address) [redacted] 2107 N. Fulton Ave

20. FILED MAR 23 1936 Huntington Williamson, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21 1936

22. I HEREBY CERTIFY, That I attended deceased from January 16 1936 to March 21 1936

I last saw her alive on March 20 1936. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	
Other contributory causes of importance: arteriosclerosis myocarditis	

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. H. Rubrecht Jr. M. D.

(Address) 20 E. Pre. Ford Baltimore, Md

AdCo. 5-31 250B

Goss

F 22110

F 22110 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH Franklin Sq. Hospital

CITY OF BALTIMORE: (No. Balto St. 4 W Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 11 mos. 17 ds. How long in U.S. If of foreign birth? yrs. mos. da.

2. FULL NAME Betty Lee Goss (6055)

(a) Residence: No. 1595 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 4 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Goss

14. BIRTHPLACE (city or town) (State or country) Cumberland Md

MOTHER

15. MAIDEN NAME Jessie Fitzgerald

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Ruby Goss

(Address) 23 Mc Clure Road

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Date Mar 23 1936

19. UNDERTAKER John F. Devers

(Address) 73 Light St

20. FILED Mar 23 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21. 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1936, to March 21, 1936

I last saw her alive on March 21 1936 death is said to have occurred on the date stated above, at 10:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Bilateral otitis Media

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. J. Battaglia M. D.

(Address) Franklin Sq. Hospital Balto Md.

F 22111

F 22111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 134

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR none

2. FULL NAME Amos Engle

(a) Residence: No. 3435 Elmora Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lauretta Engle

6. DATE OF BIRTH (month, day, year) 8-10-1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam-fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Elmer Engle

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Blanche Konvitz

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Maryland Memorial Park 3/24/36

19. UNDERTAKER John Ulrich
(Address) 2041 Eastern Ave.

MAR 23 1936

Filed [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-11, 1936 to 3-21, 1936

I last saw him alive on 3-21, 1936 Death is said to have occurred on the date stated above, at 5:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ureteral Calculus	3-20-36
Complete Anuria	3-[illegible]-36
(Cause unknown)	
Uremic Coma	3-[illegible]-36

Other contributory causes of importance:

Was an operation performed? yes Date of 3-19-36

For what disease or injury Ureteral Calculus 3-16-36

Name of operation Cystoscopy Supra Pubic Nephrostomy Date of 3-19-36

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto City Hosp.

F 22112

22112
3/12/24

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV/57-C

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 705 St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Patricia Clark If U. S. Veteran specify WAR .....

(a) Residence: No. 6932 Sollus Pl. St., Pa. Ward. Glendale (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		1 wk.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

FATHER

13. NAME Charles Clark

14. BIRTHPLACE (city or town) (State or country) U - Va.

MOTHER

15. MAIDEN NAME Agnes Langston

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT Records - (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date 3/23/ 1936

19. UNDERTAKER John Ulrich (Address) 2200 E Baltimore St.

20. FILED MAR 23 1936 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 20 1936 to Mar. 21 1936

I last saw her alive on Mar. 21 1936 Death is said to have occurred on the date stated above, at 1 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart disease.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Lydia B. Edwards M. D.

(Address) Johns Hopkins Hospital

F 22113

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22113

CERTIFICATE OF DEATH

92-U

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3218 Hanford Rd St., 24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Hogan

(a) Residence: No. 3218 Hanford Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 5 2

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2 yrs 6 m	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Patrick J Hogan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Whalen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Marie E Hogan

(Address) 3218 Hanford Rd

18. BURIAL, CREMATION, OR REMOVAL Cathedral Date 3/24 1936

19. UNDERTAKER Legore & Roach

(Address) 4705 Hanford Ave

20. FILED MAR 25 1936 19 ..... Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-21 1936

22. I HEREBY CERTIFY That I attended deceased from Mar 14 1936 to Mar 20 1936

I last saw h. alive on Mar 20 1936 Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Mar 14 1936
Other contributory causes of importance: Chronic Endocarditis	Early 1926

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) Wesley Hogan M. D.

(Address) 3/36 Hanford Rd

M. H. P. 1908-9

F 22114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No. 18-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 41 S. Poppleton St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 8 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances A. Lowe

(a) Residence: No. 41 S. Poppleton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: George P. Lowe

6. DATE OF BIRTH (month, day, year): Feb 26 1856

7. AGE: Years 80 | Months 0 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John Finnegan

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Elizabeth Lowe

16. BIRTHPLACE (city or town) (State or country): Tombstown Md

17. INFORMANT: Mrs. Elizabeth Watkins

(Address) 41 S. Poppleton St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Union Date: March 23, 1936

19. UNDERTAKER: Thomas F. Ditch Jr.

(Address) 1516 E. Lexington St.

20. FILED: 23 1936 20a. Washington Indiana

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935 to March 20, 1936

I last saw her alive on March 20 1936 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver — Date of onset

Other contributory causes of importance: None other

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. L. Long M. D.

(Address) 418 Courtenay

F 22115

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22115

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1517 Linden Ave. St. 14-1 Ward)

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U S Veteran specify WAR .....

2. FULL NAME Alice Thomsen

(a) Residence: No. 1517 Linden Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 26, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Lawrence Thomsen

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Emily Jones

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Georgie Thomsen
(Address) 4 Midvale Road

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem. Date Mar. 23 1936

19. UNDERTAKER John O Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED Mar 23 1936 Huntington Mullinax Jr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 20 1936

22. I HEREBY CERTIFY, That I attended deceased from March 17th 1936 to March 20th 1936
I last saw her alive on March 20th 1936. Death is said to have occurred on the date stated above, at 6.40 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage — Date of onset 3.17.36

Other contributory causes of importance:

✓

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. H. Van Ness M. D.

(Address) 1515 Park Ave.

M. D. B. 1368-9

Mrs Florence Clark

HEALTH DEPARTMENT—CITY OF BALTIMORE

22116

22116

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. C. H. I. St., 7 E Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Florence Clark

(a) Residence: No. 831 N. Milton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles C. Clark

6. DATE OF BIRTH (month, day, year) May 27, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5-4	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) May, 10, 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Patterson

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Shuff

16. BIRTHPLACE (city or town) (State or country) ~~Baltimore~~ Martinsburg W Va

17. INFORMANT Hospital Record - Daughter
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery, Date 3-26-36

19. UNDERTAKER Kendall E. Humphreys
(Address) 421 N. Broadway

MAR 23 1936 Huntington Williamson, W. Va.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from May. 10, 1936 to May. 22, 1936

I last saw her alive on May. 22, 1936 Death is said to have occurred on the date stated above, at 12.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	May. 20, 1936
Cerebral [redacted] Hemorrhage.	May. 10, 1936

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Gerald L. McGerman, M. D.

(Address) 100 N. Broadway

F 22117

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22117

82-a

CERTIFICATE OF DEATH

Registered No. 13057

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 32 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Long

(a) Residence: No. 36 S. High St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown.

FATHER

13. NAME Pt. unable to give information

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Date 3-23-36. 19

19. UNDERTAKER Kendall E. Humphreys

(Address) 1201 W. Baltimore.

20. FILED Mar 23 1936 Washington Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/19. 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/16. 1936 to 3/19. 1936

I last saw her alive on 3/19. 1936 Death is said to have occurred on the date stated above, at 2 25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	?
Cerebral hemorrhage	?
Other contributory causes of importance:	
Arteriosclerosis	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

F 22118

F 22118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 158 W. West St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mamie Parris

(a) Residence: No. 158 W. West St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Parris

6. DATE OF BIRTH (month, day, year) 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Richard Butler

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME (?)

16. BIRTHPLACE (city or town) (State or country) Talbot Co Md

17. INFORMANT Margaret Butler

(Address) 158 W. West St.

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cmty Date 3/23 1936

19. UNDERTAKER Watts & Longnecker

(Address) 139 W. Fayette St.

21. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 15 1936 to Mar 20 1936

I last saw h... alive on Mar 20 1936. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) D. E. Kramer, M. D.

(Address) 109 W. Fayette St.

M. D. B. Form 9 F 22119

F 22119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 11-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie Foos

(a) Residence: No. 3040 W Biddle St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Oct 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	4	(?)	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Annie Taylor.

(Address) 6 Robert St Catonsville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Star Date 3-28 1936

19. UNDERTAKER Mrs. Geo. H. Hallowell

(Address) 1631 Lombard St

20. FILED ..... (Registrar)

MAR 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. W. Wells, M. D.

(Coroner)

(Address) 1016 S. Bellhouse Lane

Spec.—2-29-28—1. F. S.—500 Bks.

F 22120

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22120

CERTIFICATE OF DEATH

131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2016 Robb St ST., 9-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Helen Doris Zimmerman

(a) RESIDENCE NO. 2016 Robb St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

X

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 7, 1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	11	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at School

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Leroy R. Zimmerman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Helen M. House

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mr. William C. Zimmerman

(Address) 2016 Robb St.

15 Filed MAR 23 1936 19 Hunting for Williams Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 1936

17 I HEREBY CERTIFY, That I attended deceased from March 4, 1936, to March 19, 1936, that I last saw her alive on March 19, 1936, 5:30 a.m. and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

(a) Grippe

Uremia

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Uremic Intestinal Nephritis

(duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John Parvin M. D.

3/21, 1936 (Address) 936 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL 3/23, 1936

20 UNDERTAKER Mitton Schilling 1122 E. Monument St.

ADDRESS 3 P.M.

M. D. H. 1304

F 22121

F 22121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 21-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S Veteran specify WAR .....

2. FULL NAME Mardia Wegworth

(a) Residence: No. 816 Carroll, St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 17, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Ernest Wegworth

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Laura E. Ammer
(Address) 603 Allendale St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date March 23. 1936

19. UNDERTAKER Mrs. Mrs John H Teufel & Son
(Address) 201 W. Lanvale St

Filed Mar 23 1936 Registrar. Arthur Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Broncho Pneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date March 16, 1936

Where did injury occur? 816 Carroll St Balto. Md.
(Specify city or town, county, or street)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down steps

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. K. Mackenzie M. D.

(Address) 2757 W. North

22122

F 22122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1047 W. Barre St. 21-1 Ward)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No.

2. FULL NAME Edward Weigman

(a) Residence: No. 1047 W. Barre St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie M. Weigman

6. DATE OF BIRTH (month, day, year) Mar 15 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	0	6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post Office

10. Date deceased last worked at this occupation (month and year) 1931.

11. Total time (years) spent in this occupation 18yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles E. Weigman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Emma V. Hoffman

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Emma V. Weigman
(Address) 1047 W. Barre St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park, Date Mar 24. 1936

19. UNDERTAKER Mr. & Mrs. John W. Tyrrell & Son
(Address) 501 W. Fayette & Huntington Ave.

Registrar ... 19 ...

MAR 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1936, to March 21, 1936.

I last saw him alive on March 20, 1936. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3/13/36

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. Milton Craig, M. D.

(Address) 72 Wash. Blvd.

F 22123

M. D. B. 1268

F 22123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 146

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers of Amer. Hospital) 3-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Virgina Peer

(a) Residence: No. 1115 E. Baltimore St. St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alpha Peer

6. DATE OF BIRTH (month, day, year) Nov. 3, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Ed. F. Lake

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Nellie S. Hawkins

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Alpha Peer

(Address) 1115 E. Balto. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Winchester Va. Date 3/23, 1936

19. UNDERTAKER Sol Levinson & Bros

(Address) 1127 E. Balto st.

MAR 23 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Albuminuria and	
Convulsions	
7Mo. Pregancy	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, what?

(Signed) C. H. Cochran M. D.
Coroner

(Address) 2757 W. Mulberry

M. D. F. 1268-0

22124 HEALTH DEPARTMENT—CITY OF BALTIMORE 22124

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 Argyle Ave. St.) (17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Titus Deshield

(a) Residence: No. 1010 Argyle Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucy Deshield.

6. DATE OF BIRTH (month, day, year) June 2, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38 39	39	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: George Deshield

14. BIRTHPLACE (city or town) (State or country): Maryland.

MOTHER

15. MAIDEN NAME: Josephine Gaddis

16. BIRTHPLACE (city or town) (State or country): Maryland.

17. INFORMANT: Lucy Deshield.

(Address) 1010 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Cemetery Date: March 23. 1936

19. UNDERTAKER: Archibald L. Gaddis

(Address) 2101 McCulloh St.

23 1936 ... 19 ... Registrar. Wilmington, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1936, to Mar 20, 1936

I last saw him alive on Mar 20, 1936. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/15/36

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William Tracy M. D.

(Address) 406 Penna Ave

F 22125 F 22125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSP St. 36-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes JURS

If U. S. Veteran specify WAR .....

(a) Residence: No. 610 S. Clinton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 7, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Jurs

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Helen S Tapo

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mother

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Mar 23 1936

19. UNDERTAKER Lilly & Zellerbach

(Address) 4034 Wabash Ave

Huntington Pk Baltimore, Md

23 1936 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 . 1936

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1936, to March 22, 1936

I last saw h[illegible] alive on March 22, 1936 Death is said to have occurred on the date stated above, at 6 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	3-7-36
Streptococcus septicemia	3-18-36
Streptococcus peritonitis	3-19-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis D Schwentker M. D.

(Address) SYDENHAM HOSP

22126 F 22126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V108

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL Registered No. 7-1
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Margaret A. Connelly
(a) Residence: No. 2022 Bank St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

c. DATE OF BIRTH (month, day, year) February 7, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	14 15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME Laurence Connelly
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER
15. MAIDEN NAME Margaret Webster
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Laurence Connelly
(Address) 2022 Bank St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Mar 24. 1936

19. UNDERTAKER Tilly & Zeiler Inc.
(Address) 40 E. & W. [illegible] Huntington Station, N.Y.

Registrar. 19

23 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 22. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 14. 1936 to March 22. 1936
I last saw h.er alive on March 22. 1936 Death is said to have occurred on the date stated above, at 8 20 A. m.

The principal cause of death and related causes of importance were as follows: — Date of onset

1. Lobar pneumonia

Other contributory causes of importance:

Was an operation performed? — Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [signature] M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

22127

7 22 127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 N. East Ave 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Carrie E. Pollison

(a) Residence: No. 24 N. East Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. M. C. Pollison

6. DATE OF BIRTH (month, day, year) June 12 - 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	8	21	11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas B. Beaver

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Carolyn —

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wm C. Pollison
(Address) 24 N. East ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Wash D.C. Date Mar. 25 1936

19. UNDERTAKER Philip Herwig & Sons
(Address) 201 Orleans St

21. Filed ... 19 ...

MAR 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1936 to Mar 22 1936

I last saw her alive on Mar 22 1936. Death is said to have occurred on the date stated above, at 1 10 A.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Chronic Interstitial Nephritis

Date of onset

Other contributory causes of importance

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify .....

(Signed) Wm Insley, M. D.

(Address) 2336 E Balto

F 22128

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22128

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1928 Harlem Ave St., 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert N. Eggleston

(a) Residence: No. 1928 Harlem Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M | 4. Color or Race: W. | 5. ~~Single, Married,~~ Widowed, or ~~Divorced~~ (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie E. Eggleston

6. DATE OF BIRTH (month, day, year) Feb 2-1845

7. AGE: Years 91 | Months 1 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Elliott City Md

FATHER

13. NAME Wm. L. Eggleston

14. BIRTHPLACE (city or town) (State or country): Ellicott City Md

MOTHER

15. MAIDEN NAME Frances A. Muse

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT Mrs Virginia T. Eggleston

(Address) 1928 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL Place Middletown Md Date March 22 1936

19. UNDERTAKER Lutherville Md

(Address) 2227 N. Charles St

FILED ... 19 ... Registrar ... MAR 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 20th 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935 to Mar 20, 1936.

I last saw him alive on Mar 14 1936 Death is said to have occurred on the date stated above, at 5:30 a. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis.

Other contributory causes of importance:

Chronic Bronchitis

Arteriosclerosis

Date of onset

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. L. Friedman M. D.

(Address) 723 Cathedral St

M. D. P. 1268-9

22129 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22129

CERTIFICATE OF DEATH

✓ 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary St., 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Karl

(a) Residence: No. 2624 E. Preston St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE of~~ Mary Karl

6. DATE OF BIRTH (month, day, year) Jan 8, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	2	14 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Henry Karl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Kabilein

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Mrs. Mary Karl

(Address) 2624 E. Preston st

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Mar 24, 1936

19. UNDERTAKER Philip Herring-Sons

(Address) 2010 Orleans st

23 1936 Huntington Telegraph, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/21/36

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1935, to Mar 21, 1936

I last saw h/M. alive on Mar 21, 1936 Death is said to have occurred on the date stated above, at 7 49 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Recto-Sigmoid	May 4/35

Other contributory causes of importance:

Pyelonephritis
Sigmoid-Vesical Fistula
Arthritis Vesical Fistula
Terminal endocarditis

Name of operation Exploratory Laparotomy, Permanent Sigmoidostomy Date of 1/21/36

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. P. Sellers, M. D.

(Address) Church Home and Infirmary

F 22130

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22130

CERTIFICATE OF DEATH

46-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 501 N. Kenwood Ave. (Ward) 24

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harvey L. Goodman

(a) Residence: No. 501 N. Kenwood Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Goodman

6. DATE OF BIRTH (month, day, year) Dec. 26 - 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Chewing Gum Co.

10. Date deceased last worked at this occupation (month and year) 31

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Leroy Goodman

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mary E. Goodman

(Address) 501 N. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar. 27 19 36

19. UNDERTAKER Philip Herwig Sons

(Address) 2516 Eutaw Pl

20. FILED ... 19 ... By ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1936, to March 27, 1936

I last saw him alive on March 27, 1936. Death is said to have occurred on the date stated above, at 3:30 A.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach with ascites — Date of onset: Do not know

Other contributory causes of importance:

none

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no, If so, specify ...

(Signed) Maurice E. Shamer M. D.

(Address) 3300 W. North ave.

M. D. B 1268-9

F 22131

22131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals) St., 23 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Stella Hillsman

(a) Residence: No. 102 W. West St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1, 5 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) [illegible] Kentucky

(State or country) [illegible]

MOTHER

13. NAME [illegible] Lester Cooper

FATHER

14. BIRTHPLACE (city or town) Smithfield

(State or country) Va

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) Rocky Mount

(State or country) North Carolina

17. INFORMANT Arthur Hillsman

(Address) 102 W. West St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 3/23 1936

19. UNDERTAKER Sarah L. Brown Son

(Address) 1058 W Montgomery St

20. FILED [illegible] Registrar

MAR 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Meningococcus Meningitis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) 1015 S. Hanover St

M. D. F 1268-6

22132 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

F 22132

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Pronounced dead at
CITY OF BALTIMORE: (No.) South Baltimore General Hospital St., ... Ward. 3-18

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 7 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME — John A. Holloway.(C)

(a) Residence: No. 102 W. West St. St., ... Ward. .....
(Usual place of abode) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) November 26, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	3	24 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Newport News, Va.

MOTHER FATHER

13. NAME — Arthur Holloway.(C)

14. BIRTHPLACE (city or town) (State or country) — Smithfield, Va.

MOTHER

15. MAIDEN NAME — Louise Withey.(C)

16. BIRTHPLACE (city or town) (State or country) — Rocky Mount N.C.

17. INFORMANT — Arthur Holloway.(C)father
(Address) 102 W. West St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 3/23/36 19

19. UNDERTAKER — Sarah Brown Sons
(Address) 1650 Montgomery St

23 1936 Interring for Holloway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to ..... 19 ...

I last saw h... alive on ..... 19 ... Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infectious Meningitis.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Hospital Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otto W. Steinhardt M. D.
Coroner

3/21/36 (Address) 1017 S. Charles St.

22133 ✓ F 22133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49a

1. PLACE OF DEATH Provident Hospital 14-1 Registered No.

CITY OF BALTIMORE: (No. 1514 Druid Park St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Catherine Mason If U. S. Veteran specify WAR

(a) Residence: No. 1400 Argyle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	C	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ellen Lawrence
(Address) 1400 Argyle

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med School Date May 23, 1936

19. UNDERTAKER Commissioner of Health.
(Address)

20. Thurston Funeral Home
Registrar.

1936
22 THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-12, 1935, to 5-19, 1936

I last saw her alive on 5-19, 1936 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast	

Other contributory causes of importance:
Carcinoma of Ovary

Was an operation performed? Date of

For what disease or injury?

Name of operation Exploratory Lap Date of 8-12-35

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) B Harris, M. D.
(Address) Provident Hosp

22134 ✓ F 22134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#13137 95-B

Registered No. 15-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 15-4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Howard Wittmeyer (Howard Kittemeyer)

(a) Residence: No. Windsor & Warwick Aves. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 1884 ~~11-13-1886~~

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~49~~	51	3	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0059

10. Date deceased last worked at this occupation (month and year) June 1935

11. Total time (years) spent in this occupation 14 years

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John ~~Wittmeyer~~ (Wittemeyer)

14. BIRTHPLACE (city or town) (State or country) York, Pa.

MOTHER

15. MAIDEN NAME Katherine Meyers

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date March 25, 19 36

19. UNDERTAKER Joseph H. Cooke
Address 1007 W. Baltimore St.

Filed MAR 23 1936 Registrar

~~Hampton, Va.~~ Wright, Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1936 to March 22, 1936

I last saw him alive on March 22, 1936 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (month or year)
Hypertensive Cardiovascular Disease	Unknown
Cerebral Hemorrhage	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical & Pathological Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. L. De Sautelle, M. D.

(Address) Baltimore City Hospitals

22135 ✓ F 22135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 26-10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 242 S. Highland Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME SARAH WILLIAMS. If U. S. Veteran specify WAR

(a) Residence: No. 242 S. Highland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Williams

7. DATE OF BIRTH (month, day, year) Sept. 20th. 1859

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	6	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME David Hopkins,

14. BIRTHPLACE (city or town) (State or country) Wales

15. MAIDEN NAME Sarah Evans

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Miss Sarah Williams
(Address) 242 S. Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cemetery Date March 25th. 1936

19. UNDERTAKER Chas. F. Grauerholz
(Address) 115 W. Mt. Royal Ave.

2 6 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22nd. 36

22. I HEREBY CERTIFY, That I attended deceased from March 18th. 1936 to March 22nd. 1936
I last saw her alive on March 21. 1936. Death is said to have occurred on the date stated above, at 4.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/18/36
Other contributory causes of importance: ✓	

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No if so, specify

(Signed) David Hopkins. M. D.

(Address) 1011 S. Edwood Ave

2136

F 22136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 18

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSPT St., 9-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos. 1 ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME Catharine Johnson

(a) Residence: No. Cedar Hill, Md. c/o St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 1, 1929.

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
6	3	18 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Cedar Hill Md.

FATHER

13. NAME Louis Johnson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Edith Lemone

16. BIRTHPLACE (city or town) (State or country) Prince Georges Md.

17. INFORMANT Wallace

(Address) Cedar Hill, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Johnsons Cemtery Date 3/23/36 19

19. UNDERTAKER Isaiah L Brown & Son

(Address) 101 W Montgomery St

20. FILED 23 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 18 1936

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1936, to March 18, 1936

I last saw her alive on March 18, 1936. Death is said to have occurred on the date stated above, at 4:40 P. m.

The principal cause of death and related causes of importance were as follows:

Meningococcus meningitis — Date of onset 3-16-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wm. C. Lyle Jr., M. D.

(Address) SYDENHAM HOSP

M. D. B. 1268-B

F 22137

22137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1330 Shields Place. 18-2 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Robinson

(a) Residence: No. 8 N. Stockton Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Robinson

6. DATE OF BIRTH (month, day, year) 1-4-1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (Odd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 3-18-36

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Richmond Virginia

FATHER

13. NAME John Robinson

14. BIRTHPLACE (city or town) (State or country) Richmond Virginia

MOTHER

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) (State or country) Richmond Virginia

17. INFORMANT Annie Robinson (wife)
(Address) 8 N. Stockton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 3/24 19 36

19. UNDERTAKER Chas H Cooper
(Address) 514 N Calhoun St.

Huntington Williams, Funeral.

MAR 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above. 7:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) C. Haug, M. D.
Coroner

(Address) 1215 Hanover St.

13135 F 22138

22138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hattie Mullins

(a) Residence: No. 137 N. Ostend St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) 1-30-1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Albert Schumacher

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rachel Eichelberger

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mar 24th 1936

19. UNDERTAKER Leo E. Cook
(Address) 1703 N. Patterson Park Ave

Huntington Millinger & Co
Registrar.

23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/20, 1936 to 3/21, 1936

I last saw her alive on 3/21, 1936 Death is said to have occurred on the date stated above, at 6 08 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	Sept 1934
Myocardial failure	Sept 1934

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical & Pathological Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. A. De Santgllo M. D.

(Address) Baltimore City Hospitals

F 22139

22139 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5 137

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2330 Calvert on Heights Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 11 mos. 2 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward Yeager

(a) Residence: No. 2330 Calverton Height Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mrs Ed Yeager Viola B. Yeager

6. DATE OF BIRTH (month, day, year): April 20, 1874

7. AGE: Years 61; Months 11; Days 2; If LESS than 1 day, ...hrs. or ....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: coal dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Moses B. Yeager.

14. BIRTHPLACE (city or town) (State or country): Pa.

15. MAIDEN NAME: Margaret E. Richey.

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT: Mrs. Viola B. Yeager

(Address) 2330 Calverton Heights

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date March 25 1936

19. UNDERTAKER: Thos. R. Keelty

(Address) 2301 Edmondson ave.

Date 1936 Huntington Williams & Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1936 to March 22, 1936

I last saw him alive on March 22, 1936 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis Interstitial type	Year
Other contributory causes of importance: Enlarged Prostate	

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation No Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) John A Crane M. D.

(Address) 612 N 40 St

M. H. R. 1768-6

22140

✓ F 22140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1801 Patapsco St. 23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Infant of Mr. & Mrs. Harry E. Armstrong.

(a) Residence: No. 1801 Patapsco St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 20/36

7. AGE	Years	Months	Days	If LESS than 1 day	hrs. or min.
	—	—	1		36 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Harry E. Armstrong

14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER

15. MAIDEN NAME Catherine L. Magnus

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Catherine L. Armstrong

(Address) 1801 Patapsco St

18. BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery Date Mar 23, 1936

19. UNDERTAKER Commissioner Health.

(Address)

23 1936 (Signature) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1936 to March 22, 1936

I last saw h[illegible] alive on Mar 22, 1936 Death is said to have occurred on the date stated above, at 8. A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	
from Butt:	
Other contributory causes of importance	
Exhaustion	1 day

Name of operation none Date of —

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3/23/36 (Signed) H. & H. Campbell, M. D.

(Address) 1644 Hanover St

2141

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22141

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 S Charles St., 23-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa L. Colmus If U. S. Veteran specify WAR

(a) Residence: No. 1721 S. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of: Frank J. Colmus

6. DATE OF BIRTH (month, day, year): Oct 15, 1867

7. AGE: Years 68 67; Months 5; Days 6; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto., Md.

MOTHER FATHER

13. NAME: Paul Sobbott

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Dont Know

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Frank J. Colmus 1721 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Cedar Hill Date: 3-24 1936

19. UNDERTAKER: Margaret E. Flynn
(Address): 2017 N. Milton Ave

20. FILED: 3 23 1936 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1936 to Mar 21, 1936

I last saw h-w alive on Mar 21, 1936 Death is said to have occurred on the date stated above, at 3:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	Indef.
Other contributory causes of importance: Exhaustion	2 ds.

Was an operation performed? no Date of —

For what disease or injury?

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

3/23/36 (Signed) R. L. Campbell M. D.
(Address) 1644 Hanover St

22142

HEALTH DEPARTMENT—CITY OF BALTIMORE

22142

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 E. Preston St. St., 11-2 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Hurst Hunton

(a) Residence: No. 32 E. Preston St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane A. Humphries

6. DATE OF BIRTH (month, day, year) 9/17/56

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired from RR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna RR. watchman

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Thomas Hunton

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sarah Sanford

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Jane A. Hunton
(Address) 32 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 3/25, 1936

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED ..... 19..... [illegible] Registrar

MAR 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/22/36

22. I HEREBY CERTIFY, That I attended deceased from ocx 1 36 to 3/22/36, 19..

I last saw him alive on 3/21/36, 19.. Death is said to have occurred on the date stated above, at 10a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/15/36
Arteriosclerosis	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, ...

(Signed) Shepherd Dunn M. D.

(Address) 1-27 Rusk 34

F 22143

22143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. 15-10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3410 Garrison Blvd. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Elsie Bates Cook

(a) Residence: No. 3410 Garrison Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: James D Cook

7. DATE OF BIRTH (month, day, year): August 14 1878

8. AGE: Years 57 | Months 7 | Days 9 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore City

13. NAME: Joshua A Bates

14. BIRTHPLACE (city or town) (State or country): Baltimore City

15. MAIDEN NAME: Emma V Regester

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: James D Cook

(Address) 3410 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Mar 26. 1936

19. UNDERTAKER: Geo W Little

(Address) 2200 Edmondson Ave

Filed Mar 23 1936, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mch 22nd 1936

22. I HEREBY CERTIFY, That I attended deceased from Mch 14 1936 to Mch 23 1936

I last saw her alive on Mch 23 1936 Death is said to have occurred on the date stated above, at 5 4 m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 3-14-1936

Other contributory causes of importance: Chronic Myocarditis + Mitral Insufficiency Endocarditis

Name of operation — Date of

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? N.C. Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? N.D. If so, specify

(Signed) C. B. Ensor M. D.

(Address) 4936 Park Heights Ave

W. F 22144

22144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1948 W Lafayette Ave Ward 24)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Catherine E Boyle If U. S. Veteran specify WAR

(a) Residence: No. 1948 W Lafayette Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex F

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua Boyle

6. DATE OF BIRTH (month, day, year) Sept 8 1862

7. AGE Years 73 Months 6 Days 13 If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Michael Murphy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Cosgrove

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Sarah Rogers 1948 W Lafayette
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mar 24 1936
Place Loudon Park Cem

19. UNDERTAKER Geo A Talbert
(Address) Fulton & Lafayette

FILED MAR 23 1936 Lexington Building Division

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 23 1936 to Mar 21 1936

I last saw her alive on Mar 20 1936. Death is said to have occurred on the date stated above, at 4 25 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (Right) — Date of onset

Other contributory causes of importance: Cerebral Arteriosclerosis Chr. Nephritis.

Was an operation performed? None Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George E. Shannon M. D.

(Address) 900 N. Fulton Ave

F 22145

22145 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-6 45-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 W 34th St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Matthew J. Fitzpatrick.

(a) Residence: No. 723 W 34th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Margaret E. Fitzpatrick

6. DATE OF BIRTH (month, day, year) Feb 16, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Chief Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 9

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Jeremiah Fitzpatrick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Payne

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Nellie M. Meile

(Address) 723 W 34th St

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date March 24, 1936

19. UNDERTAKER Thanhouser Bro.

(Address) 3615-17 Eastern Ave

23 1936 Interment for Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1936 to March 21 1936

I last saw him alive on March 21, 1936 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis with decompensation

Date of onset ?

Other contributory causes of importance:

Carcinoma of left breast (alveolar variety) 2 yrs Oct 1935

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas P. Geraghty M.D.

(Address) 10 E Biddle St

Spec. 3-29-28—L. F. S.—500 Bks.

22146

F 22146

53-E

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 15-9

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3925 Norfolk ave (St.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ernest Salomon (sr)

(a) RESIDENCE NO. 3925 Norfolk ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) July 4 1907

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29.	8	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Staten Island N.Y. (USA)

10 NAME OF FATHER Ernest Salomon (sr)

11 BIRTHPLACE OF FATHER (city or town) (State or country) London Eng.

12 MAIDEN NAME OF MOTHER Jane Evans.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Manchester Eng.

Informant Mrs Ernest Salomon

(Address) 3925 Norfolk ave

Filed 3 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22, 1936

17 I HEREBY CERTIFY, That I attended deceased from Mch 12, 1936, to Mch 22, 1936, that I last saw h[er] alive on March 22, 1936 and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Metastatic
Left Lung. Tumors of
Brain undetermined.
Non Hosp. + Unacknowledged (duration) yrs. 2 mos. 9 ds.

CONTRIBUTORY (Secondary) (duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Biopsy Left Lung Tumor, Microscopic

(Signed) H. A. Davis M. D.

3/23. 1936 (Address) 817 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Hampden — DATE OF BURIAL 3/25/1936

20 UNDERTAKER H. A. Davis — ADDRESS 3418 Eastern Ave

22147 ✓ F 22147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

ST. JOSEPH'S HOSPITAL

2. FULL NAME BALTIMORE MD Jennie Lang If U. S. Veteran specify WAR .....

(a) Residence: No. 530 N. Bradford St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Lang

6. DATE OF BIRTH (month, day, year) Jan 7 - 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	2	13	10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Isenroade.

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT John S. Lang

(Address) V-30 N. Bradford St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem Date Mar 23 1936

19. UNDERTAKER Geo. C. Ruffler & Son

(Address) 233 Gilmore St

Herrington Williams, M.D. Registrar.

23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1936 to March 20, 1936

I last saw h.. alive on March 20, 1936 Death is said to have occurred on the date stated above, at 9.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arteriosclerosis	
2. Chronic nephritis	
3. Uraemia	
Other contributory causes of importance:	

Was an operation performed? No Date of -

For what disease or injury? -

Name of operation - Date of -

What test confirmed diagnosis clinical? there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. M. Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

F 22148

F 22648

3104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV/31

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Estella M. Masten

(a) Residence: No. 309 Washington St., ... Ward. Milford Del

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Burton

6. DATE OF BIRTH (month, day, year) 6-25-83

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	52	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Del

FATHER

13. NAME Ely W. Smith

14. BIRTHPLACE (city or town) (State or country) Del

MOTHER

15. MAIDEN NAME Ida F. Calloway

16. BIRTHPLACE (city or town) (State or country) Del

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place I.O.O.F. Milford Del Date 3/27, 1936

19. UNDERTAKER C. A. Burt Jr. Milford Del

(Address) Huntington Williams

20. FILED 3-24-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936 to March 23, 1936

I last saw her alive on March 23, 1936. Death is said to have occurred on the date stated above, at 10²⁰ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension cardiovascular disease.	?
Arteriosclerosis	?
Renal failure	?
Other contributory causes of importance:	
Chronic Glomerular Nephritis	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hebert Eiblet M. D.

(Address) Johns Hopkins Hospital

F 22149

F 22149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 629 W. Franklin St., 17-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Martha A. Bram

(a) Residence: No. 629 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6a. If married, ~~widowed or divorced~~ HUSBAND (or) WIFE of: Samuel V. Bram

6. DATE OF BIRTH (month, day, year): Dec 20th 1871

7. AGE: Years 64; Months 3; Days 21; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10. Date deceased last worked at this occupation (month and year): X
11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Virginia

13. NAME: Isaac N. Garber
14. BIRTHPLACE (city or town) (State or country): Virginia
15. MAIDEN NAME: Mary C. Driver
16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Samuel V. Bram
(Address): 629 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL: Brethren Church Cemetery
Place: Timberville Va. Date: Mar 25th 1936

19. UNDERTAKER: Wm Cook
(Address): 1217 St Paul St

Huntington Williams Reg.
Registrar

MAR 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 22nd 1936

22. I HEREBY CERTIFY, That I attended deceased from March 21 1936 to March 22 1936
I last saw h[illegible] alive on March 21 1936 Death is said to have occurred on the date stated above, at 4:00 p. m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion — Date of onset 3/21/36

Other contributory causes of importance:
General Arterio-Sclerosis — Hypertension past 6 yrs

Was an operation performed? No — Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Einstein F. Robinson M. D.
(Address) Medical Arts Building

VA 582

F 22150

F 22150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 23

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. 12-6 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR W. W.

2. FULL NAME Raymond Cook

(a) Residence: No. Route 2, Whitehall, Md. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hesther M. Cole

6. DATE OF BIRTH (month, day, year) January 21, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver 0683

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) [illegible] 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co. Maryland

MOTHER FATHER

13. NAME Frank A. Cook

14. BIRTHPLACE (city or town) (State or country) Los Angeles California

15. MAIDEN NAME Lilly Gorham

16. BIRTHPLACE (city or town) (State or country) Alexandria Virginia

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 3/25/36

19. UNDERTAKER [illegible] (Address) 1217 E. Lexington St. Baltimore, Md.

MAR 24 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1936 to March 23, 1936

I last saw him alive on March 23, 1936 Death is said to have occurred on the date stated above, at 12:15 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic far advanced	1930
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. B. N. a deceased. M. D.

(Address) U.S. Marine Hospital

22151 E 22151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16-12-23

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Tuberculosis Division St., ... Ward)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis P. Simpson — If U. S. Veteran specify WAR No Record

(a) Residence: No. Baltimore City Hospitals St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Nov. 14, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	4	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 607

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown — 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME James J. Simpson

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME McGuire

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Mar 25th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

MAR 24 1936 Burlington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 . 1936

22. I HEREBY CERTIFY, That I attended deceased from March 18 . 1936 to March 22 . 1936

I last saw him alive on March 22 . 1936 Death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown
Tuberculous cervical spondylitis	Unknown
Tuberculous cervical abscess	Feb. 9, 1936

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Arthur Karlsin, M. D.
(Address) Baltimore City Hospitals

F 22152 Deury F 22152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V/31

Registered No. 7-2

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 516 N Milton Ave Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Florence D Deury
(a) Residence: No. 516 N Milton Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William F Deury

6. DATE OF BIRTH (month, day, year) Sept 20 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	6	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Ga.
13. NAME of Father South Fuller
14. BIRTHPLACE (city or town) (State or country) Ga
15. MAIDEN NAME of Mother Cordelia Wyatt
16. BIRTHPLACE (city or town) (State or country) Ga
17. INFORMANT Mrs. Fuller
(Address) 516 N Milton Ave
18. BURIAL, CREMATION, OR REMOVAL Date 3/26/36
Place Baltimore
19. UNDERTAKER Wm Lord & Bro
(Address) 1212 Pennsylvania Ave

APR 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1931 to March 28, 1936
I last saw her alive on March 27, 1936. Death is said to have occurred on the date stated above, at 11:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1931
Arteriosclerosis C V Disease	1931

Other contributory causes of importance:

Was an operation performed? No. Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis Clinical. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did Injury occur? (Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Samuel D Wolfe M. D.
(Address) 1331 E Monument

22158

F 22153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

20-4 V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2541 West Baltimore St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mary Michel

(a) Residence: No. 2541 West Baltimore Sr, St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of ..... (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) April 10th. 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. and sales lady

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md,

FATHER

13. NAME Henry Michel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Everhart

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna M. Myers

(Address) 2509 West Baltimore St,

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Mar 26th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 3-24 1936 at the Registrar's Office

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 23rd 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above. 11, 10

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia,	
;ar. 18th	-36

Other contributory causes of importance:

Was an operation performed? No, Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Address

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify

(Signed) Thos. H. Phillips Coroner, M. D.

(Address) 1939 Edmondson Ave,

M. D. B 1268-9

F 22154

F 22154 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X-294-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7-5 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Frederick Kniepkamp

(a) Residence: No. Georgia Ave. Essex-Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Wilhelmina Kniepkamp

6. DATE OF BIRTH (month, day, year) March 22, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 7/31

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME — Kniepkamp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Edwin Kniepkamp

(Address) 1334 S. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Mar 25-X 1936

19. UNDERTAKER Wm Cook

(Address) 1207 St Paul St

FILED 3-24 1936 19 Lexington Williams St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 1936

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schnepfau M. D. Coroner

(Address) 1919 E. Baltimore

22155 E 22155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 121

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hosp St. 19-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR American

2. FULL NAME John Ramsey
(a) Residence No. 504 (510) S. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Ramsey

7. DATE OF BIRTH (month, day, year) July 3, 1881

8. AGE Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
54	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painting
10. Date deceased last worked this occupation (month and year) June 1933
11. Total time (years) spent in this occupation x

12. BIRTHPLACE (city or town) (State or country) Wash D.C.

MOTHER FATHER

13. NAME John H Ramsey
14. BIRTHPLACE (city or town) (State or country) England
15. MAIDEN NAME Elizabeth ?
16. BIRTHPLACE (city or town) (State or country) Eng.

17. INFORMANT Emma Ramsey
(Address) 504 S. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL
Place U.S. National Date Mar 25 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED APR 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-22- 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-13- 1936 to 3-22- 1936
I last saw him alive on 3-22- 1936 Death is said to have occurred on the date stated above, at 9:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C.V. disease	
C Heart failure	10 yrs
Other contributory causes of importance:	
Perforated duodenal ulcer	
C peritonitis	10 days

Was an operation performed? Yes Date of 3-13-36
For what disease or injury? Possible acute appendicitis
Name of operation Rt. rectus incision Date of 3-13-36
What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...
Where did Injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Murray Steele M. D.
(Address) Mercy Hosp.

22156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 22156

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 606 E. 27th St., 9-4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR No Record

2. FULL NAME Joseph F. Lyston
(a) Residence: No. 606 E. 27th St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
6. If married, widowed, or divorced — HUSBAND of (or) WIFE of
7. DATE OF BIRTH (month, day, year): April 26th 1877
8. AGE — Years: 58 — Months: 10 — Days: 26 — If LESS than 1 day, hrs. or min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: P.O. Clerk
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U.S. Govt
11. Date deceased last worked at this occupation (month and year): 1933
11. Total time (years) spent in this occupation: 20
12. BIRTHPLACE (city or town) (State or country): Balto Md.
13. NAME: James P. Lyston
14. BIRTHPLACE (city or town) (State or country): Ireland
15. MAIDEN NAME: Bridget Brazzell
16. BIRTHPLACE (city or town) (State or country): Ireland
17. INFORMANT: Katie M. Lyston
(Address) 606 E. 27th St
18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Date: Mar 25th 1936
19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St
Registrar

MAR 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 22nd 1936
22. I HEREBY CERTIFY, That I attended deceased from January 13, 1936, to February 20, 1936
I last saw him alive on February 20, 1936. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:
Acute Cardiac Dilitation — Date of onset: Mar. 21 1936

Other contributory causes of importance:
Myocarditis — Date of onset: Jan. 1936

Was an operation performed? No — Date of ------
For what disease or injury? ------
Name of operation ------ Date of
What test confirmed diagnosis? Clinical Examination — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Geo W Montgomery Jr M. D.
(Address) 401 East 25th Street

F 22157

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22157

104-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., Ward) Registered No. 357

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 7 mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Donald Chaffman

(a) Residence: No. 3047 Huntington Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed,~~ or ~~Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of ... (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) Aug 5th 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edward Webb Chaffman

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Seppington

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Edward W. Chaffman

(Address) 3047 Huntington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Mar 24th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19 ... Registrar.

MAR 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-20, 1936 to 3-22, 1936

I last saw h. him alive on 3-22-36 19 . Death is said to have occurred on the date stated above, at 1000 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, cerebrospinal pneumococcus	3-17-36
Other contributory causes of importance: Sphenoid sinusitis	3-17-36

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? culture of spinal fluid Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Colin MacRae M. D.

(Address) Union Mem Hosp

F 22158

F 22158. HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1607 N. Patterson Park ave. (ST.) (WARD)

2-FULL NAME Clara E. Gaslup.

(a) RESIDENCE NO. 1607 N. Patterson Park ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem.

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married (nee Furhman)

5a If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of ~~WIFE~~ of Geo R Gaslup

6 DATE OF BIRTH (month, day, and year) Sept 17 1878.

7 AGE: Years 57. Months 6 Days 5. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hampstead Md.

PARENTS

10 NAME OF FATHER: Henry Furhman

11 BIRTHPLACE OF FATHER (city or town) (State or country): New Freedom Pa.

12 MAIDEN NAME OF MOTHER: Helen Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Glen Rock Pa.

14 Informant (Address): Geo. R. Gaslup 1607 N. Patterson Park ave.

15 [illegible] Huntington Williams Md.

R 24 1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 22 1936

17 I HEREBY CERTIFY, That I attended deceased from Mch 15, 1936. to Mch 22, 1936.

that I last saw her alive on Mch 22, 1936.

and that death occurred, on the date stated above, at 9 10 P.M.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob Fisher, M. D.

3/23, 1936 (Address) 1823 N. Wash St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: 3/24/36

20 UNDERTAKER: Walter Davis 3418 Eastern Ave

ADDRESS

M. D. B. (22159) F 22159

F 22159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Morris Poole Jr.

(a) Residence: No. 612 N. Madeira St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) August 2, 1933

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	2	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Morris Poole Sr.

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Lillie Williams

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Morris Poole Jr.

(Address) 612 N. Madeira St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 3/24 1936

19. UNDERTAKER Rufus Sanders

(Address) 1423 E. Preston St

No. 2711 1936 A. Taylor Williams, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Paul Chenoweth, M. D. Coroner

(Address) 1919 E. Northern.

22160 F 22160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1033 N. Dallas St., 7-H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Isham Dudley

(a) Residence: No. 1033 N. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

6a. If married, widowed or divorced HUSBAND of ~~WIFE~~ of Sarah Dudley

6. DATE OF BIRTH (month, day, year) May 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor (Cook)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. all kinds

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alexandria Va

13. NAME Louis Dudley

14. BIRTHPLACE (city or town) (State or country) Alexandria Va

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sarah Dudley

(Address) 1033 N Dallas St

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Date 3/25/36

19. UNDERTAKER Robt. H. Williams

(Address) 15 S Mc Elderry St

Huntington Williams, M.D.

MAR 24 1936, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1936 to March 21, 1936

I last saw him alive on March 21 1936. Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/17/36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? no Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Calvin R LeCompte, M. D.

(Address) 1113 N Carrollton Ave.

F 22161

22161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 249 S. Regester St St. 2 - 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Stanislawa Maciejewska

(a) Residence: No. 249 S. Regester Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced (or) WIFE of Marion Maciejewski

6. DATE OF BIRTH (month, day, year) May/8th/1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	45	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Thomas Malanowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Maryanna Checzska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Marion Maciejewski

(Address) 249 S. Regester Street

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date March 26th 1936

19. UNDERTAKER George A. Weber

(Address) 705 S. Ann Street Huntington Williams, M.D.

20. FILED ..... 19 ..... Registrar

24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March, 23rd 1936

22. I HEREBY CERTIFY, That I attended deceased from July 19 36 to 3-23-36 19 .....

I last saw h alive on 3-23-36 Death is said to have occurred on the date stated above, at 10 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Edema	3 mos.

Other contributory causes of importance: Syphilis Chronic 10 yr

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) ..... M. D.

(Address) .....

Spec.—2-29-28—L. F. S.—500 Bks.

F 22162

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22162

CERTIFICATE OF DEATH

✓ 92-a

REGISTERED NO. 15-4

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 N Pulaski ST., — WARD) 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katherine Mary Robust

(a) RESIDENCE NO. 2201 N Pulaski ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced (or) WIFE of Charles H Robust

DATE OF BIRTH (month, day, and year) Mar. 13, 1880

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	0	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 007

(b) General nature of industry, business, or establishment(in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Howard Co. Maryland.

10 NAME OF FATHER John Dorsey.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Myers.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Mrs Phillips Dulaney

(Address) 2201 N Pulaski St.

Filed ....., 19 Huntington Williams, Registrar

24 1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21, 1936

17 I HEREBY CERTIFY, That I attended deceased from Jan. , 1931, to Mar. 21 , 1936.

that I last saw h.r alive on Mar 21, 1936

and that death occurred, on the date stated above, at 12 45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis - and Endocarditis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia - sclerosis.

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) O. Walter Bonner M. D.

, 19 (Address) 3603 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Savage Md

20 UNDERTAKER Wm J Gutkens & Sons

DATE OF BURIAL 3/24 1936

ADDRESS North Pa Ave

F 22163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-f-92-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 551 W. Hoffman St., 17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.
If U. S. Veteran specify WAR .....

2. FULL NAME Lillian Watts
(a) Residence: No. 551 W. Hoffman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 9, 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	3	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.
13. NAME George Watts
14. BIRTHPLACE (city or town) (State or country) Balto Md.
15. MAIDEN NAME Mary Waters
16. BIRTHPLACE (city or town) (State or country) Johnstown N. Y.
17. INFORMANT Mary Watts
(Address) 551 W. Hoffman
18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date 3/25/ 1936
19. UNDERTAKER Frances A. Stemley
(Address) 518 W. Biddle St
Huntington Williams, 1937 24/36 Registrar
20. FILED ..... 19..

24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/22 1936

22. I HEREBY CERTIFY, That I attended deceased from Mch 1 1936 to Mch 22 1936
I last saw h[illegible] alive on Mch 21 1936 Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:
Acute Pyelonephritis — Date of onset 3/1/36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) R. N. Valentine M. D.
(Address) 1725 Pa Ave

F 22164

22161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 6-2 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nelson Harris

(a) Residence: No. 211 N. Montford Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosie Harris

6. DATE OF BIRTH (month, day, year) June 31/78

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer plaster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brick Yard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Daniel Harris

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Adeline Jones

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Rosie Harris

(Address) 211 N. Montford ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 3/24/ 1936

19. UNDERTAKER Frances A Hemsley

(Address) 578 W. Biddle St

Huntington Williams, M.D.

24 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury thereon and from the evidence (Coroner or Attorney or Inquiry)

obtained by said Injury find that said deceased came (Coroner, Attorney or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schnitker M. D.

Coroner

(Address) 1914 E. North ave.

F 22165

F 22165

311323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 2-2-2 Ward 2

Length of residence in city or town where death occurred ..yr. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carrie Walter

(a) Residence: No. 678 Washington Blvd St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edmond

6. DATE OF BIRTH (month, day, year) 8-13-98

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: H Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Rudolph Ley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mira Winchester

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 3/27 . 36

19. UNDERTAKER Paul Heeman
(Address) 32 E Broadway ~~Huntington~~ Pittsburg, Pa

24 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24 . 1936

22. I HEREBY CERTIFY, That I attended deceased from March 22 . 1936, to March 24 . 1936

I last saw her alive on March 24 . 1936 Death is said to have occurred on the date stated above, at 5.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, due to pneumococcus Type III	Mar. 13, 1936

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John B. Grossman . M. D.

(Address) The Johns Hopkins Hospital.

22166

F 22166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-W

Registered No. .....

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Arlene Hartlaub

(a) Residence: No. 908 Ramsay St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

7. DATE OF BIRTH (month, day, year) Dec 3, 1935

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Hartlaub

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Pearl Sanders

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Jos Hartlaub
(Address) 908 Ramsay St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 3/24/36

19. UNDERTAKER Edmund Walsh
(Address) 638 Park Ave

Huntington Valley, Md

24 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-22-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-20-36, 19..., to 3-22-36, 19...

I last saw her alive on 3-22-36, 19... Death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strept Pneumonitis	
Strept. septicemia	
Purulent Otitis Media	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Paul Schofield, M. D.

(Address) 6714 Balto Md

F 22167

F 22167

HEALTH DEPARTMENT—CITY OF BALTIMORE

XV 146

CERTIFICATE OF DEATH

Registered No. 35-1

1. PLACE OF DEATH: St. Agnes' Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME: Louise Crone

(a) Residence: No. Jessup Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced (or) WIFE of: Charles Crone

7. DATE OF BIRTH (month, day, year): July 30-1919

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	7	324	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: own home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Joseph Haber
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Mary Brownard
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Charles Crone
(Address) Jessup Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Laurel Md Date: March 26 1936

19. UNDERTAKER: Loyd Caige
(Address) Laurel Md

Huntington Williams, M.D.
Registrar

R 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 20, 1936, to March 23, 1936

I last saw her alive on March 23, 1936 Death is said to have occurred on the date stated above, at 6 12 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis	2/13/36
Uremia	3/20/36
Other contributory causes of importance:	
Pregnancy	9/1935
Parturition	3/23/36

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Lumbar puncture Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. G. Llewelyn M.D.

(Address) St. Agnes Hospital

22168 F 22168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 820

1. PLACE OF DEATH 1327 N. Carey St

CITY OF BALTIMORE: (No. ..... St., 15-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary E. Coleman

(a) Residence: No. 1327 N. Carey St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Perry R. Coleman
6. DATE OF BIRTH (month, day, year): July? 1869
7. AGE: Years 66; Months July; Days ..... If LESS than 1 day, hrs. ..... or min. .....

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER FATHER
13. NAME: Osborn Burley
14. BIRTHPLACE (city or town) (State or country): Balto. Md.
15. MAIDEN NAME: Maria ?
16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mrs. A. Burley
(Address) 1327 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place: National Cem. Date: 3-24 19 36

19. UNDERTAKER: Mrs. Geo. H. Holland
(Address) 1651 Pennsylvania Ave
Huntington Williams, M.D.
24 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Jl. 10 1935 to Mar. 22 1936
I last saw h alive on Mar. 22 1936 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-10
Broncho-Pneumonia	2-16

Other contributory causes of importance:

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles J. Koehler, M. D.
(Address) 861 Hanlon Pl

F 22169

22169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH Balto 2nd
CITY OF BALTIMORE: (No. 585 Prestman St. (Ward) 14 3
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence In city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR.....

2. FULL NAME Susan Franklin

(a) Residence: No. 585 Prestman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Solomon Franklin

7. DATE OF BIRTH (month, day, year) Mar 15 1880

8. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
	55		6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centerville Md

13. NAME Jacob Hall

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Annie E. Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Madeline Campbell
(Address) 585 Prestman St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 3. 24. 36

19. UNDERTAKER J. G. Kelly
(Address) 502 Presstman St

Filed ..... 19 ..... Registrar.

24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-21 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-17- 1936 to 3-21- 1936
I last saw her alive on 3-20- 1936 Death is said to have occurred on the date stated above, at 5:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	unknown
Cardiac Failure	

Other contributory causes of importance:

Chron Gastritis —

Was an operation performed? No Date of —
For what disease or injury? No
Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) M. D.
(Address) 1512 Gilmor

22170 F 22170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-C

1. PLACE OF DEATH Saint Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Ave. 21-2 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR World War
2. FULL NAME Mr. John Cunningham,
(a) Residence: No. 615 Wyeth St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Sep 23, 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
39		6	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 0066
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland
13. NAME Michael Cunningham
14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland
15. MAIDEN NAME Agnes Kelly
16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland
17. INFORMANT Agnes M. Cathcoun
(Address) 610 Wyeth St
18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Cem. Date Mar. 26, 1936
19. UNDERTAKER Towell & Byers Inc.
(Address) 1017 W. Lanvale St.
Huntington Williams, N.J.
20. FILED , 19 Registrar

24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-23-1936
22. I HEREBY CERTIFY, That I attended deceased from February 20, 1936 to March 23, 1936
I last saw h.i.m. alive on March 23, 1936. Death is said to have occurred on the date stated above, at 9.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis (generalized)	2 months
	ave
	1
Other contributory causes of importance: Peritonitis	3-

Was an operation performed? Exploratory Date of 3-9-36
For what disease or injury? Peritonitis
Name of operation Exploratory Laparotomy Date of 3-9-36
What test confirmed diagnosis? Autopsy Was there an autopsy? yes
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) L Whitney M. D.
(Address) Asst Agnes Hosp.

M. D. F. 1208-0

F 22171

F 22171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2617 Washington Blvd St., 25 Ward)

Length of residence in city or town where death occurred 54 yrs. 2 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George A. Knell

(a) Residence: No. 2617 Washington Blvd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Fisher

6. DATE OF BIRTH (month, day, year) Jan. 7, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Knell

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Henrietta Rudiger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Johanna Miller 1107 Leadenhall St

18. BURIAL, CREMATION, OR REMOVAL

Place Our Lady Cathedral Date Mar. 25 1936

19. UNDERTAKER (Address) Towell & Byers Inc. 1617 W. Lexington St.

FILED MAR 24 1936 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/21 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/19/36 to 3/21 1936

I last saw h[illegible] alive on 3/19/36 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset 6 mos.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. M. Wheeler M. D.

(Address) 1279 William St

22172 F 22172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 22-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Cahn

(a) Residence: No. 3206 Woodland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Cahn

6. DATE OF BIRTH (month, day, year) Aug. 4, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	57	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ladies' to Wear

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Felix Cahn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Isabel Raff

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Mrs. Sadie Cahn

(Address) 3206 Woodland Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Balto. Hebr. Cem. Date Mch. 25, 1936

19. UNDERTAKER David Goodkoontz

(Address) Huntington Williams, Md.

24 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-2, 1936, to 3-23, 1936

I last saw him alive on 3-22, 1936. Death is said to have occurred on the date stated above, at 5.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia about	3-20-36
Broncho-Pneumonia - Terminal "	3-21-36
Other contributory causes of importance:	
Bladder Tumor - Pyelitis, Cystitis, Nephritis	1934
Angina Pectoris about	Nov. 1934

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Laboratory & Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lewis K. Woodward Jr. M. D.

(Address) University Hosp.

F 22173

F 22173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2159 Mt Holley St., 15-9 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Albert R Conrad

(a) Residence: No. 2159 Mt Holley St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Conrad

7. DATE OF BIRTH (month, day, year) Jan 25 1868

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	1	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 62

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Trust Co

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Conrad

(Address) 2159 Mt Holley St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date, Mar 24 1936

19. UNDERTAKER Chas R Cowell

(Address) 113 N Eutaw St

Washington Boulevard

MAR 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 1/36 . 19 . to March 21/36 . 19

I last saw him alive on March 21/36 . 19 . Death is said to have occurred on the date stated above, at 10P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage + paralysis	March 20/36

Other contributory causes of importance:

arterio-sclerosis	?
hyper-tension	?

Was an operation performed? NO Date of .....

For what disease or injury? N

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Walter Burkett M. D.

(Address) 220 Garrison

M. D. 22474

F 22174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3602 Spalding Rd St., 27-18 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME (Mrs) Fostiz Mandel

(a) Residence: No. 3602 Spalding Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced (or) WIFE of Max Mandel

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) cook

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Morris Jacobs

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Max Mandel
(Address) 3602 Spalding Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Herring Run Date March 24, 1936

19. UNDERTAKER Sol Fordmon & Bro.
(Address) 1127 E. Baltimore St.

Huntington Williams, M.D.
Registrar

24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1934 to March 23, 1936.
I last saw h[illegible] alive on March 23, 1936. Death is said to have occurred on the date stated above, at 430 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Myocarditis	1932

Other contributory causes of importance:

Pulmonary edema and cardiac dilatation	

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) B. Kaplan M. D.

(Address) 2306 Eutaw Place
Gatsby 0950

22175 HEALTH DEPARTMENT—CITY OF BALTIMORE F 22175

CERTIFICATE OF DEATH 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 E Chase St., 8-7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harriett Boardley

(a) Residence: No. 1704 E Chase St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

6. If married, widowed, or divorced (or) WIFE of Alfred Boardley exact date unknown

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 65	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Long Green Balto Co

13. NAME Perry Wells

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wm. Wells (son)

(Address) 1704 E Chase St.

18. BURIAL, CREMATION, OR REMOVAL Long Green Balto Co

Place Mt Zion Cemetery Date 3 24 1936

19. UNDERTAKER Mrs Chas L. Bailey

(Address) 1421 Jefferson St

FILED 19 Registrar.

MAR 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1936 to March 20, 1936

I last saw h.. alive on March 20, 1936 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Parenchymatous Nephritis (Uremic Manifestations)	1 yr.
Other contributory causes of importance: Broncho-Pneumonia	2 days
Mitral Insufficiency	1 yr

Was an operation performed? no Date

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) R. J. Young M. D.

(Address) 1424 E Monument St

F 22176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 46 F 22176

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3509 Southern ave St., 27-1 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? 41 yrs. mos. ds.

2. FULL NAME Joseph Rusul

If U. S. Veteran specify WAR

(a) Residence: No. 3509 Southern ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 2, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69	70		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 0080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Syrian Arabia

13. NAME Joseph Rusul

14. BIRTHPLACE (city or town) (State or country) Syrian Arabia

15. MAIDEN NAME Thomas Rama

16. BIRTHPLACE (city or town) (State or country) Syrian Arabia

17. INFORMANT Thomas Rusul

(Address) 3509 Southern ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar. 25 1936

19. UNDERTAKER Young Coach Co Inc

(Address) 1706 Ashland ave

20. FILED MAR 24 1936 19 Huntington Pittsburgh Co Inc Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21. 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1935 to Mar 21 1936.

I last saw him alive on Mar 21 1936. Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Oct 1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed Abram J Blechman M. D.

(Address) 350 Fallsway

F 22177

F 22177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 710 Portland St. 22-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 63 yrs. 3 mos. 28 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.
If U. S. Veteran specify WAR .....

2. FULL NAME Mamie E. Lenkuhl

(a) Residence: No. 710 Portland St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. ~~Single~~ Married, Widowed, or ~~Divorced~~ (write the word): Widowed
6. If married, widowed, or ~~divorced~~: (or) WIFE of William C Lenkuhl
7. DATE OF BIRTH (month, day, year): Nov. 25 - 1872
8. AGE: Years 63 Months 3 Days 28 If LESS than 1 day, ... hrs. or ..... min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
11. Date deceased last worked at this occupation (month and year): Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Baltimore Md.
13. NAME: Bernard List
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Katherine Smith
16. BIRTHPLACE (city or town) (State or country): Balto. Md.
17. INFORMANT: Mrs. Lila List
(Address): 710 Portland st.
18. BURIAL, CREMATION, OR REMOVAL
Place: London Pk Cemetery Date: Mar 26 1936
19. UNDERTAKER: J. J. Doerflinger & Son Inc.
(Address): 217 S Paca St
Huntington Williams, Mgr
20. FILED: MAR 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 23 1 a.m. 1936
22. I HEREBY CERTIFY, That I attended deceased from Mar 18, 1936 to Mar 23, 1936
last saw h.. alive on Mar 23, 1936 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/18/36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury?
Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, (over)

(Signed) J. Morley Straus M. D.
(Address) 727 Washington Blvd.

22178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22178 F

Registered No.

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mr Joseph Farrell

(a) Residence: No. Savage, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital record

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place White Marsh Cem Date 3/26/36

19. UNDERTAKER The W. G. White Co.

(Address) Laurel Md

DATE RECEIVED MAR 24 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1936 to March 24, 1936

I last saw him alive on March 24, 1936 Death is said to have occurred on the date stated above, at 9:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Emphysema	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. V. Williamson, M. D.

(Address) St. Agnes Hosp.

11573 F 22179

22179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14-445-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Robert Danner

(a) Residence: No. 214 S. Fulton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 10-15-1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	5	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Lydia Ludick

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet (Frederick) Date March 26 1936

19. UNDERTAKER Franklin W. Lenz

(Address) 709 West 33rd St.

Huntington Williamsport

24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-7, 1936, to 3-23, 1936

I last saw him alive on 3-23, 1936 Death is said to have occurred on the date stated above, at 2:00 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Jaw (Type Undetermined) — Duration of onset 7

Other contributory causes of importance: Bronchopneumonia 3-21-36

Was an operation performed? No Date of

For what disease or injury? None

Name of operation None Date of

What test confirmed Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

22180 F 22180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 318 N. Mount St., 19-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. 11 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dorothy Gulas Home Born Md Essex Co

(a) Residence: No. 318 N. Mount St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col.
5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lindsay Gulas

6. DATE OF BIRTH (month, day, year): June 15-1869

7. AGE: Years 66 | Months 9 | Days 7 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do
10. Date deceased last worked at this occupation (month and year): May 1935
11. Total time (years) spent in this occupation: 45 yrs

12. BIRTHPLACE (city or town) (State or country): Essex Co Va

13. NAME: William Washington
14. BIRTHPLACE (city or town) (State or country): Essex Co Va

15. MAIDEN NAME: Henrietta Yates
16. BIRTHPLACE (city or town) (State or country): Essex Co Va

17. INFORMANT: Catherine Saguell
(Address) 318 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Essex Co Va Date: March 24 1936

19. UNDERTAKER: Archibald C. Snyder
(Address) 2101 Pennsylvania Ave.

MAR 24 1936 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1935, to March 22, 1936

I last saw her alive on March 20, 1936. Death is said to have occurred on the date stated above, at 2:50 P. m.

The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage Hemiplegia Left Side Broad — Date at onset: May 12.35

Other contributory causes of importance: Cerebral Hemorrhage - Arteri Sclerosis - 5/12.35

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Autopsy Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm H. Wright M. D.

(Address) 1209 Pressman St

H. D. H 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

2181 F 22181

CERTIFICATE OF DEATH

Registered No. 24-3

1. PLACE OF DEATH Pronounced dead at the South Baltimore General Hospital (No. Ward)
CITY OF BALTIMORE: (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herbert Price.(C)

(a) Residence: No. Cedal Hill, A. A. Co. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, year) February 14, 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	1	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

13. NAME Reesey Price.(C)

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

15. MAIDEN NAME Ruth Loverony.(C)

16. BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

INFORMANT Reesey Price.(C) father
(Address) Cedar Hill, A.A.Co. Md

BURIAL, CREMATION, OR REMOVAL
Place Johnson Date 3/25 1936

UNDERTAKER Sarah L. Brown Son
(Address) 105 W. Monroe St.

Huntington Williams
Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro spinal Meningitis. (Primary)	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Wm. M. Reinhardt M. D.
Coroner
3/24/36 (Address) 1017 E. Charles St.

F 22182

M. D. B 1268-9
22182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. of) Found floating in harbor Carlin Lancaster St. 3-4 Ward)

Registered No. 183
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME George T Unnn

(a) Residence: No. Unknown Alice Anna St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ×

6. DATE OF BIRTH (month, day, year) Unknown 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Loafer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs around Broadway market
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt (?) Md.

MOTHER FATHER

13. NAME W Klein
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Mary Klein
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Klein (Address) 17 S Eden St.

18. BURIAL, CREMATION, OR REMOVAL Trinity Cem. Date Mar. 25. 1936

19. UNDERTAKER HENRY SANDER & SONS, INC. (Address) Baltimore & Broadway.

Mar 24 1936 Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy, Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy, Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows: Probably drowning — Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Probably accident Date of injury March 22 1936
Accident, suicide, or homicide?
Where did injury occur? Balto Md. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public harbor
Manner of injury Probably fell overboard
Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. W. Wright, M. D. Coroner
(Address) 1916 S. Ellwood Ave.

F 22183

2183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-B

17-5

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ernest Northam (ERNEST D. NORTHAM) U. S. Veteran (Specify WAR .....)

(a) Residence: No. 1731 St. Paul St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Alberta Northam

6. DATE OF BIRTH (month, day, year) Feb. 2. 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	1	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bank Teller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 7yrs

12. BIRTHPLACE (city or town) (State or country) Onancock Virginia

13. NAME T.A.Northam

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Virnetta Abbott

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Alberta L. Northam

(Address) 1731 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL Onancock Virginia (Place) Mar. 24. 1936 (Date)

19. UNDERTAKER HENRY SANDER & SONS, INC. Henry F. Sander

(Address) Baltimore & Broadway.

20. FILED APR 1 1936 Washington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 22. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1936 to March 22, 1936

I last saw him alive on March 22, 1936 Death is said to have occurred on the date stated above, at 6.20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Bronchiectasis	
2. Lung abscess	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE MD

22184 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 22184

CERTIFICATE OF DEATH

V 82-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 55 S. Monroe St. St., 19-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Augusta C. Ziegler — If U. S. Veteran specify WAR .....

(a) Residence: No. 55 S. Monroe St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Christian Ziegler

6. DATE OF BIRTH (month, day, year) Jan. 19, 1842.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	94	2	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME John V. Kothe
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Henrietta Von Pilgram
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Rosa Sadofsky,
(Address) 55 S. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date March 24, 19 36.

19. UNDERTAKER Harry H. Kretzler
(Address) 4101 Edmondson Ave.

19 ..... Registrar

24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-17, 1936 to 3-22, 1936

I last saw her alive on 3-17, 1936 Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-17-36
Generalized Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Morris B. Sakeim M. D.

(Address) 575 Fulton Ave.

F 22185

22185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-6

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 Edmondson Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Octavus Neault

(a) Residence: No. 1824 Edmondson St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mable Neault

7. DATE OF BIRTH (month, day, year) Aug 25 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	7	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maintenance Asst

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md Steel Co

10. Date deceased last worked at this occupation (month and year) 10th

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Conn

13. NAME Octave Neault

14. BIRTHPLACE (city or town) (State or country) Conn

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Conn

17. INFORMANT Mrs Mable Neault

(Address) 1824 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date 3/24/36

19. UNDERTAKER Geo E Talley Funeral Home

(Address) Edmondson & Huntington Aves

4 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-22-1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1935, to March 22, 1936

I last saw him alive on March 22, 1936. Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral and Aortic Insuffiency	
Other contributory causes of importance: Cardiac failure	3 day

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Benj. O McCleary, M. D.

(Address) 400 N. Payson St.

F 22186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 E Balto St. St., 6-3 Ward)

Length of residence in city or town where death occurred ..... yrs. 7 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Anna Frey

(a) Residence: No. 2102 E Balto St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2810

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) London England

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Rev. A. J. Klinginman

(Address) 2102 E Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Mar. 27, 1936

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

Huntington Telegraph, Inc.

4 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 23 —, 1936 to March 27 —, 1936

I last saw h[illegible] alive on March 23 1936. Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A. Cerebral Hemorrhage	March 1936
Contributories - Age	

Other contributory causes of importance: Acute Cardiac Dilatation

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, [illegible]

(Signed) Wm. G. Leyer Neal, M. D.

(Address) #156 W. Mount Ave.

W 22187

31 1083
32187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Watson

(a) Residence: No. 802 N. Strieker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 3-16-36

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		4 5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ward

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME John Watson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Helen Tenbrunn

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Jeff. Med School Date Mar 24 1936

19. UNDERTAKER
(Address) Huntington Williams

1936 2209

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mch 16, 1936 to Mch 21, 1936

I last saw him alive on Mch 21, 1936 Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Pneumonia	Mch 20

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Lyd. a B Edwards, M. D.

(Address) Johns Hopkins

22188 E 22188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 124-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 N Caroline St., 6-5 Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Trivers

(a) Residence: No. 413 N Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed.

6. If married, widowed, or divorced (or) WIFE of Spencer Trivers

DATE OF BIRTH (month, day, year) May 1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Mary Copeland

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Helen Johnson (daughter)

(Address) 413 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date March 26 36

19. UNDERTAKER Wendel & Heiser

(Address) 325 E Fayette St

20. FILED 1936 Harrington Phillips, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 36, 19..., to March 23, 1936

I last saw h.e alive on March 22, 1936. Death is said to have occurred on the date stated above, at 1055 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	March 20
	2 wks
	3 mos

Other contributory causes of importance:

Chronic I Nephritis

Parenchymatous N Nephritis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R J Young, M. D.

(Address) 434 E Lanvale St

M. D. B 1268-9

F 22189

F 22189 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

210-M

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27-17 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wilbert O Wink

(a) Residence: No. 3000 Belvedere Ave St. Jochua Wilson - 3513 Kenwick Rd Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel Wink

6. DATE OF BIRTH (month, day, year) Aug 4 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	-7	-14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Joshua N. Wink

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Rebecca Ruby

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Joshua N. Wink (father)
(Address) 3513 Kenwick Road

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date March 25, 1936

19. UNDERTAKER Clement Sons
(Address) 3415 Eastern Ave

[illegible] Registrar.

4 1936

MEDICAL CERTIFICATE OF DEATH 12:45 PM

21. DATE OF DEATH (month, day, year) 3/23/36, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Injuries	3/22/36

Other contributory causes of importance:

Was an operation performed? Yes Date of 3/22/36

For what disease or injury? Internal Injuries

Name of operation Laparotomy Date of 3/22/36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 3/22, 1936

Where did injury occur? Roslyn Ave - Mar Pimlico Race Track
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

How did injury occur? by Aut & Race Liner

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) Hubert Bailey Auto Coroner, M. D.

(Address) 902 N Charles St

M. D. P. 1268-9

F 22190

22190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH Grangeville

CITY OF BALTIMORE: (No. 6000 Philadelphia Road St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isabell C. Durham. if U.S. War not any, Veteran

(a) Residence: No. 6000 Philadelphia Road St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Durham.

6. DATE OF BIRTH (month, day, year) Nov 12th 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Swedesboro Baltimore

MOTHER FATHER

13. NAME Zenas Chalk.

14. BIRTHPLACE (city or town) (State or country) Maryland,

15. MAIDEN NAME Sarah Guiton

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs George F. Starrett

(Address) 6000 Philadelphia

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Grove Date 25th 1936

19. UNDERTAKER John Burns Sons

(Address) Towson Md.

4 1936 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23 . 1936

22. I HEREBY CERTIFY, That I attended deceased from March 18 . 1936 to March 23 . 1936

I last saw he alive on March 22 . 1936 Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with Anemia.	3/18/36.
Cardio-vascular-Renal	6 yrs.
Other contributory causes of importance: arterial Hypertension - Chr. Nephritis Chr. Bronchitis - arteriosclerosis	5 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Louis F. Krumeich M. D.

(Address) 722 N. Kenwood Ave

2191 ✓ F 22191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3039 Abell Ave St. 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Isabelle Langan

(a) Residence: No. 3039 Abell Ave St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 20-1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	4	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CLERK dom'g GR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MFGR OF COLLARS

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE CITY.

13. NAME MICHAEL LANGAN.

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

15. MAIDEN NAME ANNA CUNNINGHAM.

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

17. INFORMANT Michael F. Langan

(Address) 3039 Abell Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 3/27 19 36

19. UNDERTAKER Chas. F. Grace & Son

(Address) 118 W. Mt. Royal Ave

4 1936 Huntington Williams, M.D.

N. C. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MARCH 24. 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-18-36, 19 to MARCH 24, 1936

I last saw HER alive on MARCH 24, 1936. Death is said to have occurred on the date stated above, at 3:45 A m.

The principal cause of death and related causes of Importance were as follows:

	Date of onset
LOBAR PNEUMONIA	3/18/36
Other contributory causes of importance:	
ERYSIPELAS	3/1/36

Was an operation performed? YES. Date of

For what disease or injury? CARCINOMA RT BREAST.

Name of operation AMPUTATION OF BREAST Date of 2/13/36

What test confirmed diagnosis? PATHOLOGY Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NONE If so, specify

(Signed) James F Kavanagh M. D.

(Address) 3926 Mt Cleveland St

M. D. R. 1268-9

22192 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 22192

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 726 Dolphin St., 17-3 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 78 yrs. 8 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hezekiah Russell
(a) Residence: No. 726 Dolphin St., Ward. 17th
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Widower
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Ann Russell
6. DATE OF BIRTH (month, day, year): June 23, 1857
7. AGE: Years 78 | Months 8 | Days 21 | If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Librarian 86
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Pratt Library
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.
13. NAME: Georg W. Russell
14. BIRTHPLACE (city or town) (State or country): Baltimore, Md
15. MAIDEN NAME: Ann Cook
16. BIRTHPLACE (city or town) (State or country): Baltimore, Md
17. INFORMANT: Anna E. Fraley
(Address): 1306 Druid Hill Ave
18. BURIAL, CREMATION, OR REMOVAL
Place: Laurel Date: Mar. 25, 1936
19. UNDERTAKER: Sam'l. F. Ford & Son
(Address): 628 N. Eutaw
4 1936 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 21, 1936
22. I HEREBY CERTIFY, That I attended deceased from March 16, 1936 to March 21, 1936
I last saw h[illegible] alive on March 21, 1936 Death is said to have occurred on the date stated above, at 6.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Branch Pneumonia	3-16-36
Cerebral Hemorrhage	3-16-36

Other contributory causes of importance:
Arteriosclerosis

Name of operation: None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, [illegible]
(Signed) [signature] M. D.
(Address) [illegible]

✓ F 22193

22193 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

91

Registered No. .....

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 703 E. 21st St., 9-8 (Ward)

Length of residence in city or town where death occurred 72 yrs. 8 mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George B. Pearce

(a) Residence: No. 703 E. 21st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): widower

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Matilda Pearce

6. DATE OF BIRTH (month, day, year): July 8 1863

7. AGE — Years: 72 | Months: 8 | Days: 8 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Linoyn Meter Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Maryland Meter Co

10. Date deceased last worked at this occupation (month and year): about 1918

11. Total time (years) spent in this occupation: about 22 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: James Pearce

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Charlotte Burley

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT (Address): George R. Pearce 703 E 21st St

18. BURIAL, CREMATION, OR REMOVAL: Baltimore Cemetery Date March 26 1936

19. UNDERTAKER (Address): Edw. G. Black 711 W. North ave

APR 4 1936 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mch-23- 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb-2- 1936, to Mch 23- 1936

I last saw him alive on Mch 22- 1936. Death is said to have occurred on the date stated above, at 8-30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arterio Sclerosis	Feb 2-36
Other contributory causes of importance: Edema Lungs	Mch 22 36

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E Gill Hall M. D.

(Address) 1631 E North Ave

✓ F 22194

2194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 Whitridge Ave St. 12-3 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Harry Clay Stewart

(a) Residence: No. 414 Whitridge Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

a. If married, widowed, or divorced HUSBAND of Della M.

DATE OF BIRTH (month, day, year) June 27-1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	8	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 0015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

13. NAME Clay Stewart

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

15. MAIDEN NAME Mary A. Cothurn

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT Della M. Stewart

(Address) 414 Whitridge Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Mar 26, 1936

19. UNDERTAKER Mary M. McNeal

(Address) 1016 Druid Hill Ave

24 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) March 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1936, to March 23, 1936

I last saw him alive on March 23, 1936. Death is said to have occurred on the date stated above, at 8:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	3-15-36
Other contributory causes of importance: Influenza.	3-12-36

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chester Rikert M. D.

(Address) 2532 Edmondson Ave.

22195 F 22195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2129 Homewood Ave Ward 9-8

Registered No. 107-a
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sallie G Fleming
(a) Residence: No. 2129 Homewood Ave Ward Huntington Sta
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. Color or Race White
5. Single, Married, Widowed, or Divorced (write the word) Widowed
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of
7. DATE OF BIRTH (month, day, year) Nov 1858
AGE Years 77 Months 4 Days If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Md
13. NAME Kennish Joseph
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Lingo
16. BIRTHPLACE (city or town) (State or country) Md
17. INFORMANT Mrs Beatrice H Goldsmith
(Address) 2129 Homewood Ave
18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Mch 27 1936
19. UNDERTAKER Wilson E Berry
(Address) Felton Delaware
20. FILED Huntington Station Clerk
MAR 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 24 1936
22. I HEREBY CERTIFY, That I attended deceased from Feb 27 1936 to Mar 24 1936
I last saw h... alive on Mar 24 1936 Death is said to have occurred on the date stated above, at 7.30 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia Feb 27

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J Walford Thomas M. D.
(Address) 3130 Hartford Rd

F 22196 Knewsley Knewsley F 22196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 18 dds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. William Ed. Knewsley

(a) Residence: No. 134 Victoria Ave — St., ... Ward. Hampton Va —
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Helen

6. DATE OF BIRTH (month, day, year): 12/5/87

7. AGE: Years 47 | Months 3 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hosp

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

13. NAME: Deceased Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME: Deceased Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Records — JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. John Hampton Va Date March 27, 1936

19. UNDERTAKER W M Cook
(Address) 1217 E Baltimore St
Huntington Williams Reg.

FILED MAR 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1936 to March 24, 1936

I last saw him alive on March 24, 1936 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary tuberculosis	Jan 12
Pyogenic abcesses of buttocks	Jan 19

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Herbert Eckert M. D.

(Address) Johns Hopkins Hospital

31046 F 22197 ✓ F 22197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ada Langfitt

(a) Residence: No. Clarksburg W. Va St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 7/26/80

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ex. clerk in bank

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 50

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W Va

13. NAME Silas Langfitt

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Agnes Dask

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Clarksburg W. Va Date 3/25/36, 19

19. UNDERTAKER G. C. Mitchell Sons. (Address) 1900 Eutaw Place.

20. Filed 25 1936 Eugene Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 2 1936 to Mar 24 1936

I last saw her alive on March 24 1936. Death is said to have occurred on the date stated above, at 48 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelo-nephritis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Eichert M.D.

(Address) Johns Hopkins Hospital

F 22198 ✓ F 22198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1364 N Fremont St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Carrie Graves

(a) Residence: No. 1364 N Fremont St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored.	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Calvin Graves

DATE OF BIRTH (month, day, year) Oct. 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51 52	-		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. house work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Reisterstown md

13. NAME Nicodemus Snowden

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Sarah Anderson

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Calvin Graves

(Address) 1364 N Fremont ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 3/25/36

19. UNDERTAKER Thos. E. Nelson & Son

(Address) 1322 E Baltimore St.

(Filed) MAR 25 1936, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1936

22. I HEREBY CERTIFY That I attended deceased from Sept. 1, 1935 to March 22, 1936

I last saw h[illegible] alive on March 22, 1936 Death is said to have occurred on the date stated above, at 308 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cervical Carcinoma	June 1935
	over

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

3/18/67 F 22199 F 22199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 15-1 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie L Smith If U. S. Veteran specify WAR

(a) Residence: No. 1353 Whatcoat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-20-70

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Peters

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem Date 3/26/36

19. UNDERTAKER Thos. E. Kelson
(Address) 1223 Preston

25 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 18 1936 to March 24, 1936

I last saw her alive on March 24, 1936 Death is said to have occurred on the date stated above, at 12.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 wks ago

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Eichert, M. D.

(Address) Johns Hopkins Hosp.

F 22200

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22200

CERTIFICATE OF DEATH

82-a

Registered No. 13-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2448 McCulloh St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Florence Jenifer

(a) Residence: No. 2448 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: colored

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Joseph Jenifer

7. DATE OF BIRTH (month, day, year): Oct. 29 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	55	4	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife '37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Prince George County Md.

13. NAME: Edward Gray

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Georgianna Douglas

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Joseph Jenifer

(Address) 2448 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Aquasco Md Date 3/25/36

19. UNDERTAKER: Thomas E. Kelson

(Address) 1305 Preston St

20. FILED 19 Mayor Registrar

23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1936 to March 23, 1936

I last saw h alive on March 23, 1936. Death is said to have occurred on the date stated above, at 2 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/16/36

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Bradshaw Higgins M. D.

(Address) 2249 Madison Ave

A&Co. 5-31 250B

22201

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22201

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 N. Stockton St., 18-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Briscoe

(a) Residence: No. 524 N Stockton St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) ~~WIFE of~~: Laura Briscoe

6b. DATE OF BIRTH (month, day, year): Dec 16, 1893

7. AGE — Years: 42 — Months: 3 — Days: 6 — If LESS than 1 day ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laborer

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Balto. Md

13. NAME: Abram Briscoe

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Laura Holden

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Laura Briscoe 524 N Stockton St.

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date 3/25, 1936

19. UNDERTAKER: Thos E. Kelson

(Address) 1303 Eutaw Pl

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 15, 36 to March 22 1936

I last saw him alive on March 21 36 death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phthisis Pulmonalis	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Dea Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. F. Howell M. D.

(Address) 601 N. Carrollton Ave

22202 ✓ F 22202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#11604 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Lindenstruth

(a) Residence: No. 1111 N. Patterson Pk. Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-14-80

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	1	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Locksmith~~ Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blacksmith

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Louis Lindenstruth

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Freeler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Balto. Mem. Date May 25 1936

19. UNDERTAKER Philip Herwig & Son
(Address) 2016 Orleans St

FILED 25 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29-1936

22. I HEREBY CERTIFY, That I attended deceased from 1-8-1936 to 3-27-1936

I last saw him alive on 3-27-1936 Death is said to have occurred on the date stated above, at 11 40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
P Carcinoma of Sigmoid Colon	?
Other contributory causes of importance: Generalized Peritonitis	3 days

Was an operation performed? yes Date of 3-12-36

For what disease or injury? Carcinoma Sigmoid Colon

Name of operation Resection of Sigmoid Colon Date of

What test confirmed diagnosis Biopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no - If so, specify

(Signed) Robt. F. Martin M. D.

(Address) Balto City Hospt.

F 22203

22203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George W. Warner

(a) Residence: No. 515 W. Cross St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

8a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertie

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retail merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal dealer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER'S MAIDEN NAME

13. NAME Edmonds

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth Riley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Bertie Warner
(Address) 515 W. Cross St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Mch 26 1936

19. UNDERTAKER James A. Hayes
(Address) 142 Wilkens Ave

20. FILED
Huntington Williams, Registrar
MAR 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Wright M. D.
Coroner

(Address) 1010 S. Edmondson Ave

F 22204 ✓ F 22204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#12556

Registered No. 5-123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR World War

2. FULL NAME Edward Brown

(a) Residence: No. 1220 Jefferson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Brown

DATE OF BIRTH (month, day, year) 5-1-1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	50	10	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year) 1940

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Benj. Franklin Brown

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Wheatly

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date 3/26 1936

19. UNDERTAKER Joseph G. Locke Jr

(Address) 1362 Jefferson St.

25 1936 Washington Millspaugh

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-23 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-28-36 19 to 3-23 1936

I last saw him alive on 3-22 1936 Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Urethral stricture with resulting urinary extravasation	1 mo.

Other contributory causes of importance:

Pulmonary tuberculosis ?
Generalized arteriosclerosis ?

Was an operation performed? yes Date of 2-28-36

For what disease or injury? Urinary Extravasation

Name of operation Suprapubic Cystotomy Date of 2-28-36

What test confirmed diagnosis? Gross Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robt. F. Martin M. D.

(Address) Balto City Hospt.

H. D. B. 1268-9

F 22205

22205 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME, instead of street and number.)

CITY OF BALTIMORE: (No. 236 E Washington St. (Ward) 1st

Length of residence in city or town where death occurred 1 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Genevie Lubrzytowska

(a) Residence: No. 236 E Washington St., Ward.

(Usual place of abode) Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 18- 1934

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	9	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Edward Lubrzytowski

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Bertha Gregorek

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Bertha Lubrzytowski

(Address) 236 E Washington St

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 3/25 1934

UNDERTAKER J. J. Dudas

(Address) 2611 Hudson St

Signature of Undertaker or Undertaking Firm

Registrar.

23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24 1934

22. I HEREBY CERTIFY That I attended deceased from March 21 1934 to March 24 1934

I last saw h.. alive on March 24 1934 Death is said to have occurred on the date stated above, at 6 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Bronchopneumonia	3/21/34

Other contributory causes of importance:

Cardiac paralysis	March 24

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

How, specify .....

(Signed) William H Roane M. D.

(Address) 2014 Eutaw

F 22206

F 22206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1411 Jefferson St., 5-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Minnie Colbert

(a) Residence: No. 1411 Jefferson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1915

7. AGE Years	Months	Days	If LESS than 1 day..... hrs. or min.
21			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. pvt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

MOTHER FATHER

13. NAME George Colbert

14. BIRTHPLACE (City or town) (State or country) md

15. MAIDEN NAME Annie Jones

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT George Colbert

(Address) 1411 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvery cem Date March 23 1936

19. UNDERTAKER Edward Bryan

(Address) 1147 Orleans St

20. FILED MAR 25 1936 Livingston Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Phthisis	July 1 1934

Other contributory causes of importance: none

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George L. Allen Coroner M. D.

(Address) 501 Lexington St

F 22207

F 22207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 n wolfe St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Smith

(a) Residence: No. 800 n wolfe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Geo Smith

6. DATE OF BIRTH (month, day, year) 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co md

MOTHER FATHER

13. NAME John Beaston

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Lucy Beaston

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Geo Smith (Address) 800 n Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt calvery cemetry Date march-26 1936

19. UNDERTAKER Edw B. [illegible] (Address) 1647 orleans st

20. FILED 19 Reg. No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	March 21 1936
Hypocandritis	Oct 1935

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no Date of

What test confirmed diagnosis? Autopsy? there an autopsy no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

Coroner

(Address) 550 Pleasant St

22208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1304 S. Carey St. 24-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Albert Stuart

(a) Residence: No. 1304 S. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Wolf.

6. DATE OF BIRTH (month, day, year) Dec 7th 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J. D. Lucas Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John B. Stuart

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Wilson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Margaret Stuart

(Address) 1304 S. Carey St.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date 3/26/36 19

Place

19. UNDERTAKER H. Weber & Son

(Address) 3513 Edmondson Ave

20. Filed MAR 25 1936 Hunter Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/23/36 19

22. I HEREBY CERTIFY, That I attended deceased from 10/10/35, 19 . to 3/23/36 19

I last saw h alive on 3/23/36 19 . Death is said to have occurred on the date stated above, at 3:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	10/10/35
	2 yrs

Other contributory causes of importance:

Cardiac Insufficiency 3/19/36

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Shepherd Glass M. D.

(Address) 1109 Brookfield Blvd

F 22209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 22209

50

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Redwood & Greene Sts., 76-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Hannah Snyder

If U. S. Veteran specify WAR .....

(a) Residence: No. 5920 Marbeth Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Snyder

6b. DATE OF BIRTH (month, day, year) Dec 19-1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Patrick Miskell

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Hannigan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Joseph Michael Snyder

(Address) 5920 Marbeth ave

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer March 26-36 19

(Date)

Undertaker Stone

(Address) 3001 Kentucky ave

MAR 25 1936 Huntington Williams, M.D.

(Signature and address of undertaker)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1936 to March 22, 1936

I last saw h.e. alive on March 22, 1936 Death is said to have occurred on the date stated above, at 1:10 Am.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast — Date of onset .....

Cerebral Hemorrhage — Date of onset .....

Other contributory causes of importance: Generalized Arteriosclerosis — Date of onset .....

Was an operation performed? No Date of 2/20/36

For what disease or injury? Carcinoma of Breast

Name of operation Radical Mastectomy Date of 2/20/36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Harry W. Rotman M. D.

(Address) Hanover & Hollins

M. D. 8-1263

F 22210

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 22210

73

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 227-N. Amity St., 18-1 Ward)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elisha Anderson Braxton

(a) Residence: No. 227 N. Amity St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Bunch Braxton

7. DATE OF BIRTH (month, day, year) February 15, 1899

AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	37	1	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Servant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) January 1936

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) Middlesex, County
(State or country) Virginia

13. NAME Christopher Anderson

14. BIRTHPLACE (city or town) Middlesex Co.
(State or country) Virginia

15. MAIDEN NAME Priscilla Baker

16. BIRTHPLACE (city or town) Middlesex Co
(State or country) Virginia

17. INFORMANT Martha Smith
(Address) 931-N Franklin

18. BURIAL, CREMATION, OR REMOVAL Overlook Mem Middlesex Va. Date Mar 26, 36
Place

19. UNDERTAKER Mrs Kate R Williams
(Address) 522 Pennsylvania Ave.

MAR 25 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3.22.36. 19

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1936, to March 22, 1936

I last saw her alive on March 22 1936 Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonic Phthisis (about)	3.4.36

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Phys Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M. Fair M. D.

(Address) 865 W. Lexington St

M. D. R. 1968-9

22211

✓ F 22211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 35 E. Heath St. St. 23 Ward 3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Earl E. Moon

(a) Residence: No. Birdhin Creek Anne Arundel Co. Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (Write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 7 1920

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	15	7 6	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Harry Moon

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Sarah K. Trump

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Mr. Harry Moon

(Address) A. A. Co. Md.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Mar 26 1936

UNDERTAKER J. Fenw McCully

(Address) 130 E. Fort Ave.

FILED ... 19 ... Registrar

MAR 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 23. 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1 1936 to Mar. 23 1936

I last saw him alive on Mar. 23 1936 Death is said to have occurred on the date stated above, at 2:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation Indefinite	
Other contributory causes of importance:	
Acute Dilatation of Heart	3/23/36

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Mar/36 (Signed) R. E. L. Campbell M. D.

(Address) 1644 Hanora St.

F 22212

22212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St.) (12-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Nebeker

(a) Residence: No. The Anchorage, South Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) April 27, 1895

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	40	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1066

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New York N.Y.

MOTHER FATHER

13. NAME Nebeker

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Wall

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Balt. City Hos. records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem. Date 3-25-1936

19. UNDERTAKER J. J. Tuckey & Sons
(Address) 316 Light St.

20. FILED 1936 Huntington, Indiana

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy, Inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. M. Magruder, M. D.
Coroner

(Address) 1016 S. Belnord Ave

22213 F 22213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 705 Lennox St. 13-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. 2 mos. 3 da. How long in U. S. If of foreign birth 83 yrs. 2 mos. 3 da.

If U. S. Veteran specify WAR NONE

2. FULL NAME Constance Anna Staberman

(a) Residence: No. 705 Lennox St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

7. DATE OF BIRTH (month, day, year): Jan-20-1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	2	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): None
11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland
13. NAME: Frederick Staberman
14. BIRTHPLACE (city or town) (State or country): not known Maryland
15. MAIDEN NAME: Anna Brown
16. BIRTHPLACE (city or town) (State or country): not known Maryland

17. INFORMANT: Mrs. H. Watkins (Friend)
(Address) Quincy Mass-Ind

18. BURIAL, CREMATION, OR REMOVAL
Place Londontown Date Mar-26 1936

19. UNDERTAKER: Stewart Monroe Company
(Address) 108 W Monroe St

Funeral Williamsport Md

MAR 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/25 1936

22. I HEREBY CERTIFY, That I attended deceased from ... on ..., 1936, to Mch 23, 1936
I last saw h[e]r alive on Mch 23, 1936 Death is said to have occurred on the date stated above, at 6.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular	5yr
Other contributory causes of importance: Bronchial pneumonia	2day

Was an operation performed? No Date of ✓
For what disease or injury? ✓
Name of operation ✓ Date of ✓
What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19...
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ✓
Manner of injury ✓
Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J J Love M. D.
(Address) 2211 Eutaw Place

22214 E 22214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1423 S. Charles St. 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William B. Lambright

(a) Residence: No. 1423 S. Charles St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Lambright

7. DATE OF BIRTH (month, day, year) May 19, 1858

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	77	10	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Don't know

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary C. Lambright
(Address) 1423 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date March 26 1936

19. UNDERTAKER C. Richard Evans
(Address) 1405-07 S. Charles St

Filed MAR 25 1936 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1936 to March 24, 1936. I last saw h— alive on March 24, 1936. Death is said to have occurred on the date stated above, at 1.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy.	
Other contributory causes of importance: Arteriosclerosis & Hypertension & Congestion of Lungs	

Was an operation performed? — Date of .....

For what disease or injury? — —

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) John A. Sheaman M. D.

(Address) 1337 S. Charles St.

22215 HEALTH DEPARTMENT—CITY OF BALTIMORE 22215

CERTIFICATE OF DEATH

92-N

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 162 Ellwood Ave 6-1 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George F. McElwee If U. S. Veteran specify WAR

(a) Residence: No. 162 N Ellwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie McElwee

DATE OF BIRTH (month, day, year) Jan 1st 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	2	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Contr

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Clarkson

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John F. McElwee

(Address) 162 N. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Oakland Cem Date 3/27 1936

19. UNDERTAKER Leonard Koch

(Address) 1305 Druid Park

20. FILED 19

25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/23 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-16 1936 to 3-23 1936

I last saw him alive on 3-23 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aorta Stenosis	1933
Other contributory causes of importance:	
Myocardial Insufficiency	3/20/36

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No Date of No

What test confirmed diagnosis? Clinical sign Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) David Miller M. D.

(Address) Broadway & Eleventh

✓ F 22216

22216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore Md.

CITY OF BALTIMORE: (No. ..... St. 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR --

2. FULL NAME John R. Middleton

(a) Residence: No. Hopkins, Va. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Mathen Middleton

6. DATE OF BIRTH (month, day, year) March 12, 1886

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	50		11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deckhand 008

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant seaman

10. Date deceased last worked at this occupation (month and year) 12-20-35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Accomac Co. Virginia

13. NAME Revel Middleton

14. BIRTHPLACE (city or town) (State or country) Accomac Co. Va.

15. MAIDEN NAME Eliza Gaskins

16. BIRTHPLACE (city or town) (State or country) Middlesex Co. Va.

17. INFORMANT (Address) Records, U.S. Marine Hosp. Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Parksley Va Date 3-27-1936

19. UNDERTAKER Kimball & Humphreys

(Address) 1001 E. Broadway.

MAR 25 1936 Registered No. ..... Baltimore, Md.

Va. Motor Vehicle Dept.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 23, 1936, to March 23, 1936

I last saw him alive on March 23, 1936. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic far advanced	1 yr.
Other contributory causes of importance: Laryngitis, ulcerative, tuberculous	1 yr.

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) T. M. N. Anderson, M. D.

(Address) U.S. Marine Hospital

22217 ✓ F 22217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St. 12-6 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ..

2. FULL NAME Edwin Butler

(a) Residence: No. Re inn, Virginia St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Almira Tracy Butler

DATE OF BIRTH (month, day, year) Sept. 29, 1886

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	49	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deckhand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman 1086

10. Date deceased last worked at this occupation (month and year) 10-24-35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Benjamin Butler

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Milanda Pope

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary - Date 3-26-36

19. UNDERTAKER Penfield & Humphreys

(Address) 1-9 N. Broadway

19. Filed MAR 25 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1936 to March 22, 1936

I last saw h.im alive on March 22, 1936 Death is said to have occurred on the date stated above, at 7:15A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, myocarditis, chr.	
decompensated	3 mos.

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) T. D. N. Anderson, M. D.

(Address) U.S. Marine Hospital

22218 ✓ F 22218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St., 17-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME George Good

(a) Residence: No. 308 E. 21st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Sept 28, 35

8. AGE: Years 2 | Months 5 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME of father: Charles Good.

14. BIRTHPLACE (city or town) (State or country): Balto.

15. MAIDEN NAME of mother: Pearl Shaffer

16. BIRTHPLACE (city or town) (State or country): Balto

17. INFORMANT: Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Dolphin Date: 3-25-36

19. UNDERTAKER: Kendall & Humphreys
(Address): 500 N. Broadway

(Filed) MAR 25 1936 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year): March 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1936 to March 23, 1936

I last saw him alive on March 23, 1936. Death is said to have occurred on the date stated above, at 10:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, right lung	3-7-36
Bilateral otitis media	3-7-36
Empyema, right side	3-20-36
Purulent Pericarditis	3-21-36

Other contributory causes of importance:

Was an operation performed? Yes Date of March 21, 1936

For what disease or injury? Empyema

Name of operation Insertion of Hart Tidal Drainage Date of

What test confirmed diagnosis? Thoracentesis Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard Liebman, M. D.

(Address) Sinai Hospital

22219 ✓ F 22219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49a 112823

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE; (No. Baltimore City Hospitals St., 12-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma Derry

(a) Residence: No. 311 E. Lanvale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Phillip Derry

7. DATE OF BIRTH (month, day, year) 1891

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Mill 6046

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Dem Jackson

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Virginia Grove

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mays-Hamilton Date 1-26-36

19. UNDERTAKER Dudley E. Humphreys
(Address) 1121 N. Broadway

FILED JAN 25 1936 19 A. Lynn Hill, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-23 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-4 1936 to 3-23 1936

I last saw her alive on 3-22 1936 Death is said to have occurred on the date stated above, at 4:25 a.m.

The principal cause of death and related causes of importance were as follows: Date of onset

a Adenocarcinoma, right ovary ? ?

Other contributory causes of importance:
metastatic Carcinoma ? Pelvic and abdominal organs

Was an operation performed? Yes Date of Aug. 1935

For what disease or injury Carcinoma Rt. Ovary

Name of operation Pelvic Laparotomy Date of Aug 35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If specify

(Signed) Robt. F. Martin M. D.

(Address) Balto City Hospt.

22220 F 22220

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 Laurens St., 14-2 Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Wm Hatchett

(a) Residence: No. 423 Laurens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Jennie Hatchett

DATE OF BIRTH (month, day, year) Dec 10, 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	3	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Victoria Va

13. NAME OF FATHER Billie Hatchett

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT James Hatchett

(Address) 423 Laurens St

18. BURIAL, CREMATION, OR REMOVAL

Place Victoria Va Date 3/25 1936

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St.

20. FILED Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23 1936

22. I HEREBY CERTIFY, That I attended deceased from ——— 1935, to March 23. 1936.

I last saw him alive on March 22 1936 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

1 Bronchopneumonia 1 Day

Other contributory causes of importance:

Expiration 7 Days

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Lee Thom M. D.

(Address) 924 Madison Ave

F 22221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 22221

181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 90-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James H. Logue

If U. S. Veteran specify WAR

(a) Residence: No. 518 N. Monroe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married.

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Miriam M. Logue

6. DATE OF BIRTH (month, day, year) May 21 - 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laboratory Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Doughnut Corp. of Allegheny

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Md

FATHER

13. NAME Francis A. Logue

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Gloria E. Frank.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs James H. Logue

(Address) 518 N. Monroe

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 3-26 1936

19. UNDERTAKER Charles J. Schwab.

(Address) 605 N. Monroe St.

Huntington Williams Co.

FILED 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia from absorption	
from 1st & 2nd degree burns over 50% of body.	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? ~~burns~~ 1936

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury 1936

Where did injury occur? Allegheny Co.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Burned by chemical

Nature of injury over 50% of body surface

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Chemical Sol. burned

(Signed) J. Wm. H. Phillips, M. D.

Coroner

(Address) 1939 Edmondson Ave

✓ F 22222

F 22222 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH X 122-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
CITY OF BALTIMORE: (No. 12-6 St. ..... Ward)
Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.
If U. S. Veteran specify WAR ---

2. FULL NAME John H. Gross
(a) Residence: No. Joppa, Maryland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Gross

6. DATE OF BIRTH (month, day, year) October 14, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman pos 6
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govt. reservation
10. Date deceased last worked at this occupation (month and year) 3-7-36
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lebanon Penna.

13. NAME Amos Gross

14. BIRTHPLACE (city or town) (State or country) Lebanon Penna.

15. MAIDEN NAME Anna Parr

16. BIRTHPLACE (city or town) (State or country) Lebanon Penna.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Joppa Md Date March 27 1936

19. UNDERTAKER Howard K Mahoney
(Address) Aberdeen Md

19. FILED MAR 25 1936 ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 24 1936

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1936, to March 24, 1936
I last saw h. im alive on March 24, 1936. Death is said to have occurred on the date stated above, at 2:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, coronary sclerosis	Unk.
Hernia, inguinal, direct, left	Nov. 1935
Other contributory causes of importance:	

Was an operation performed? yes Date of 3-11-36
For what disease or injury? Hernia
Name of operation Herniaplasty Date of 3-11
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. M. Lawrence M. D.
(Address) U.S. Marine Hospital

Spec.—2-29-28—L. F. S.—500 Bks.

22223 HEALTH DEPARTMENT—CITY OF BALTIMORE F 22223

CERTIFICATE OF DEATH

11-a

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1203 Laurens ST. 16-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Cecelia V. Sydnor

(a) RESIDENCE NO. 1203 Laurens ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): ~~no~~ widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Jan. 1901

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	2		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Kilmornock Virginia

10 NAME OF FATHER: John Wiggins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kilmornock Virginia

12 MAIDEN NAME OF MOTHER: Susie Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kilmornock Virginia

Informant: Alfred Wiggins

(Address) 1720 E Fairmount St

Filed 25 1936 Lexington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-23-36

17

I HEREBY CERTIFY, That I attended deceased from March 16, 1936, to March 23, 1936, that I last saw her alive on March 22, 1936 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs & Symptoms

(Signed) John E. H. Carter, M. D.

19 (Address) 639 N. Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lexington Virginia — DATE OF BURIAL: Mar 27 1936

20 UNDERTAKER: Adolphus Halstead — ADDRESS: 938 Druid Ave

F 22224 ✓ F 22224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#12808 93-I

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mattie Cross

(a) Residence: No. 1200 Guilford Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Zedekiah Cross

7. DATE OF BIRTH (month, day, year) 7-25-73

8. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	7	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Wm. T. Ambrose

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Burnham

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Sadeys Church Brookfield md. Date 3/27 1936

19. UNDERTAKER Richard F. Curley
(Address) 1941 Eutaw Ave

20. FILED MAR 25 1936 19 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/3, 1936, to 3/24, 1936

I last saw her alive on 3/24 1936 Death is said to have occurred on the date stated above, at 2 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	10 wk.
Arteriosclerosis	?
Other contributory causes of importance:	
Hypertension	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp.

H. D. F 1268-9

22225 HEALTH DEPARTMENT—CITY OF BALTIMORE F 22225

CERTIFICATE OF DEATH

✓ 166

Registered No. .....

1. PLACE OF DEATH Found in the water at
CITY OF BALTIMORE: (No. Foot of Bayard St. St. 21-W (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. --mos.--ds. How long in U. S. If of foreign birth? 35 yrs. --mos.--ds.

2. FULL NAME Ciprian Abromaitis.

(a) Residence: No. 1259 James St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

6. If married, XXXXXXXXXX HUSBAND of XXXXXXXX Agnes Abromaitis.

DATE OF BIRTH (month, day, year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	---	---	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing presser.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania.

13. NAME Martin Abromaitis.

14. BIRTHPLACE (city or town) (State or country) Lithuania.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Lithuania.

INFORMANT Agnes Abromaitis. (wife)
(Address) 1259 James St.

BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Mch 26 1936

UNDERTAKER J. J. Pacelli
(Address) 1723 E. Pratt St.

MAR 26 1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found March 22, 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	
Suicide.	

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M. Leinhardt Coroner, M. D.
3/24/36 Address) 1017 E. Charles St.

M. D. B 1268-9

F 22226

F 22226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-N Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eva Kruscuninte

(a) Residence: No. 601 W. Saratoga St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Rev. Joseph Lictuvinkas
(Address) 114 W. Saratoga st.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mar. 28 1936

19. UNDERTAKER Dan. Petkunskas
(Address) 413 S. Paca St.

20. FILED MAR 26 1936 Thomas J. Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1936

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) T. J. O'Malley M.D. Coroner

(Address) 2757 W. North Ave.

F 22227

22227 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

Registered No. 5-6

CITY OF BALTIMORE: (No. 3021 Westwood Ave St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Victor L. Jones

If U. S. Veteran specify WAR

(a) Residence: No. 3021 Westwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

6. If married, ~~widowed or divorced~~ HUSBAND of (or) ~~WIFE of~~ Eunith Lucketa Jones

7. DATE OF BIRTH (month, day, year) Aug 17- 1855

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	7	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. R. R. Co

10. Date deceased last worked at this occupation (month and year) Aug, 31-1925

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto. County

13. NAME Wm. Jones

14. BIRTHPLACE (city or town) (State or country) Balto Co

15. MAIDEN NAME Dorcas Treacy

16. BIRTHPLACE (city or town) (State or country) Balto. Co.

17. INFORMANT Mrs. E. L. Jones

(Address) 3021 Westwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Marys. Hamden Date Mar 26 1936

19. UNDERTAKER Leo H Little

(Address) 2700 Edmondson Ave

MAR 26 1936 Huntington [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1935 to Mar 24, 1936

I last saw h alive on Mar 24, 1936 Death is said to have occurred on the date stated above, at 10.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	Dec. 1935
Other contributory causes of importance:	
Chr. Myocarditis	1930

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation Thyroid Examination Date of 30

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) L. Paul Brown, M. D.

(Address) 1663 W North Ave

Spec—12-23-21—E.B.F.S.—400 Bks.

F 22228 HEALTH DEPARTMENT—CITY OF BALTIMORE F 22228

✓ 82-a

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 808 N. Fulton St., 16-H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Ward

(a) Residence No. 808 N. Fulton St., 16 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE W

5-~~Single~~, Married, ~~or Divorced~~, Widowed, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Richard W Ward

6-DATE OF BIRTH (month, day and year) Dec 25-1858

7-AGE 77 yrs. 3 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer) 1037

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) A. A. Co. Md

PARENTS

10-NAME OF FATHER Richard Dace

11-BIRTHPLACE OF FATHER (city or town) (State or Country) A. A. Co. Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14- (Informant) Mary S. Ward

(Address) 808 N. Fulton Ave

15- Filed 1936 Huntington Wilson Registrar.

MAR 26 1936

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3/25/36

17- I HEREBY CERTIFY, That I attended deceased from Feb 15 1936 to Mar 25 1936

that I last saw her alive on Mar 24 1936

and that death occurred, on the date stated above, at 5-15 p.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insuff

Senile sclerosis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? P. E.

(Signed) Henry L. Dodd M. D.

3/25, 1936 (Address) 735 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Annapolis Md

DATE OF BURIAL March 28 1936

20-UNDERTAKER B. L. Hopkins

ADDRESS Annapolis Md.

M. D. B 1268-9

22229 F 22229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 178-a

Registered No. 45-10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4027½ Boarman Ave St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 4 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leo B. Cimmy If U. S. Veteran specify WAR World War

(a) Residence: No. 4027½ Boarman St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal.	White.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rae Cimmy

6. DATE OF BIRTH (month, day, year) Dec 28 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	2	251	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Finish~~ Pen Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Coast Guard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Buffalo N.Y.

FATHER

13. NAME Frank Cimmy

14. BIRTHPLACE (city or town) (State or country) Buffalo N.Y.

MOTHER

15. MAIDEN NAME Veronica Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Rae B. Cimmy (Address) 4027½ Boarman Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Arlington Cem, Virginia. March 26 1936

19. UNDERTAKER E. Leroy Stubbs, Inc (Address) 1255 N. Monroe St

20. FILED MAR 26 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. Found dead at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating gas Poison. Accidental.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury March 23, 1936

Where did injury occur? Baltimore 4027½ Boarman (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Gas got accidentally turned on

Nature of injury Poison by gas (illuminating)

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Kain, M. D. Coroner

(Address) 1216 Harmon

F 22230

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22230

CERTIFICATE OF DEATH

82-A

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 Richwood ave St., 27-10 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles B. Green

(a) Residence: No. 514 Richwood ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esabella

6. DATE OF BIRTH (month, day, year) June 20 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	3	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rockville Md.

13. NAME Charles Green

14. BIRTHPLACE (city or town) (State or country) on Running

15. MAIDEN NAME Mary Cole

16. BIRTHPLACE (city or town) (State or country) Balto. Co.

17. INFORMANT Kenneth Green

(Address) Hamilton Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Bath Cemetery Date March 26th 1936

19. UNDERTAKER L. Roy L. Hedges

(Address) 6224 Harford Rd

FILED MAR 26 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24/36. 19

22. I HEREBY CERTIFY, That I attended deceased from March 19 1936 to March 24 1936

I last saw him alive on 3/24/36 19 . Death is said to have occurred on the date stated above, at 12 00 M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebal Hemorrhage	3/19/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. W. Wheaton M. D.

(Address) 4304 York Rd.

22231

HEALTH DEPARTMENT—CITY OF BALTIMORE

22231

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 S Augusta St., 20-X Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 7 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Bridget A Haynes

(a) Residence: No. 14 S Augustas St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Haynes

6. DATE OF BIRTH (month, day, year) Nov 30 1849

7. AGE Years 86 Months 3 Days 23 If LESS than 1 day ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Edward Keane

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT James E Haynes

(Address) 14 S Augusta

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cem Date 3/26 36

19. UNDERTAKER Engel & Staley

(Address) Hudson & Fayette

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1935 to March 23, 1936

I last saw her alive on 3/22, 1936 Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombus — Date of onset Feb 14/36

Arteriosclerosis General

Varicose Ulcers on both Legs.

Other contributory causes of importance:

Coronary Thrombus (Recurrent)

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Damian P Aloysius D.

(Address) 336 Cathedral St.

AG 1350

M. D. F 22232 F 22232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 122-a.

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008- E. Federal Street St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Frank P. Vollkommer If U. S. Veteran specify WAR No.

(a) Residence: No. 1008- E. Federal Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude (Och)

6. DATE OF BIRTH (month, day, year) 7/5/1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	8	18	XXXXXX

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tavern Keeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph Vollkommer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret (Zeilman)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Chas. Jenkins

(Address) 1008-E. Federal Street

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date 3/26/36 19

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1725-Harford Ave.

MAR 26 1936 Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Inguinal Hernia (right)	
Other contributory causes of importance: Intestinal obstruction	

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Paul Wheyther, M. D.
Coroner

(Address) 1919 E. North Ave.

22233 F 22233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 9 5 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 N Appleton St., Ward 14

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Louisa J Bedford

(a) Residence: No. 916 N Appleton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Henry Bedford

6b. DATE OF BIRTH (month, day, and year): Dec 9 1857

7. AGE: Years 78 | Months 7 | Days 16 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Augustus Wickes

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Wm G Selby
(Address): 2743 Lauraville Ave

18. BURIAL, CREMATION, OR REMOVAL: Baltimore Date 3/27 1936

19. UNDERTAKER: Wm Cook
(Address): 1217 E Fayette St

20. FILED: Washington Philbert [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 25 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/12/36 1936 to March 25 1936

I last saw her alive on March 20 1936 Death is said to have occurred on the date stated above, at 12:35 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerotic cardio-vascular disease	years duration

Other contributory causes of importance:

acute pulmonary edema	2 days duration

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Benjamin Miller M. D.

(Address) 2030 Wilkens Ave

DEC 1936

M. D. F 22234 F 22234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME Edward Hincker

(a) Residence: No. 1625 Hakesley Place St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE of~~ Martha Hincker

6. DATE OF BIRTH (month, day, year) Dec 5th 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 2.

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Simpson Hincker

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Margaret Robinson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary King

(Address) 1625 Hakesley Place

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Mar 27th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... Registrar

MAR 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Injury (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenken M. D. Coroner

(Address) 1912 North Ave

F 22235 F 22235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 722 McHenry St., 21-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Redemann
If U. S. Veteran specify WAR WW

(a) Residence: No. 722 McHenry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, and year): Sept 6, 1856

8. AGE: Years 79 | Months 6 | Days 19 | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Jeweler
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Store
11. Total time (years) spent in this occupation: 40
12. Date deceased last worked at this occupation (month and year): 1916

13. BIRTHPLACE (city or town) (State or country): Baltimore Md

14. NAME: Unknown Redemann
15. BIRTHPLACE (city or town) (State or country): Germany
16. MAIDEN NAME: Unknown
17. BIRTHPLACE (city or town) (State or country): Germany

18. INFORMANT: Edna Zimmer
(Address) 21 N Saratoga St

19. BURIAL, CREMATION, OR REMOVAL: Cremation Greenmount 3/28/36
20. UNDERTAKER: Wm Cook & Sons
(Address) 1214 E Fayette St

MAR 26 1936 Registrar, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1935 to Mar. 25, 1936
I last saw him alive on Mar. 25, 1936 Death is said to have occurred on the date stated above, at 3:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	Oct 1935
Other contributory causes of importance: Metastases of Bladder	1936

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, state .....

(Signed) Morley Stoag, M. D.
(Address) 729 Wash. Blvd.

M. D. B 1268-9

F 22236

F 22236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 79-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Bell City Hospital St. 3-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paul Bellesky
If U. S. Veteran specify WAR .....

(a) Residence: No. 1123 S. Forrand St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Polil

6. DATE OF BIRTH (month, day, year) Sept 12 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker 40 yrs
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe repairing
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) " "
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Nick Kislik
(Address) 1155 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Russian Cem Date March 19 36

19. UNDERTAKER Wendell Hilpert
(Address) 1020 Fairfield Ave

20. FILED 19 ..... Registrar.

26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Meningitis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ..... Coroner M. D.

(Address) 1010 S. Ellwood Ave

F 22237

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22237

CERTIFICATE OF DEATH

3/1 V 23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 3-2 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catharine Tinsley

(a) Residence: No. 705 S Spring St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-22-19

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Henry Tinsley

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Hardy

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem Date March 27-36

19. UNDERTAKER Wendell J. Cyrus
(Address) 1405 E Fayette St

FILED MAR 26 1936 Huntington Townsend, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1936 to March 22, 1936

I last saw her alive on March 22 1936 Death is said to have occurred on the date stated above, at 11:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis, far advanced.	Prolonged
Other contributory causes of importance: Pulmonary Hemorrhage	7

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Edw D Grossman, M. D.

(Address) The Johns Hopkins Hospital

22288

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22288

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3507 E Spaulding Ave. (Ward) 27-18

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Calvin Robertson

(a) RESIDENCE NO. 3507 E Spaulding Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married (nee Shelley)

6 If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Mary R. Robertson

7 DATE OF BIRTH (month, day, and year) Sept. 5 1875.

AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
60	6.	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Conductor

(b) General nature of industry, business, or establishment in which employed (or employer): Balto Transit Co.

(c) Name of employer

9 BIRTHPLACE (city or town) Yancey Co.

(State or country) N.C.

10 NAME OF FATHER David N. Robertson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N.C.

12 MAIDEN NAME OF MOTHER Mary A. Hall.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N.C.

14 Informant Mrs. Mary R. Robertson

(Address) 3507 E Spaulding Ave.

Huntington Williams, M.D.

Registrar

1936 . 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 1936

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1 1933, to March 25 1936, that I last saw h~~im~~er alive on March 25 1936, and that death occurred, on the date stated above, at 2:40 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. 3 mos. 25 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? n/a Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Sherman R. Wood, M. D.

3/25 1936 (Address) 2601 Manhattan Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fairview Sunny Brook Md. Date of Burial Mar 28/36

20 UNDERTAKER: Walter Davis ADDRESS 3418 E Eastern Ave.

22239 F 22239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 18

Registered No. .....

1. PLACE OF DEATH SYDENHAM HOSP'T

CITY OF BALTIMORE: (No. ..... St. 24-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Gerald Brown

(a) Residence: No. 602 E. Fort Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) July 31, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) Kentucky

15. MAIDEN NAME Grace Roberson

16. BIRTHPLACE (city or town) (State or country) Solomon's Island Md.

17. INFORMANT Father
(Address) 602 E. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 3/26, 1936

19. UNDERTAKER A. Howard Evans
(Address) 1400-02 E. Chas. St.

Huntington Williams, Registrar.

6 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1936, to March 25, 1936

I last saw him alive on March 25, 1936. Death is said to have occurred on the date stated above, at 2:34 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis.	3-24-36
Other contributory causes of importance:	

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. O. Lipes Jr., M. D.

(Address) SYDENHAM HOSP'T

F 22240

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22240

CERTIFICATE OF DEATH

47-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 16-b Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? 43 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Fanslan

(a) Residence: No. 6226 Brown Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Rose Fanslan

6. DATE OF BIRTH (month, day, year) June 25.1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	8	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1905

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Fanslan

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Rose Fanslan (Wife)

(Address) 6226 Brown Ave.

18. BURIAL, CREMATION, OR REMOVAL

Mt. Carmel Cemetery Mar. 27. 1936

Place Date

19. UNDERTAKER HENRY SANDER & SONS. INC. Per J. Sander

(Address) Baltimore & Broadway.

MAR 26 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-23 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-1 1936 to 3-23 1936

I last saw h. alive on 3-23 1936 Death is said to have occurred on the date stated above, at 11.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mediastinal Malignancy	before Apr 1935
Metastasis to liver, biliary apparatus, abdomen, ribs, etc.	
Advanced cachexia	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? X-Ray-Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lewis H. Woodward Jr. M. D.

(Address) University Hosp.

F 22241

22241 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 93-C

1. PLACE OF DEATH Sinai Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1-1 St., ... Ward)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 54 yrs. ..... mos. ..... ds.

2. FULL NAME Adeline Pfeiffer (ADELINE C. PFEIFFER) U.S. Veteran WAR .....

(a) Residence: No. 1103 S. Potomac St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Pfeiffer

6. DATE OF BIRTH (month, day, year) Feb. 27. 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER'S FATHER'S

13. NAME George W. Hasse

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Bertha Patzwell

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. John M. Pfeiffer (Husband)
(Address) 1103 S. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL 1st Evangelical Cem., Mar. 26. 1936

19. UNDERTAKER HENRY SANDER & SONS, INC. Per J. Sander
(Address) Baltimore & Broadway.

20. FILED MAR 26 1936 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 22 19 36 to March 23 19 36

I last saw her alive on March 23 19 36 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

Stroke - Adams Syndrome - Arteriosclerosis - Hypertrophy of Heart - Chronic Myocarditis — Date of onset .....

Other contributory causes of importance: Hypertension

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Joseph B. Rose, M. D.

(Address) Sinai Hospital

F 22242

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22242

CERTIFICATE OF DEATH

160-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy MAGNESS

(a) Residence: No. 124 ARCH ST St., ... Ward. BEL AIR Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) B MARCH 24, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1/2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. INFANT

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) UNIVERSITY HOSP BALTO MD

13. NAME BERTRAM MAGNESS

14. BIRTHPLACE (city or town) (State or country) MARYLAND

15. MAIDEN NAME EVELYN CROSS

16. BIRTHPLACE (city or town) (State or country) MARYLAND

17. INFORMANT Mr. Bertram Magness
(Address) 124 Arch St.

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn Cem Date Mch 27 36

19. UNDERTAKER Spangler & Sons
(Address) Belair Md.

MAR 26 1936 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 25 1936

22. I HEREBY CERTIFY, That I attended deceased from MARCH 24, 1936, to MARCH 25, 1936.

I last saw h.i.m alive on MARCH 25, 1936. Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

INTRACRANIAL HEMORRHAGE — Date of onset MARCH 24, 1936

Other contributory causes of importance:

ASPIRATION FLUID FROM STOMACH — 3-25-36

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? SPINAL PUNCTURE Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) E. H. DeLuca M. D.

(Address) Univ. Hosp.

M. D. H. 1268

F 22243

F 22243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-a

Registered No. .....

1. PLACE OF DEATH Mt. Zion Church

CITY OF BALTIMORE: (No. Fulmore & Riggs St., 915 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Agnes Wilmer

(a) Residence: No. 1300 W. Stricker St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Raymond Wilmer

6. DATE OF BIRTH (month, day, year) Sept 4 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

FATHER

13. NAME Nathan Abrams

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER

15. MAIDEN NAME Priscilla Jones

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT Estella Abrams + Raymond Wilmer

(Address) 1300 W. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Mar. 26 1936

19. UNDERTAKER V. A. Brooks

(Address) 1463 N. Carey St.

26 FILED ... 19 ... Registrar.

26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 5-45 PM

The principal cause of death and related causes of importance were as follows:

Virginia Pleuris

Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Nagel, M. D. Coroner

(Address) 1215 Hanover

22244 F 22244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH L. Sis. Sisters of the Poor — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 200 Valley St. St., 10-1 Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lawrence Mallonee

(a) Residence: No. 1200 - Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Kate Mallonee

7. DATE OF BIRTH (month, day, year): 1864 - Oct 20

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72		5	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stone - Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

13. NAME: Lawrence Mallonee

14. BIRTHPLACE (city or town) (State or country):

15. MAIDEN NAME: Sarah M. ?

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Sister Stanislas, Sup.
(Address) Little Sisters of the Poor. city

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Park Date Mar. 27, 1936

19. UNDERTAKER: Rita Wiedefeld
(Address) 914 Greenmount Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 25 March, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 8 1935 to March 25 1936

I last saw him alive on March 25 1936. Death is said to have occurred on the date stated above, at 10:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca Endocardium	?
Other contributory causes of importance:	
Chronic Nephritis	?
Acute Delirium	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys & Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) L. McCarthy, M. D.

(Address) 1114 Hanover St

M. D. B 1268-9

F 22245

F 22245 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 W 40 St St., 13-7 Ward)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR. ...

2. FULL NAME Ludlow Carroll Hillett

(a) Residence: No. 519 W 40 St St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 22 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ludlow C. Hillett

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Catherine Carroll

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Constance Petre

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Old St Paul Cem Date 3-26-36

19. UNDERTAKER Henry W. Perkins Sons Co

(Address) Orchard & Aberdeen Sts Huntington Williams, M.D.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1936

22. I HEREBY CERTIFY, That I last attended the deceased from ... to ..., that I was present at ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	3/15/36

Other contributory causes of importance: Prob Uremia Valvular heart disease ?

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Ed Redgrave, M. D.

Coroner

(Address) Osborne

F 22246

F 22248

311028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Stone

(a) Residence: No. Stown Vermont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/17/54

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept of Lumber Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vermont.

MOTHER FATHER

13. NAME Henry Stone

14. BIRTHPLACE (city or town) (State or country) Vermont

15. MAIDEN NAME Olive Sawyer

16. BIRTHPLACE (city or town) (State or country) Vermont.

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Burlington Vermont Date 3-26 19 36

19. UNDERTAKER Henry W. Jenkins & Sons Co
(Address) Orchard & Allen sts Burlington Vermont

20. FILED ..... 19 ..... Registrar.

MAR 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch 24 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Mch. 15 . 1936, to March 24 . 1936.

I last saw him alive on March 24 . 1936. Death is said to have occurred on the date stated above, at 10.35 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage. Date of onset 3-24-36
Arteriosclerosis & Hypertension
Primal Prostatectomy 3-17-36

Other contributory causes of importance:

Chronic Pulmonary tuberculosis. 1901

Was an operation performed? Yes Date of March 17, 1936

For what disease or injury? Benign Prostatic Hypertrophy

Name of operation Primal Prostatectomy Date of 3-17-36

What test confirmed diagnosis Cystoscopy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Clark Jewett M. D.

(Address) Johns Hopkins Hospital

22247 F 22247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3519 Holmes ave St., 23 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 36 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Barney Rinland

(a) Residence: No. 3519 Holmes ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fannie Rinland

6. DATE OF BIRTH (month, day, year):

7. AGE: Years 62 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hat Mfg.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hat Mfg.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME OF FATHER: Davis Rinland

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME OF MOTHER: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Fannie Rinland

(Address) 3519 Holmes ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: 3/26/36 19

19. UNDERTAKER: Jack Louis Levy

(Address) 1143 E. Baltimore St

MAR 26 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 1936, to March 25, 1936.

I last saw h. alive on March 25, 1936. Death is said to have occurred on the date stated above, at 3.30 A.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver — Date of onset 6 mos.

Other contributory causes of importance:

Was an operation performed? No — Date of .....

For what disease or injury? .....

Name of operation None — Date of .....

What test confirmed diagnosis? clinical — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify .....

(Signed) Sidney J. Levy, M. D.

(Address) 23 E. Eastern Ave

22248 F 22248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2220 Linden Ave. W. 13-2

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Regina Crystal

(a) Residence: No. 2220 Linden Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Crystal

6. DATE OF BIRTH (month, day, year)

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Paul Gordon

(Address)

18. BURIAL, CREMATION, OR REMOVAL Beth Abraham Date 3/26/36

19. UNDERTAKER Jacob Siegel & Sons

(Address) 1435 E. Baltimore St

FILED 3-26-1936 Harrington Williamson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26/36

22. I HEREBY CERTIFY, That I attended deceased from Sept-15- 1935 to March-25- 1936

I last saw her alive on March-25 1936 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Colon with Metastasis to Liver — Date of onset about 2/36

Other contributory causes of importance:

none

Was an operation performed? yes Date of Oct-36

For what disease or injury? Carcinoma Colon

Name of operation resection Date of

What test confirmed diagnosis? Path Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19 ..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) Herman Seidel M. D.

(Address) 2404 Eutaw Pl

22249 ✓ F 22249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. 13

1. PLACE OF DEATH Saint Agnes' Hospital
CITY OF BALTIMORE: (No. Stiles & Caton Aves. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Frances Kudlak,

(a) Residence: No. 622 S. Lakewood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Frank Kudlak

6. DATE OF BIRTH (month, day, year) September 10 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	55	6	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Walenty Kijuliah

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Antonina Mikolajewska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Mary Lijewska Daughter
(Address) 622 S. Lakewood ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date March 27 1936

19. UNDERTAKER John F. Weber
(Address) 1401 S. Chester

20. FILED [illegible] for Baltimore City
MAR 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-24- 1936

22. I HEREBY CERTIFY, That I attended deceased from March 20 1936 to March 24 1936

I last saw her alive on March 24 1936 Death is said to have occurred on the date stated above, at 3.05 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Bronchopneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) C. J. Williamson M. D.

(Address) St. Agnes Hospl.

F. 22250

22250 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3113 Northern Parkway 27th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Bertha E Reilly

(a) Residence: No. 3113 Northern Parkway Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas J. Reilly

6. DATE OF BIRTH (month, day, year) Dec 26, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	2	27?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewistown Pa.

MOTHER FATHER

13. NAME Benjamin Gring

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Thos J. Reilly

(Address) 3113 Northern Pkwy

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 3/27/31

19. UNDERTAKER Leonard J Buck

(Address)

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1931 to March 24, 1931

I last saw h[illegible] alive on March 24, 1931 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12 d
Arteriosclerosis	12 d
Hypertension	12 d
Other contributory causes of importance: Chr Interstitial Nephritis	12 d

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No Date of

What test confirmed diagnosis? Urinalysis + Spinal Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. a Strong M. D.

(Address) 2878 Hartford Rd

F 1926

F 22251

22251 HEALTH DEPARTMENT—CITY OF BALTIMORE

92-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4608 Harford Road St., 27-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sabina A. Debes

(a) Residence: No. 4608 Harford Road St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George P. Debes

6. DATE OF BIRTH (month, day, year) June 30 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME John Bauer

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Anna B. Hallemeyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. George P. Debes

(Address) 4608 Harford Road

18. BURIAL, CREMATION, OR REMOVAL Place Most Holy Redeemer Date March 28, 1936

19. UNDERTAKER Henry Ford Sons, Inc

(Address) 1301 E. Eager St

FILED MAR 27, 1936 Eyla Williams, M.D. 3/28

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1935 to March 24, 1936

I last saw h[illegible] alive on March 24, 1936 Death is said to have occurred on the date stated above, at [illegible] p.m.

The principal cause of death and related causes of importance were as follows:

Multiple Embolic

Cerebral Embolism

Date of onset

Other contributory causes of importance:

Endocarditis

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Clovis Jennings M. D.

(Address) 4766 Hampden Road

M. D. R. 1268-b

F 22252

F 22252 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8½-a

Registered No. 12-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3935 Clovehill Rd St. (Ward) 12-1

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dannie Howland Stump

(a) Residence: No. 3935 Clovehill Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alex Hamilton Stump

6. DATE OF BIRTH (month, day, year) July 8 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

13. NAME Richard H Woollen

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

15. MAIDEN NAME Martha Brady

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Mrs German Emory

(Address) 3935 Clovehill Rd

18. BURIAL, CREMATION, OR REMOVAL

Place St Thomas Garrison Forest Date Mar 27, 1936

19. UNDERTAKER Lenny W Rubeiro Sons Co

(Address) McCue & Cashman

Filed Mar 26 1936, 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1936 to Mar 25 1936

I last saw h alive on March 24 1936 Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Feb 5

Other contributory causes of importanre:

Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

Signed C. B. Grantham Jr M. D.

(Address) 3918 Eastern Ave

22253

309735

F 22[illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 17-2nd Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Maggie Kellum

(a) Residence: No. 634 W. Lanvale St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) 2-13-99

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

MOTHER FATHER

13. NAME John Downes

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Louisa Smith

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn St Date 3/24/36

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery St

6 1936 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23. 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 13. 1936. to March 23. 1936

I last saw her alive on March 23. 1936 Death is said to have occurred on the date stated above, at 445 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular hypertension disease Arteriolar nephrosclerosis with uremia.	1 yr 4 mos 1 month

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edith D. Crossman M. D.

(Address) The Johns Hopkins Hospital

F 22254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#12608/07-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary O. Bordley

(a) Residence: No. 118 W. Hughes St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Bordley

DATE OF BIRTH (month, day, year) 7-3-79

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	8	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Ct Date 3/27/36

UNDERTAKER Isaiah L Brown & Son

(Address) 108 W Montgomery St Huntingtn Wilmans, MD

19 Registrar.

26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19, to 3/24, 1936

I last saw her alive on 3/24, 1936 Death is said to have occurred on the date stated above, at 4 25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1wk
Hypostatic	?
Other contributory causes of importance:	
Arteriosclerosis	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Baltimore City Hosp

F 22255 ✓ F 22255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1731 Olive St. 23-3 Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret M Zukowski

(a) Residence: No. 1731 Olive St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced (~~HUSBAND of~~) (or) WIFE of Frank J Zukowski

6. DATE OF BIRTH (month, day, year) April 17 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	11	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bucks Co Pa

13. NAME John Morris

14. BIRTHPLACE (city or town) (State or country) Bucks Co. Pa

15. MAIDEN NAME Margaret Harp

16. BIRTHPLACE (city or town) (State or country) Bucks Co Pa

17. INFORMANT Ida Donahue

(Address) 1908 E. Hazzard st. Phila Pa

18. BURIAL, CREMATION, OR REMOVAL

Evergreen Cem. Phila Pa 3/26 1936

19. UNDERTAKER John F Dorsey

(Address) 715 Light St

20. FILED ..... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 7 1936 to Mar 23 1936

I last saw her alive on Mar 23 1936 Death is said to have occurred on the date stated above, at 12 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	mar 7th
Other contributory causes of importance: Exhaustion	24.

Was an operation performed? no Date of —

For what disease or injury?

Name of operation none Date of —

What test confirmed diagnosis? and Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, [illegible]

3/23/36 (Signed) H. S. Campbell M. D.

(Address) 1644 Hanover St

F 22256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 22256

18

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. SYDENHAM HOSP. St. 131 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Julia Thomas

(a) Residence: No. 2132 Mt Royal Ter St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Thomas

6. DATE OF BIRTH (month, day, year) ? 1876

7. AGE Years	Months	Days	If LESS than 1 day..... hrs. or ..... min.
60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home

10. Date deceased last worked at this occupation (month and year) 07

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John Williams

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Son
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Date 3/26/ 1936

19. UNDERTAKER Mrs. George A. Foland
(Address) 1631 D myd Hill Huntington Williams, N.

Registrar

26 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1936, to March 25, 1936

I last saw her alive on March 25, 1936 Death is said to have occurred on the date stated above, at 2 15 a.m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Meningococcus meningitis	3-20-36
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

Signed Francis D'Schweicher, M. D.
(Address) SYDENHAM HOSP.

22257 ✓ 22257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1830 N. Spring St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Stalley

(a) Residence: No. 1830 N. Spring St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	Married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Sarah Stalley

7. DATE OF BIRTH (month, day, year) Nov. 29, 1905

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	3	24	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stevedore

10. Date deceased last worked at this occupation (month and year) Mar 1926

11. Total time (years) spent in this occupation 3 mo

12. BIRTHPLACE (city or town) (State or country) Greensburg Pa.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Sarah Stalley
(Address) 1830 N. Spring

18. BURIAL, CREMATION, OR REMOVAL
Place Int. Auburn Cem. Date 3/26 1930

19. UNDERTAKER T. P. Kelson
(Address) 1202 Pennsylvania Ave

FILED Feb 26 1930

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 23. 1926

22. I HEREBY CERTIFY, That I attended deceased from Mar. 13, 1926 to Mar 23, 1926.

I last saw h.. alive on Mar 23, 1926. Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Mar 13
Acute Dilatation of Heart	Mar 23

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) William A. Longsley M. D.

(Address) 1420 E. Chase

M. & B. 1268-9

F 22258

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22258

CERTIFICATE OF DEATH

160 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 E. Oliver St., 12-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Baby Day

(a) Residence: No. 420 E. Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 25, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Elie Day

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Matilda Woodard

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place J. H. Med School Date April 30, 1936

19. UNDERTAKER
(Address)

20. FILED [illegible] Registrar.

22941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-26-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-26-36, 19, to 3-26-36, 19

I last saw her alive on 3-26-36 19 Death is said to have occurred on the date stated above, at 9 5/8 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-partum infection	
Birth injury ?	

Other contributory causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Whitridge M. D.

(Address) Johns Hopkins Hospital

OCCUPATION IS very important. See instructions on back of certificate.

M. D. H. 1268-9

F 22259

2259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clinton Keats

(a) Residence: No. 701 W. Fayette St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	NotKnown

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, year) 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not Known

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Y Med School Date Mar 26 1936

19. UNDERTAKER .....
(Address) [illegible] Washington Blvd

3261936
2212 THE MORGUE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy, or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of Head	
Cerebral Hemorrhage	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Injury occurred March 9, 1936

Where did injury occur? Fayette & Fremont Sts. Balto. Md. (Specify city, town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Fell Laceration of Head when he was under influence of Alcohol

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. H. Moulton M. D. Coroner

(Address) 2757 W. Lanvale St.

Spec.—2-29-28—L. F. S.—500 Bks.

22260 F 22260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-A

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4703 Greenhill ST. No 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles A. Whiteley

(a) RESIDENCE NO. 4703 Greenhill St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Louise Muse Whiteley

DATE OF BIRTH (month, day, and year) Mar. 24, 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	0	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher 013

(b) General nature of industry, business, or establishment in which employed (or employer) Own shop.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto., Md.

10 NAME OF FATHER James H. Whiteley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Mrs Harry Phillips

(Address) 4703 Greenhill Ave

Undertaker [illegible] Washington Funeral Home

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-25-36

17 I HEREBY CERTIFY, That I attended deceased from Mar 18, 1936, to Mar 25, 1936.

that I last saw him alive on Mar 24, 1936

and that death occurred, on the date stated above, at 10.00 A m.

The CAUSE OF DEATH* was as follows:

Arterial sclerosis

(duration) Unknown yrs. mos. da.

CONTRIBUTORY (Secondary) Apoplexy

(duration) 1 yrs. mos. 13 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Dyberk, M. D.

, 19 (Address) 1807 Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Mar 28 1936

20 UNDERTAKER Geo M. Gross & Son

ADDRESS 811 N Howard

22261 F 22261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 22-a Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St., 11-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Robert Whitman

(a) Residence: No. 110 Second St Laurel Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 16, 1925

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
10	4	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York.

13. NAME Stanley Whitman

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Esther Whitehead

16. BIRTHPLACE (city or town) (State or country) Laurel Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bayside Cemetery Laurel Md Nov. 28/36

19. UNDERTAKER Wm. Wells Donaldson
(Address) Laurel Md

[illegible] 26 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-26 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-24 1936 to 3-26 1936

I last saw him alive on 3-26 1936 Death is said to have occurred on the date stated above, at 10 40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphatic Leukemia	4 wks
Acute Nephritis.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signature) John W. Barnacle M.D.

(Address) Maryland Gen'l Hosp

F 22262

22262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 16-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3001 Lyttleton Rd. St., ... Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Anna Crockett

(a) Residence: No. 3001 Lyttleton Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Crockett

6. DATE OF BIRTH (month, day, year) 6/18/75

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	9	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Jacob Meiser

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Meeth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John W. Crockett Jr.

(Address) 3509 Liberty Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemy. Date 3/27/36 19

19. UNDERTAKER John D. Mitchell & Sons

(Address) 1900 Eutaw Place

26 1936 Huntington Millinery Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 . 1935 . to Mar 24 . 1936

I last saw her alive on Mar 24 . 1936 Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	
Other contributory causes of importance: myocarditis	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edwin L. Thelan M. D.

(Address) 1219 Poplar Grove St.

22263 F 22263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH 600 N. Monroe St. Registered No. 16-4

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Joseph Reardon

(a) Residence: No. 600 N. Monroe St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced BUSBAND of (or) WIFE of Elizabeth Reardon

7. DATE OF BIRTH (month, day, year) Nov. 1 - 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	4	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Boiler Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R. R.

10. Date deceased last worked at this occupation (month and year) Aug. 10, 1930

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (City or town) (State or country) Ireland

13. NAME Edward Reardon

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Sullivan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT William Reardon

(Address) 600 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date March 28, 1936

19. UNDERTAKER Roland L. Forker

(Address) 612 N. Monroe St.

20. FILED 6 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936, to March 25, 1936,

I last saw him alive on March 25, 1936. Death is said to have occurred on the date stated above, at 4:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis.	6 mo.

Other contributory causes of importance:

None

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Chas. Norton, M. D.

(Address) 888 W. Lombard St

22264

HEALTH DEPARTMENT—CITY OF BALTIMORE

22264

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2815 Alameda St., 9-6 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Teresa Manken

(a) Residence: No. 2815 The Alameda St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Manken

6. DATE OF BIRTH (month, day, year) May 14 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Henry Binding

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ? Troeller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Henry Manken

(Address) 0700 - 14th St - Md

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Mar 26 1936

19. UNDERTAKER John Ullrich

(Address) 2008 Orleans St

Filed MAR 26 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 22 1936 to March 24 1936

I last saw her alive on March 24 1936 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows.

	Date of onset
Hypertensive Cardio Vascular Renal Disease	1924

Other contributory causes of importance:

Uremia	March 22, 1936

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Chas W Edwards M. D.

(Address) 2716 Alameda

M. D. B. 1268-9

V 22265

22265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2724 Riggs Ave St. 16-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Catherine Richards.

(a) Residence: No. 2724 Riggs Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white.	Widowed.

6a. If married, widowed, or divorced (or) WIFE of George T. Richards.

7. DATE OF BIRTH (month, day, year) August 12, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	7	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Adam Einwachter

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Elizabeth Momberger.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Gertrude Richards Gill

(Address) 2724 Riggs Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral. Date 3/27/36

19. UNDERTAKER J. L. & J. Fahey Sons

(Address) 1321 E. Lexington St.

20. FILED 3-26-1936 Harrington Fielding Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1932 to March 24, 1936

I last saw her alive on March 23 1936 Death is said to have occurred on the date stated above, at 10-40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1932

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Henry F. Buettner M. D.

(Address) 1319 Light St., Balto., Md.

Spec.—1-12-23—M&T—500 Blks.

22266 ✓ F 22266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 606 W. Hoffman St. (Ward) 17-W

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eadie Brook

(a) RESIDENCE NO. 606 W. Hoffman St. WARD —

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nathaniel B.

6 DATE OF BIRTH (month, day, and year): Dec. 26, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Petersburg, Va.,

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Nathaniel Brooks Jr

(Address) 606 W. Hoffman St

15 1936 Huntington Phillips, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 23 1936

17 I HEREBY CERTIFY, That I attended deceased from March 16, 1936, to March 23, 1936

that I last saw h[illegible] alive on March 23, 1936

and that death occurred, on the date stated above, at 8 A m

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

March, 1936 (Address) 1423 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary

DATE OF BURIAL: 3/26 1936

20 UNDERTAKER: Mrs Geo H. Holland

ADDRESS: 1031 Druid Hill Ave

22267 ✓ F 22267

22267 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 Asquith St. 10-2 Ward.

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rosie Matthews.

(a) Residence: No. 728 Asquith St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of George Matthews

6. DATE OF BIRTH (month, day, year) 6/15/1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME ——— Johnson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Elsie Colman
(Address) 613 N. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem. Date 3/27, 1936

19. UNDERTAKER Thomas E. Kelson
(Address) 1343 Presstman St

[illegible] 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/29, 1936, to 3/24, 1936

I last saw her alive on 3/23, 1936 Death is said to have occurred on the date stated above, at 3.15 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	Dec 35

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation Lab Date of .....

What test confirmed diagnosis clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Wagner Thorne M.D.

(Address) 1500 E. Madison St.

M. D. B. 1268-9

2268

F 22268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 14-2 34c-57

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR World

2. FULL NAME George A. Footer.

(a) Residence: No. 1527 Shields St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 15, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	48	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sparks Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) UNknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Leory Foote

(Address) 1527 Shields St.

18. BURIAL, CREMATION, OR REMOVAL

Place Date , 19

19. UNDERTAKER

(Address)

6 1936 Washington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Probably Rheumatic Aortitis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. H. Carlin M. D. Coroner

(Address) 2757 W. North Ave.

M. D. B 1269-9

F 22269

22269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIEICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bessie McDonald

(a) Residence: No. 1021 N. Eutaw St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced [redacted] (or) WIFE of Joseph McDonald

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Joseph McDonald (Address) 1021 N. Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ..., 19...

19. UNDERTAKER

(Address)

20. FILED ... Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1936

22. I HEREBY CERTIFY, That I took charge of the remains described herein and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Wheeler Coroner, M. D.

(Address) 1918 E. North Ave.

(Wolanin) ✓ F 22270

22270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. 1563

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3315 Annapolis Rd St., Westport Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mr. Joseph Wolanin

(a) Residence: No. 3315 Annapolis Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Mowe

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Caton Wolanin

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Anastasia Cuppa

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs. Theo Kosky

(Address) 4803 Pennington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross A.A.C. Date 3/27/1936

19. UNDERTAKER E. J. Fanning & Son

(Address) 1938 E. Lafayette Ave.

6 1936 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936 to March 25, 1936

I last saw h. alive on March 23, 1936. Death is said to have occurred on the date stated above, at 9.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	[illegible]
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Lawrence H. Sera M. D.

(Address) 104 W. Madison St

M. D. B. 1268-9

F 22271

22271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 C. West St St. 93-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Bramby

(a) Residence: No. 28 C. West St St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Bramby

6. DATE OF BIRTH (month, day, year) March 12 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore md

FATHER

13. NAME Wm Henry Trigdon

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Jane Legge

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. Thomas Williams

(Address) 38 C. West St

18. BURIAL, CREMATION, OR REMOVAL

Place Lutheran Cem. Date 3/27/36 19

19. UNDERTAKER J. H. Pearce & Son

(Address) 1641 Charles St.

FILED 26 1936 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1936, to March 24, 1936

I last saw her alive on March 24, 1936 Death is said to have occurred on the date stated above, at 5 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/21

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? P. f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Harry Leibel M. D.

(Address) 1224-1226 Hanover ST.

F 22272

F 22272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-4 18

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. 15 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1/2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME George G. Kouearis

(a) Residence: No. 1817 Clifton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 4, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0.	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Gus S. Kouearis

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Harestoula Zepopo

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Helen Kalfos
(Address) 2810 Woodbrook Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Mar 27th 1936

19. UNDERTAKER Wm Cook & Son
(Address) 1217 St Paul St

20. FILED Mar 27 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1936

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus Meningitis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. R. O'Sullivan M. D.

(Address) 2757 W. North Ave Coroner

22273 ✓ F 22273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 27-8 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 702 Woodbourn Ave. St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary T. Noel

(a) Residence: No. 702 Woodbourn Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert T. Noel

7. DATE OF BIRTH (month, day, year) June 6, 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) England

13. NAME Harry Batt

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Christena Hancock

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Robert T. Noel

(Address) 702 Woodbourn Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Moreland Park Date Mar 27 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

20. FILED MAR 27 1936 Harrington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1932 to March 25, 1936

I last saw her alive on March 25, 1936 Death is said to have occurred on the date stated above, at 4.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis	1932
Chronic Interstitial Nephritis	1932
Cerebral Hemorrhage	1932
Coronary Thrombosis 3/25	1936

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) R. R. Cohen, M. D.

(Address) 2737 W. North Ave.

F 22274 ✓ F 22274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4610 Walther Blvd 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth 50 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Jacob Durr

(a) Residence No. 4610 Walther Blvd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Katherine Durr

6. DATE OF BIRTH (month, day, year): Sept 15, 1868

7. AGE: Years 67 | Months 6 | Days 9 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Contractor

10. Date deceased last worked at this occupation (month and year): about 1929

11. Total time (years) spent in this occupation: unknown

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: John Durr

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Conegunda Brown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Edna Durr Le Compte

(Address) 4610 Walther Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place: Moreland Park Cem Date: 3/27, 1936

19. UNDERTAKER: Robert Brooks & Son

(Address) Calhoun & Fallis sts

20. FILED, 19

27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-24-36

22. I HEREBY CERTIFY, That I attended deceased from 12-16, 1935, to 3-24, 1936

I last saw him alive on 3-24, 1936 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	1934
Other contributory causes of importance:	
Myocardial degeneration	3/21/36

Was an operation performed? W Date of W

For what disease or injury? W

Name of operation None Date of

What test confirmed diagnosis? clinical sign Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? W Date of injury W, 19

Where did injury occur? W (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place W

Manner of injury W

Nature of injury W

24. Was disease or injury in any way related to occupation of deceased? W If so, specify

(Signed) David Miller, M. D.

(Address) 1500 N Broadway

F 22275

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22275

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5705 Cross Country Blvd St., (Mt. Wash.) Ward 27-20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME John V. Hoffman

(a) Residence: No. 5705 Cross Country Blvd St., Ward ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna C. Hoffman

6. DATE OF BIRTH (month, day, year) May 11-1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME John Hoffman

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME E. Farmer

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Mrs. Anna C. Hoffman

(Address) 5705 Cross Country Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Mar. 28. 1936

19. UNDERTAKER Philip Herwig Sons

(Address) 206 Orleans St

DATE RECEIVED MAR 27 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 11-24- 1935 to 3-25- 1936

I last saw him alive on 3-24- 1936 Death is said to have occurred on the date stated above, at 11:05 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset 2 4 mos Annual

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, where? ...

(Signed) Wm A. Duvall M. D.

(Address) 3523 Eutaw Pl

M. D. B 1268-9

22276

HEALTH DEPARTMENT—CITY OF BALTIMORE 22276

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 E Madison St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Gladys Turnipseed

(a) Residence: No. 1219 E Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 27-35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~1~~ 0	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Turnipseed

14. BIRTHPLACE (city or town) (State or country) S C

MOTHER

15. MAIDEN NAME Annabelle McNeill

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT John Turnipseed (Address) 1219 E Madison St

18. BURIAL, CREMATION, OR REMOVAL Place Johnson C E Date 3/27 19 36

19. UNDERTAKER Rayner & Sanders (Address) 1413 E Preston St

20. FILED 19 [illegible]

APR 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 26 19 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, and that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset
3/24
36

(a) Acute Bronchopneumonia

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George L. Allen M. D.
Coroner

(Address) 50 Plus Smith St

F 22277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 22277

137

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2114 E. Balto St. 6-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth ..... yrs. 30 mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Manya Katz
(a) Residence: No. 2114 E. Balto St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rebecca

7. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hebrew Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1068
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Russia
17. INFORMANT Harry Katz
(Address)
18. BURIAL, CREMATION, OR REMOVAL Hebrew Rozdale Date 3/27/36
19. UNDERTAKER Jos. Levi & Sons
(Address) 1439 E. Balto St Baltimore, Md.

27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26/36

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1934, to 3/25, 1936
I last saw h-im alive on 3/25/36 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic hypertrophy. benign chronic nephritis	1933 ?

Other contributory causes of importance:

Was an operation performed? Yes Date of 1934
For what disease or injury? Prostatic hypertrophy
Name of operation Transurethral resection Date of 1934
What test confirmed diagnosis Clinical course Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton B. Kirsh M. D.
(Address) 2904 Reisterstown Rd

No. 22278 F 22278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp St., 19-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Asa Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. 1711 Pine St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Cora Jones

6. DATE OF BIRTH (month, day, year) 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50	49	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Adeline Johnson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Cora Jones

(Address) 1417 East Preston

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 3/28/ 1936

19. UNDERTAKER Frances A Hemsley

(Address) 578 W. Biddle St.

20. FILED MAR 27 1936 Washington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/25/ 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of 5th cervical vertebra.	3-24-36

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury 3/24, 1936

Where did injury occur? Baltimore Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of injury Fell across edge of board, at bottom of cupboard

Nature of injury Fracture of 5th cervical

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Thos H Ridlit Coroner M. D.

(Address) 1331 Edmondson ave.

22279 F 22279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 11-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. SYDENHAM HOSP'T St., 1 1-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 9 mos. 17 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
If U. S. Veteran specify WAR .....

2. FULL NAME Raymond Lowell

(a) Residence: No. 533 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 11, 1930

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
5	9	17 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child 0000
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Kinsey
14. BIRTHPLACE (city or town) (State or country) Galveston Texas

MOTHER

15. MAIDEN NAME Lanella Lowell
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mother
(Address) 533 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date March 28, 1936

19. UNDERTAKER Chas. O. Cooper
(Address) 514 N. Calhoun St.

FILED MAR 27 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1936 to March 25, 1936
I last saw him alive on March 25, 1936. Death is said to have occurred on the date stated above, at 1:32 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal meningitis	3-7-36

Other contributory causes of importance:

Was an operation performed? No. Date of .....
For what disease or injury?
Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Wm. C. Loftus Jr., M. D.
(Address) SYDENHAM HOSP'T

M. D. F 1265

F 22280

F 22280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No. 8-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St. 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rollin G Todd

(a) Residence: No. 3018 Clifton Park St, Terrace Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of ~~Text White~~ Isabel M Todd

7. DATE OF BIRTH (month, day, year) Feb 9 1891

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	1	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance Agent

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas City Mo

13. NAME Robert A Todd

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Mary Graham

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs Isabel M Todd

(Address) 3018 Clifton Park Ter.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date March 28 1936

19. UNDERTAKER John F Denny

(Address) 715 Light St

MAR 27 1936 Huntington Pittsburgh Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.
Coroner

(Address) 1010 S. Edmondson Ave.

F 22181 F 22181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 124-a #12866

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 15 Ward) 2

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Rahning

(a) Residence: No. 1830 Mullins St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of ? (or) WIFE of Mabel Rahning

7. DATE OF BIRTH (month, day, year) 2-1-61

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer 0011

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME August Rahming

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 3/28 36

19. UNDERTAKER Mrs. J. Pickney & Sons
(Address) North & Gay

Huntington Williams, M.D.
Registrar

27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/25 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/6 1936 to 3/25 1936

I last saw him alive on 3/25 1936 Death is said to have occurred on the date stated above, at 7 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	?
Cirrhosis of liver, cause	?
Other contributory causes of importance: Patient alcoholic, as yet undiagnosed.	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp.

F 22282

F 22282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

15-16

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4515 Garrison Blvd. St. Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Browning

(a) Residence: No. 3906 Garrison Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugenie Browning

6. DATE OF BIRTH (month, day, year) Oct. 3, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William E. Browning

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elizabeth Rogers

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Eugenie Browning

(Address) 3906 Garrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date March 29, 1936

19. UNDERTAKER Wm. J. Ivakney & Sons

(Address) North & Pennsylvania Aves

27 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1936

I HEREBY CERTIFY, That I attended deceased from March 18, 1936 to March 26, 1936

I last saw him alive on March 26, 1936. Death is said to have occurred on the date stated above, at 1:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy.	
Other contributory causes of importance: Arteriosclerosis, Hypertension, Myocarditis	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Schmunk M. D.

(Address) 1337 S. Charles St

F 22283

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22283

CERTIFICATE OF DEATH

V 93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4718 Frederick Ave. 18-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louisa S. Ne. Fehrmann

(a) Residence: No. 4718 Frederick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Fehrmann

6. DATE OF BIRTH (month, day, year) Oct 10 1853.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John H. Fehrmann

(Address) 4718 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan. 27, 1936

19. UNDERTAKER F. B. Herbert & Son

(Address) 1300 Eutaw Place

27 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 24 1936

22. I HEREBY CERTIFY, That I attended deceased from January 1935 to Jan 24 1936

I last saw her alive on Jan 24 1936 Death is said to have occurred on the date stated above, at 6.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	several years
Other contributory causes of importance:	
Myocardial degeneration	6 mo

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

I (Specify) Geo. M. Keller, M. D.

(Signed)

(Address) 2470 Madison Blvd

22284 F 22284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH West Baltimore General Hospital Registered No.
CITY OF BALTIMORE: (No. Dividend and Bayview St., Ward.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Mrs. Margaret Titus
(a) Residence: No. 2519 West Fayette Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William G. Titus

6. DATE OF BIRTH (month, day, year) May 23 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	10	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kingston New Jersey

MOTHER FATHER
13. NAME Thomas St. Hurst
14. BIRTHPLACE (city or town) (State or country) Kingston New Jersey
15. MAIDEN NAME Hannah Carter
16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT William G. Titus
(Address) 2519 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mar. 28/36

19. UNDERTAKER F. B. Pickett & Son
(Address) 1300 Eutaw Place

27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/25/36. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1936 to March 25, 1936

I last saw h[illegible] alive on March 25, 1936. Death is said to have occurred on the date stated above, at 1:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis Coronary Arteriosclerosis	2/1/36.
Gangrene of both legs	2/12/36.
Terminal Acute Pneumonia	

Other contributory causes of importance:
Arterio-Sclerotic Heart Disease.
Generalized Arterio-Sclerosis

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George Schochet M. D.
(Address) West Baltimore General Hosp.

22285 F 22285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#10478

4-2 34-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Govner Baskerville

(a) Residence: No. 648 Josephine St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-1-1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35		24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Wyatt Baskerville

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Elizabeth Small

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Palestine Va. March 27 1936

19. UNDERTAKER Alethens Halstead
(Address) Bunn and Lake

27 1936 Huntington Pittsburgh

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/25 1936.

22. I HEREBY CERTIFY, That I attended deceased from 11/ 1st 1935 to 3/25 1936.

I last saw him alive on 3/25 1936. Death is said to have occurred on the date stated above, at 3 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm of abdominal aorta	7 mo.
Syphilis.	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Robert A Reiter, M. D.

(Address)

F 22286

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22286

92-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1332 Hanover St. 24-3 Ward)

Length of residence in city or town where death occurred 49 yrs. 7 mos. 5 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Stevens

(a) Residence: No. 117 E. Ostend St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William E. Stevens

6. DATE OF BIRTH (month, day, year): August 19 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER FATHER

13. NAME: John Frana

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

15. MAIDEN NAME: Mary Appel

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Carroll G. Stevens
(Address) 3409 Richmond Ave

18. BURIAL, CREMATION, OR REMOVAL: Holy Cross Cem Q & C Co. Date 3-28 1936

19. UNDERTAKER: Bernard C. Harker
(Address) 121 E. West St.

20. FILED 1936 Registrar

27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-24 1936

22. I HEREBY CERTIFY, That I attended deceased from February 13 1936, to March 24 1936

I last saw h alive on March 24 1936 Death is said to have occurred on the date stated above, at 11.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
	over
Other contributory causes of importance: Pulmonary Oedema	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If [illegible]

(Signed) John A. Schmuck M. D.

(Address) 1337 S. Charles St.

M. D. P. 1268-9

F 22287

F 22287 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 N. Carey St., 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 50 mos. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Abram Smith

(a) Residence: No. 413 N. Carey St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steveder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Peter Smith

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Elizabeth Alsup

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT (Address) Eva Dixon 641 Barre St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem Date Mch 28 1936

19. UNDERTAKER (Address) James A Sayes 1422 Hill St

[illegible] 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 10 1936 to March 24 1936

I last saw him alive on March 24 1936 Death is said to have occurred on the date stated above, at 9.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lob	March 10 1936
Other contributory causes of importance: Arteriosclerosis	March 10 1936

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. O. Thompson M. D.

(Address) 710 S. Broadway

F 22288

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22288

CERTIFICATE OF DEATH

✓23

Registered No. 1-4

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran (Specify WAR)

2. FULL NAME Sister Mary Lucine Klimczak

(a) Residence: No. 2712 O' Donnell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1913

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Berne PA.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Sister Sidonia
(Address) 2712 O'donnell st

18. BURIAL, CREMATION, OR REMOVAL Place St. Stanislaus Date 3/30 36

19. UNDERTAKER John J. Duda
(Address) 2011 Hudson St

20. FILED 19 Registrar

MAR 27 1

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26/36

22. I HEREBY CERTIFY, That I attended deceased from December 8, 1935 to March 26, 1936

I last saw her alive on March 26, 1936 Death is said to have occurred on the date stated above, at 6 20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pulmonary tuberculosis	
Other contributory causes of importance:	

Was operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) H. M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

F 22289

22289 HEALTH DEPARTMENT—CITY OF BALTIMORE

1936

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1130 Argyle Ave St., 17-W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel A Chaney
If U. S. Veteran specify WAR

(a) Residence: No. 1130 Argyle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James L Chaney

6. DATE OF BIRTH (month, day, year) July 20, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	8	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore md

13. NAME Joseph Poulson

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Laura Sellers

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Laura Brown
(Address) 1130 argyle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Mar 29, 1936

19. UNDERTAKER Mrs Katie R Williams
(Address) 332 a Edmondson Ave

[illegible] 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1936 to Mar 25 1936

I last saw h[illegible] alive on Mar 25 1936 Death is said to have occurred on the date stated above, at 1030 am.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset Jan 1 1936

Other contributory causes of importance: Hypertension with Arteriosclerosis

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation none Date of —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. Tousley, M. D.

(Address) 707 Cathedral

22290

311261

HEALTH DEPARTMENT—CITY OF BALTIMORE

22290

CERTIFICATE OF DEATH

V 91-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 2-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Nesschaffer

(a) Residence: No. 1913 E. Pratt St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/2/17

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	19	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... (illegible)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailoring

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Victor Nesschaffer

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary L. Beck.

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Medical Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mar 28 1936

19. UNDERTAKER Tilly & Keilholtz Inc
(Address) 4033 Woodlawn

20. FILED ..... 19 ..... Registrar.

MAR 27 1936 Huntington Hall, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1936 to March 24, 1936

I last saw him alive on March 24, 1936 Death is said to have occurred on the date stated above, at 8 35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pancreatitis and Condition	
Hemolytic streptococcus	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edw. D. Grossman, M. D.

(Address) The Johns Hopkins Hospital

F 22291

22291

HEALTH DEPARTMENT—CITY OF BALTIMORE

12755 V 349-107a

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 76-17 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Ross

(a) Residence: No. Manchester, Carroll Co., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Melinda (dead)

6. DATE OF BIRTH (month, day, year) 2-16-57

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	1	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroading 0073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME David J. Ross

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary Kromer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Baltol City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J.H.U. Med School Date Mar 27, 1936

19. UNDERTAKER
(Address)

3 27 1936 Washington Funeral Reg.

2214

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/29, 1933 to 3/25, 1936

I last saw him alive on 3/25 1936. Death is said to have occurred on the date stated above, at 4:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp.

22298

12763 T 22298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Wareham

(a) Residence: No. 409 Courtland St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 12-16-1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Solicitor 071

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Isaac

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Boston

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Mt. Lebanon Date Mar 27 . 1936

19. UNDERTAKER

(Address)

MAR 27 1936

225

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-25 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-8 . 1929 to 3-25 . 1936

I last saw him alive on 3-25 . 1936 Death is said to have occurred on the date stated above, at 7:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophy of Prostate Gland	?

Other contributory causes of importance:

Bronchopneumonia	3-23-36

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

22293 P 22293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl, Cannon (Gertrude)

(a) Residence: No. 730 Grindell Court St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 3-24-36

8. AGE	Years	Months	Days	If LESS than 1 day 27 hrs. or ... min.
	XX			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. City Hospt.

13. NAME Mckey, Richardson

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Gertrude Cannon

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 27, 1936

19. UNDERTAKER
(Address)

5/27/1936 Registrar

2216

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-24, 1936, to 3-25, 1936

I last saw he alive on 3-25, 1936. Death is said to have occurred on the date stated above, at 11:37 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra cranial Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Dr. Jerome Sterling, M. D.

(Address) Balto. City Hospital

22294 F 22294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital St. 17-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME George Shorter

(a) Residence: No. 539 Oxford St., ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Isabelle Shorter

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER
13. NAME Joseph Shorter
14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER
15. MAIDEN NAME Mary A Smith
16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Isabelle Shorter
(Address) 1134 Brewer St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 3/20/36 19

19. UNDERTAKER Mrs. George A. Hollan
(Address) 1621 Druid Hill Ave
Filed MAR 27 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-25 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-7 1936 to 3-25 1936
I last saw him alive on 3-25 1936 Death is said to have occurred on the date stated above, at 4:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-7-36
Malignant Hypertension	12-20-35

Other contributory causes of importance:
Chronic Hypertensive nephritis 1 yr

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Lab. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) R. N. Jackson M. D.
(Address) 600 N. Arlington

22295

F 22295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harriet Pindle

(a) Residence: No. 1401 Madison Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Henry Pindle

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Baldwin

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 3/30/36 19

19. UNDERTAKER Mrs. George H. Foller

(Address) 632 N. Dunstan Hill Ave

27 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/19 . 1936 to 3/25 . 1936

I last saw h. alive on 3/25 . 1936 Death is said to have occurred on the date stated above, at 11.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
congestive cardiac failure	12/24/35
cardiac hypertrophy + dilatation	Unknown

Other contributory causes of importance:

chronic nephritis.
malignant hypertension

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Milton S. Sacks . M. D.

(Address) Mercy Hospital

F 22296

22296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1129 N. Caroline St., 8-7 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Zurah Elizabeth Elliott

(a) Residence: No. 1129 N. Caroline St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

6a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Robert E Elliott

6. DATE OF BIRTH (month, day, year) 4/13/73

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Undertaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Undertaking

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (1) Mrs Ida Snowden

(Address) 1129 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 3/30/36 19

19. UNDERTAKER Mrs. Lizzie A. Holland

(Address) 1602 Druid Hill Ave

Huntington Indiana, Ind.

20. FILED 7/1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/29, 1936 to 3/26, 1936

I last saw her alive on 3/26, 1936 Death is said to have occurred on the date stated above, at 4 45 m. a.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2/29/36
Other contributory causes of importance:	
Arterio-sclerosis	?
Chr. Interstitial Nephritis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Zagner Thomas M. D.

(Address) 1500 E. Monument St.

13150 F 22287

22287 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 10-2 Ward)

Length of residence in city or town where death occurred 44 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas L. Hooden

(a) Residence: No. 930 Greenmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Dec. 30, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marbel setter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 501b

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Thomas C. Hooden

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Catherine Kenney

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Mar 28 1936

19. UNDERTAKER Rita Wendfeld
(Address) 914 Greenmount Ave

20. FILED MAR 27 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/20, 1936 to 3/26, 1936

I last saw h. alive on 3/26, 1936 Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	?
Multiple Cerebral Hemorrhage	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Bal. City Hosp.

M. D. B. 1765-9

F 22298

HEALTH DEPARTMENT—CITY OF BALTIMORE

22298

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 Ward 21-2 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Stanley Brown

(a) Residence: No. 1419 Ward St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: M

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 15 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Bruce Murphy

14. BIRTHPLACE (city or town) Charles Co (State or country) Md

MOTHER

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (city or town) Charles Co (State or country) Md

17. INFORMANT Mary Brown

(Address) 1419 Ward St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date 3/28, 1936

19. UNDERTAKER Mrs Katie R Williams.

(Address) 322 Schroeder St.

FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

X-ray

21. DATE OF DEATH (month, day, year) 3/26, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/22/36 to 3/26/36

I last saw h alive on 3/26/36. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	3/22/36
Other contributory causes of importance:	
Influenza	3/21/36

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, what?

(Signed) Stephen Dunn M. D.

(Address)

22299

F 22299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4001 Edmondson Ave. St. 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Denis Paul Dore

(a) Residence: No. 4001 Edmondson Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna M. Travers Dore

6. DATE OF BIRTH (month, day, year) May 22, 1900.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Denis Dore

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Maskell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mrs. Anna M. Dore 4001 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date March 28, 1936.

19. UNDERTAKER (Address) Harry A. Fritzlen 4101 Edmondson Ave.

27 1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1936.

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1936 to March 26, 1936.

I last saw h[illegible] alive on March 26, 1936. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia Cardiac Nephritis	3 days

Other contributory causes of importance: Myocarditis Cardiac Hypertrophy

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James F. Leuthauser M. D.

(Address) 721 Northumberland Blvd.

M. D. B. 1368-9

22300

F 22300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 4300 Wiltshire Ave 26-1

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Atkinson Pickard

(a) Residence: No. 4300 Wiltshire Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Andrew Pickard

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Alice Ward

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Father (Andrew Pickard)
(Address) 4300 Wiltshire Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date March 28, 1936

19. UNDERTAKER George Dukes
(Address) 1125 Edgewood Ave

20. FILED ..... 19..... I. ..... Registrar.

MAR 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-26, 1936

22. I HEREBY CERTIFY, That I attended deceased from November, 1934, to March 26, 1936

I last saw him alive on March 26, 1936 Death is said to have occurred on the date stated above, at 12:05 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3-24-36
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) E. W. Peaton, M. D.

(Address) 4516 Harford Road

F 22301

Stock—1923-21—P.B.B.R.S.—400 Bks.

22301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 107-a

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mercy Hospital St., 7 7 1/2 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Samuel Kimball.

(a) Residence No. 7660 Fernwood Ave St., ... Ward .....

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. 1 mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, ~~Married, Widowed, or Divorced (write the word)~~

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6-DATE OF BIRTH (month, day and year) 3/2/36

7-AGE, 0 yrs. 0 mos. 25 ds. If LESS than 1 day ..... hrs. ..... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country) Baltimore Maryland

PARENTS.

10-NAME OF FATHER James Edward Kimball

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio Maryland

12-MAIDEN NAME OF MOTHER Lois Emma Chaney

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Ohio Maryland

14- (Informant) James Edward Kimball

(Address) 7660 Fernwood Ave

15- Filed ..... Registrar.

1936

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 27 1936

17- I HEREBY CERTIFY, That I attended deceased from March 27 36 to March 27 36

that I last saw h... alive on March 27 36

and that death occurred, on the date stated above, at 7 10 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Stuart Hamon M. D.

19 (Address) 130 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet DATE OF BURIAL, March 28 19 36

20-UNDERTAKER George [illegible] ADDRESS 1735 Hayford

M. D. F 1268-9

F 22302

2230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 76-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph C. Scharf

(a) Residence: No. 5615 Belair Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	7	11 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rastelburg East Prussia

FATHER

13. NAME Adam Scharf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Ebesser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lena Scharf (Address) 5615 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL Holy Rest Date 3/29, 1936

19. UNDERTAKER Leonard J. Rhyne (Address) 5265 Belair Rd

3-27-1936 Harrington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1936

22. I HEREBY CERTIFY That I attended deceased from April 28, 1926 to Mar. 27, 1936

I last saw him alive on Mar. 27, 1936 Death is said to have occurred on the date stated above, at 12:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Involutional Melancholia	26 yrs.
Arterio-sclerosis	
Diabetes Mellitus	
Other contributory causes of importance:	
Carcinoma Prostrat	2 mos.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Duncan P. Alexander M. D.

(Address) 3316 Fairfield Ave

M. D. B. 1268-9

F 22303

22303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√131

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Caton Avenue St., 11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Bridget Drum

(a) Residence: No. 710 Park Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic Work

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Drum

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Brady

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jenkins Memorial Hosp.

(Address) 1000 Caton Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 3/28 1936

19. UNDERTAKER Mary M. Goodale

(Address) 5[illegible] Washington Avenue

[illegible] Registrar.

7 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25th 1936

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1936 to March 25, 1936

I last saw h[illegible] alive on March 25, 1936 Death is said to have occurred on the date stated above, at 11:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrovascular lesions (hypertension ? arteriosclerotic) ?	
Terminal bronchopneumonia	(5 days)
Other contributory causes of importance: Hypertrophied arteriosclerotic ?	?
debility	?

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C. J. Williamson M. D.

(Address) St. Agnes Hosp.

M. D. R. 1268-9

2304

F 22304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2523 Christian St., 20-5 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hendrey James

(a) Residence: No. 2523 Christian St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ Catherine L James

6. DATE OF BIRTH (month, day, year) June 6, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baggage clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R. Road

10. Date deceased last worked at this occupation (month and year) Oct. 1930

11. Total time (years) spent in this occupation 41 yrs

12. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

13. NAME Henry James, Sr.

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Sarah Parker

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr Earl Johnson

(Address) 603 Windsor Way

18. (BURIAL.) CREMATION, OR REMOVAL

Place Annapolis, Md Date Mar. 28, 1936

19. UNDERTAKER Roland L Zerkel

(Address) 612 E Monument St.

Huntington Pittsburgh, Pa

Registrar.

7 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-24 36, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/23/36 19 to 3-27 36, 19

I last saw h— alive on 3-24 36, 19. Death is said to have occurred on the date stated above, at 10:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia (Secondary)	)
Hypostasis	
(Cut - Vas mal)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard Levy, M. D.

(Address) 710 W. Lombard

M. D. B. 1268-9

22305

F 22305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1637 Park Heights Ave St., 27-16 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John C. Schneider

(a) Residence: No. 1637 Park Heights Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race white

5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Dreyer

6. DATE OF BIRTH (month, day, year) 2/9/1862

7. AGE Years 73 Months 1 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frank Schneider

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Catharine Ruhold

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT (Address) Mrs. Lenzel, 1637 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Cem Date 3/28/36 19

19. UNDERTAKER (Address) 1318 Eutaw St

271936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1936 to March 25 1936. I last saw him alive on March 25 1936. Death is said to have occurred on the date stated above, at 4.15 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate

Date of onset

Other contributory causes of importance:

Chronic Nephritis & Hypostatic Pneumonia

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John C. Schneider M. D.

(Address) 1337 S Charles St.

22306 F 22306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1316 W. LOmbard St., 19-13 Wardy

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bernard J. McDevitt

(a) Residence: No. 1316 W. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E. McDevitt

6. DATE OF BIRTH (month, day, year) Aug. 29th, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
70	6	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

13. NAME ? McDevitt

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Margaret E. McDevitt
(Address) 1316 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/20 36

19. UNDERTAKER Frederick A. Dole
(Address) 1200 W. Lombard St.

20. FILED Huntington Williams, Registrar

MAR 7 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936, to March 26, 1936

I last saw him alive on March 26, 1936. Death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis.	6 mos

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thos. Norton, M. D.

(Address) 1311 N. Lombard St

F 22307

22307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3120 N Calvert St., (W) (Ward) 7

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 70 yrs. 4 mos. 23 ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME Ellen Pinkney Hammond Cole

(a) Residence: No. 3120 N Calvert St., 12 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Edw. H. Cole

6. DATE OF BIRTH (month, day, year) Nov-3-1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

FATHER

13. NAME Rev Jonathan Pinkney Hammond.

14. BIRTHPLACE (city or town) (State or country) Annapolis. Maryland.

MOTHER

15. MAIDEN NAME Anne C. Page

16. BIRTHPLACE (city or town) (State or country) Alexandria Virginia

17. INFORMANT Mr W. M. Plummer (nephew)

(Address) 3120 N Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar-28 1936

19. UNDERTAKER Stewart Mower Company

(Address) 108 W Penn Ave Williamsport, Pa

Huntington

..... 19 ..... Registrar.

27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1936 to March 26, 1936

I last saw her alive on March 24, 1936. Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	3/18/36
Coronary Thrombosis	3/7/36
" " Acute Pulmonary Edema	3/17/36
Contributory Arteriosclerosis.	8/13/34
Other conditions contributing but not related to principal cause of death Precordial pain with collapse	
Sequelae Coronary Thrombosis	4-7-36

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. Gibson Porter, M. D.

(Address) 4822 Roland Ave

F 22308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 125-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1-5 St., Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Stewart—

(a) Residence: No. 1629 Hillsman St., St Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Henrietta

6. DATE OF BIRTH (month, day, year) 3/19/94

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Balto Copper Smelter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Md —

FATHER

13. NAME Noah Stewart—

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Binky

16. BIRTHPLACE (city or town) (State or country) Md —

17. INFORMANT Records— JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemetery Date March 1936

19. UNDERTAKER Edgar H. Bozzuto Cambridge Md
201 Pennsylvania Ave

20. FILED 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1936 to Mar 26, 1936

I last saw him alive on Mar 26, 1936 Death is said to have occurred on the date stated above, at 15-15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
meningitis (staphylococcus)	3-18-36
Abs Lgs. Liver. (staphylococcus)	2-12-36
Broncho-pneumonia	2-8-36

Other contributory causes of importance:

Was an operation performed? yes Date of 3-2-36

For what disease or injury? Abscess. Liver

Name of operation Incision liver abscess Date of 3-2-36

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) David H. Sprow Jr, M. D.

(Address) Johns Hopkins Hospital

F 22309

2309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH #13164

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Francis McNeal

(a) Residence: No. 107 Aisquith St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 11-8-68

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Patrick McNeal

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margt. Curley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospt.s

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date 3/29/36 19

19. UNDERTAKER Geo. Means & Son

(Address) 805 N. Calvert St.

20. FILED 3-31-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/5 1935 to 3/27 1936

I last saw him alive on 3/27 1936 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Feb 25 Day.
Arteriosclerosis	5 Yrs.
Other contributory causes of importance:	
Hypertension	2 Yrs.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

71986

F 22310

22310 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 91 #12951

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Blum

(a) Residence: No. No Home (Balto. City Hosp.) St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-10-58

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saloon

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph Blum

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Co Date 3/27 19 36

19. UNDERTAKER J. J. Tapley & Son
(Address) 1318 Light St

3/27 1936 Huntington Williams, Dir

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19 to 3/23, 1936

I last saw him alive on 3/23, 1936 Death is said to have occurred on the date stated above, at 3:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Arteriosclerosis	?
Senility	?

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp.

10343

22311

HEALTH DEPARTMENT—CITY OF BALTIMORE

22311

CERTIFICATE OF DEATH

57

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 7-12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Gerald Sankey

(a) Residence: No. Fort City, Pa. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-18-1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort City, Pa.

FATHER

13. NAME Alvin

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Locust Point Date 3/27 36

19. UNDERTAKER J. J. Fahey Home

(Address) 1315 Light St.

7 1936 Huntington Williams, Asst.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-20 1936

22. I HEREBY CERTIFY That I attended deceased from 11-26 1935 to 3-20 1936

I last saw him alive on 3-20 1936 Death is said to have occurred on the date stated above, at 12:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infections Arthritis (Cause unknown)	5 yrs.
Secondary Anemia & Inanition	1 yr.

Other contributory causes of importance

Was an operation performed? yes Date of 11-27-35

For what disease or injury Arthritis Left Hip

Name of operation Arthroplasty Date of 11-27-35

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

F 22312

22312 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2048 Hollins St., 20-3 Ward)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Henrietta E. Hof.

(a) Residence: No. 2048 Hollins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Hof.

6. DATE OF BIRTH (month, day, year) June 24-1855

7. AGE Years 81 Months 9 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife 20-3

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME Charles Wieneke

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Charles F. Wieneke

(Address) 2048 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date March 26 1936

19. UNDERTAKER George D. Schwab.

(Address) 2121 Frederick Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1- 1935 to Mar 25- 1936

I last saw h er alive on Mar 25- 1936 Death is said to have occurred on the date stated above, at 11 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease Hypertension	1926
Other contributory causes of importance: Cardiac decompensation	

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas A Cerbo M. D.

(Address) 2145 N Balto St

Soldan ✓ F 22313

22313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Gabot Soldan

(a) Residence: No. 2810 Jefferson St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kathrin Soldan

6. DATE OF BIRTH (month, day, year) Jan 28-1870

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
66	1	26 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jacob Soldan

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Kathrin Soldan

(Address) 2810 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Mar 28. 1936

19. UNDERTAKER Geo E. Miller & Son

(Address) 2334 Gilmore St

Filed Mar 28 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1936 to March 25, 1936

I last saw him alive on March 25, 1936 Death is said to have occurred on the date stated above, at 2 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	3-24-36

Other contributory causes of importance:

Uremia

Benign Prostatic Hypertrophy 3-23-36

Was an operation performed? Yes Date of

For what disease or injury? Acute Retention

Name of operation Supra-pubic Cystotomy Date of 3-23-36

What test confirmed diagnosis? Blood test Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliott Merlison M. D.

(Address) Sinai Hospital

7 1936

22314 HEALTH DEPARTMENT—CITY OF BALTIMORE

22314

× 36

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hosp. St., 11-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Perkins (Mary W. Perkins) If U. S. Veteran specify WAR .....

(a) Residence: No. Hallethorpe, Md Washington Blvd. & Arbutus Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) February 20, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. March 19

10. Date deceased last worked at this occupation (month and year) March 1936

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME L. Clifton Perkins

14. BIRTHPLACE (city or town) (State or country) Kent County Maryland

15. MAIDEN NAME Anna May Schultz

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. L. Clifton Perkins
(Address) Halethorpe, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date March 28, 1936

19. UNDERTAKER Joseph H. Cook
(Address) 1005 N. Baltimore St.

20. FILED 7-1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-19-36, 19..., to 3-26-36, 19...

I last saw her alive on 3-26-36, 19... Death is said to have occurred on the date stated above, at 2.25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia Streptococcus Hemolyticus	3-19-36

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Culture Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) W. P. Staples, M. D.
(Address) Md. Gen. Hosp

22315 F 22315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kathryn Toomey (Kathryn M. Toomey) U. S. Veteran specify WAR .....

(a) Residence: No. 1932 Griffis Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence W. Toomey

6. DATE OF BIRTH (month, day, year) June 29, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balsam Springs New York

MOTHER FATHER

13. NAME Thomas Donohue

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mr. Lawrence W. Toomey

(Address) 1932 Griffis Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date March 30 19 36

19. UNDERTAKER Joseph H. Cook

(Address) 1005 W. Baltimore St.

Huntington Williams, M.D.

7 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26/36. 19

22. I HEREBY CERTIFY, That I attended deceased from 3/21/36. 19 .. to 3/26/36. 19

I last saw h[illegible] alive on 3/26/36. 19 . Death is said to have occurred on the date stated above, at 12[illegible] m.

The principal cause of death and related causes of importance were as follows:

Acute Carcinoma of Body of Uterus

Pelvic Abscess

Generalized Peritonitis

Date of onset 6 mo

Other contributory causes of importance:

Hypertension and Cardiovascular Renal

Was an operation performed? Yes Date of 3/21/36.

For what disease or injury? Carcinoma of body of uterus

Name of operation Hysterectomy Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Warren Albert Jr. M. D.

(Address) University Hospital

M. D. B. 1268-9

22316 ✓ F 22316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-A

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 W. Lanvale St. 11-26 Ward)

Length of residence in city or town where death occurred all life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Irwin Waters.

(a) Residence: No. 225 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of J. S. T. Waters

6. DATE OF BIRTH (month, day, year) Sept. 4, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	68	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Francis Donaldson

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elizabeth Winchester

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT J. S. T. Waters
(Address) 225 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date 3-28-, 1936

19. UNDERTAKER Henry W. Jenkins' Sons Co
Orchard & Callow

FILED 3-28 1936, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1935 to Mch 26, 1936.

I last saw her alive on Mch 26, 1936. Death is said to have occurred on the date stated above, at 2.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. acute bronchopneumonia	Mch 25
b.	
c.	
d.	

Other contributory causes of importance: Arteriosclerosis, cerebral hemorrhage hemiplegia (rt.) hypertension -

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harry McCarty, M. D.

(Address) 57 W. Preston St.

T 22317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

T 22317

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4301 Springwood Ave St., 21st (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME William H. Huber

(a) Residence: No. 4301 Springwood Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian M. Huber

6. DATE OF BIRTH (month, day, year) Aug 2 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice Mfg Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Huber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Hohenheimer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lillian M. Huber

(Address) 4301 Springwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Mar 30 1936

19. UNDERTAKER Mrs. C. Miller Long

(Address) 2314 Jefferson St Washington Indiana

Registrar.

28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-9 1935 to 3-27 1936.

I last saw h. alive on 3-27 1936. Death is said to have occurred on the date stated above, at 3:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chr. Nephritis & nephrosis	
Bronchial Pneumonia	3-22-36
Other contributory causes of importance:	
Hypostasis	3.

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Leod Trumbo M. D.

(Address) 5401 Belair Rd

T 22318

22318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3020 Christopher St., [illegible] Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Julia Booze

(a) Residence: No. 3020 Christopher St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Hugh A Booze

6. DATE OF BIRTH (month, day, year): July 28 1872

7. AGE: Years 63; Months 7; Days 28; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Stockton Ohio

FATHER

13. NAME: William O Butler

14. BIRTHPLACE (city or town) (State or country): Tuppers Ohio

MOTHER

15. MAIDEN NAME: Julia Finch

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT: Julia M Booze

(Address) 3020 Christopher

18. BURIAL, CREMATION, OR REMOVAL: Date 3/28 1936

Place Lakewood

19. UNDERTAKER: J M Cook & Son

(Address) 1217 Eutaw Pl

Homewood Funeral Home

MAR 28 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 26 1936

22. I HEREBY CERTIFY, That I attended deceased from March 12th 1936 to March 26 1936

I last saw her alive on March 26 1936 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset .....

Other contributory causes of importance: arterio sclerosis and chronic arthritis

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Chas Bonnick M. D.

(Address) 4706 Harford Rd

3/28/36

F 22319 ✓ F 22319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4011 Derby Manor Drive St., 15 Ward) Registered No. 153

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Hooper If U. S. Veteran specify WAR No Record

(a) Residence: No. 4011 Derby Manor Drive Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of ~~last wife of~~ Olivia Hooper

6. DATE OF BIRTH (month, day, year) April 16th 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Business

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas H. Hooper

14. BIRTHPLACE (city or town) (State or country) Hoopers Island Md.

MOTHER

15. MAIDEN NAME ? Young

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Wm C. Hooper Auburn N. Y.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 30th 1936

19. UNDERTAKER (Address) Wm Cook 1212 [illegible] Huntington Williams

Filed MAR 26 1936, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 22 1936 to Mar. 27 1936

I last saw him alive on Mar. 27 1936 Death is said to have occurred on the date stated above, at 12:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-22-36
Other contributory causes of importance: Chronic Myocarditis	1933

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James S. Ashcraft M. D.

(Address) 4012 Park Heights Ave

F 22320

M. D. H. 1268-9

F 22320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Walter W. Weber

(a) Residence: No. 1415 W. Lexington St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of [redacted] Myrtle W. Weber

6. DATE OF BIRTH (month, day, year) Sept. 15, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate Agent & Asst

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles J. Weber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Gemmer

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Myrtle J. Weber

(Address) 1415 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 4/28 19 36

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams, Registrar

MAR 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of brain	

Other contributory causes of importance: Shock

Was an operation performed? Yes Date of March 25-1936

For what disease or injury Bullet in Brain

Name of operation Craniotomy Date of 3/20/36

What test confirmed diagnosis Clinical & Exp. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 10/30, 1935

Where did injury occur? 1415 W. Lexington St. Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Pistol shot head.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker, M. D. Coroner

(Address) 1914 E. North Ave.

F 22321

F 22321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. 5-2

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Catonsville ave St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Webster Dehadaway Wingate (Dehadaway)

If U. S. Veteran specify WAR

(a) Residence: No. 613 N. Fulton ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Ethel Wingate

6. DATE OF BIRTH (month, day, year) July 5 - 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm Webster Wingate

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Virginia Talbot

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

17. INFORMANT Christopher Wingate (Address) 613 Fulton ave

18. BURIAL, CREMATION, OR REMOVAL. Date Mch 30 1936

Chapel Hill Cem Gate Md

19. UNDERTAKER John O. Mitchell & Son (Address) 900 Eutaw pl

Huntington Williams, M.D. Registrar.

28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-28-1936

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1936 to March 28 1936

I last saw him alive on March 28 1936 Death is said to have occurred on the date stated above, at 3 50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3/24/36
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. L. Llewellyn M. D.

(Address) St Agnes Hospital

T 22322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. T 22322

1. PLACE OF DEATH 1941 N. Collington Ave
CITY OF BALTIMORE: (No. 1941 N. Collington Ave St. 8-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 10 yrs. 25 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Rosario Fulco
(a) Residence: No. 1941 N. Collington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Angela Fulco

6. DATE OF BIRTH (month, day, year) March 17 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cefalu' Italy

FATHER

13. NAME Angelo Fulco

14. BIRTHPLACE (city or town) (State or country) Cefalu' Italy

MOTHER

15. MAIDEN NAME Teresa Catanzaro

16. BIRTHPLACE (city or town) (State or country) Cefalu' Italy

17. INFORMANT Giuseppe Battaglia
(Address) 1931 N. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date March 30 36, 19

19. UNDERTAKER Frank Della Rocca
(Address) 52 N. Morley St Huntington Maryland

20. FILED R 28 1936, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral & Aortic Insufficiency	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schreiber, M. D. Coroner
(Address) 1919 E. North Ave.

22323

HEALTH DEPARTMENT—CITY OF BALTIMORE 22323

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3032 Belmont ave 16-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Jane Gray

(a) Residence: No. 3032 Belmont ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	widowed

8a. If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of William Gray

6. DATE OF BIRTH (month, day, year) Oct. 30-1857

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Practical Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Nursing Sick 60 yrs

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Greensborough N. C.

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mrs. C. L. Jones

(Address) 3032 Belmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date March 30 1936

19. UNDERTAKER Ger. H. Tiele

(Address) 2700 Edmondson Ave

Huntington Williams, Jr.

MAR 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16- 1934 to Mar 27 1936

I last saw h-er alive on Mar 26 1936 Death is said to have occurred on the date stated above, at 11:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
C/M. Myocarditis	Jan 1933
Other contributory causes of importance: C/M. Interstitial Nephritis	Jan 1933

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Paul Brown M. D.

(Address) 1663 W. North Ave

F 22324

22324 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

48

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 N Milton ave St., 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 11 mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME, Mary Georgeanna Warrington

(a) Residence: No. 214 N Milton ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward E. Warrington

6. DATE OF BIRTH (month, day, year) April 8 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Rennie

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Isabella Holden

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Susie E. Mills

(Address) 2102 E Fayette st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cemetery Date March 28, 1936

19. UNDERTAKER Chas G. Blake

(Address) 1412 W. North ave

28 1936 Huntington Millinery Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25 1936

22. I HEREBY CERTIFY, That I attended deceased from May 2- 1935 to March 25 1936

I last saw her alive on March 25 1936 Death is said to have occurred on the date stated above, at 11-30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uteri Pulmonis Pelvis	May 2-34

Other contributory causes of importance: Thrombosis Marasmus Pul. Embolism

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm G. Kerpf M.D.

(Address) 156 N Milton ave

T 22325

22325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Baltimore St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Grant Woody

(a) Residence: No. 255 S. Caroline St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Preacher 0018

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Squire Woody

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Marie

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 3/28 1936

19. UNDERTAKER Chas. H. Bush & Sons Co.

(Address) 1302 Eutaw St. Hampton Williamson Funeral Home

MAR 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/22 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/5 1936 to 3/22 1936

I last saw him alive on 3/22 1936 Death is said to have occurred on the date stated above, at 7:35 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	3 wk
Arteriosclerosis	"

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

V F 22326

22326 3
3 4 3 2 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-18

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Oswald Hammond

(a) Residence: No. 1510 Pennsylvania Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Sappington Hammond

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Louise Hawkins

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cem. Date 3/30/36

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W. Biddle St.

28 1936 Registrar

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) March 27 1936

22. I HEREBY CERTIFY, That I attended deceased from March 17 1936 to March 27 1936

I last saw h in alive on March 27, 1936 Death is said to have occurred on the date stated above, at 8 50 p m.

The principal cause of death and related causes of importance were as follows:

Meningococcus Meningitis — Date of onset 3/13/36
Lobar Pneumonia, Groups IV Pneumococcus — 3/23/36
Cirr. Alcoholism — ?

Other contributory causes of importance:

Syphilis, Latent — ?
Lymphogranuloma inguinale — ?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph T. Sadusk, Jr. M. D.
(Address) Johns Hopkins Hospital

22327 ✓ F 22327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH ~~XXXXXXXXXXXX~~ JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1309 N. Broadway St., 8-6 Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME MRS. ETHEL LORRAINE SNECKENBERGER

If U. S. Veteran specify WAR .....

(a) Residence: No. 1309 N. Broadway St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Homer Sneckenberger

6. DATE OF BIRTH (month, day, year) Nov. 15. 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 27

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown Maryland

FATHER

13. NAME James D. Booz

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Annie E. Shank

16. BIRTHPLACE (city or town) (State or country) Hagerstown Maryland

17. INFORMANT Mr. Homer Sneckenberger

(Address) 1309 N. Broadway JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Memorial Park Date Mar 29 . 1936

HENRY SANDER & SONS, INC.

19. UNDERTAKER Baltimore & Broadway.

(Address)

28 1936 . 19 Huntington Williams, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 11. 1931. to March 26. 1936

I last saw h. alive on March 24. 1936 Death is said to have occurred on the date stated above, at 10.22 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma breast malignant with metastases to lungs	1 yr

Other contributory causes of importance:

None.

Was an operation performed? Yes Date of July 6, 1935

For what disease or injury? C

Name of operation Radium breast Date of 7-6-36

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Fred W Geis M. D.

(Address) Johns Hopkins Hospital

F 22328 ✓ F 22328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
CITY OF BALTIMORE: (No. ..... St., 1827 Ward.)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Unknown yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Tomas — If U. S. Veteran specify WAR No Record

(a) Residence: No. 107 Scott St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) ~~wife~~ Stamata Tomas

6. DATE OF BIRTH (month, day, year) About 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant
10. Date deceased last worked at this occupation (month and year) 3-12-36
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER
13. NAME Louis Tomas
14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER
15. MAIDEN NAME Betty Sagkas
16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT James Tomas (Bro) (Address) 1 Commerce St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Mar 28th 1936

19. UNDERTAKER T. Francis Rees & Westminster Co. Huntington Williams, M.D.
(Address)

28 1936 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 | 26 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-14-36, 19..., to 3-24-36, 19...
I last saw him alive on 3-26-36, 19... Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Cerebral Apoplexy
Thrombosis

Other contributory causes of importance:
Bronchopneumonia

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) ..... M. D.
(Address) .....

F 22329 ✓ F 22329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 14 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Shirley Mae Brown

(a) Residence: No. 1615 Mc Culloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 8/1929

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
6	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Daniel Brown

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Bertha Brown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Bertha Brown
(Address) 1615 Mc Culloh St

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Co Date 3/28 1936

19. UNDERTAKER Rayner Sanders
(Address) 1413 E. Fayette St

Huntington Williams, M.D.
Registrar

MAR 28 1936

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 3-25 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-17 1936, to 3-25 1936

I last saw her alive on 3-25 1936. Death is said to have occurred on the date stated above, at 8:25 H. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever.	2-1-36
Other contributory causes of importance: Acute appendicitis.	1-17-36

Was an operation performed? Yes Date of 1-17-36

For what disease or injury? Appendiceal abscess.

Name of operation Repair & Drainage of ruptured appen Date of

What test confirmed diagnosis? Lab Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **Industry**, in **home**, or in **public** place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?
No If so, specify .....

Signed) R. L. Jackson, M. D.

(Address) 600 N. Arlington

Spec.—1-12-23—MAT—500 Blks.

F 22330

F 22330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 Dolphin St. 17-2 Ward)

2-FULL NAME Wm H Hammond

(a) RESIDENCE NO. 729 Dolphin St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Hammond

6 DATE OF BIRTH (month, day, and year) Dec 7, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	70	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... Florist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ellicott City Md

PARENTS

10 NAME OF FATHER George Hammond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ellicott City Md

12 MAIDEN NAME OF MOTHER Louisa Matthews

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ellicott Md

14 Informant (Address) Gertrude Hammond 729 Dolphin St.

Filed Mar 28 1936, 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 1936

I HEREBY CERTIFY, That I attended deceased from March 1 1936 to March 25 1936

that I last saw him alive on March 25 1936

and that death occurred, on the date stated above, at 11:30 a m

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. D. Young M.D.

19 36 (Address) 1413 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Mar. 29, 1936

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St

2331

HEALTH DEPARTMENT—CITY OF BALTIMORE

22331

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2820 Mosher St. 16-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 3 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theodore Buchsbaum
If U. S. Veteran specify WAR

(a) Residence: No. 2820 Mosher St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary A Buchsbaum

6. DATE OF BIRTH (month, day, year) Dec 13, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Buchsbaum

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Pauline —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Chas. J. Buchsbaum
(Address) 2820 Mosher St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 3/28 1936

19. UNDERTAKER J. Heagney & Son
(Address) 3 [illegible]
DATE RECEIVED MAR 28 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 26th, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1935 to Mar. 26, 1936
that I saw him alive on Mar. 26, 1936. Death is said to have occurred on the date stated above, at 10:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Mitral and Aortic Stenosis	
Auricular fibrillation.	
Other contributory causes of importance:	
Arteriosclerosis	?
Interstitial nephritis.	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wallace J. Lynch, M. D.

(Address) 2027 E. Pratt St.

F 22332

22332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. SINAI HOSPITAL St., 14-1 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Albert A Brager

(a) Residence: No. Marlborough Apts. 1701 Eutaw Place (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Brager

6. DATE OF BIRTH (month, day, year) Aug. 29, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Dept. Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prop.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alexandria, Va.

FATHER

13. NAME Joseph Brager

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Isabel Wyman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Blanche Brager

(Address) Marlborough Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Cem Date Mch. 29, 1936

19. UNDERTAKER Harid Sonnheimer Son

(Address) 1902 Eutaw Place

Registrar

28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1936, to March 27, 1936

I last saw he alive on March 25, 1936. Death is said to have occurred on the date stated above, at 12:00 M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Carcinoma of Bladder	
Edema of Lung	

Other contributory causes of importance:

Arteriosclerosis

Syphilis - latent (history)

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Huntington Williams, M. D.

(Address) Sinai Hospital

F 22333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dorothy Page

(a) Residence: No. 185 Winters ave St., Ward. Catonsville
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2-24-15

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henry Page

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Susan Brooks

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cem Date 3-28 1936

19. UNDERTAKER Bernard P. Hemsley
(Address) 818 Druid Hill Ave

28 1936 Arlington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25 1936

22. I HEREBY CERTIFY, That I attended deceased from March 18. 1936 to March 25. 1936

I last saw her alive on March 25 1936 Death is said to have occurred on the date stated above, at 7.05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	1931
Subacute Bact. Endocarditis	? 6 wks. ago
Other contributory causes of importance:	
Embolic Hemorrhagic infarcts Cerebral embolus & left hemiparesis	? 4 wks ? 2 days

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edw E Grossman M. D.

(Address) The Johns Hopkins Hospital

M. D. B. 1268-9

F 22334

22334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1423 Penna Ave St., 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bessie Henry

(a) Residence: No. 1423 Penna Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Howard Henry

6. DATE OF BIRTH (month, day, year) Apr. 6, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	35	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robt. Nelson

14. BIRTHPLACE (city or town) (State or country) Middlesex Va

MOTHER

15. MAIDEN NAME Dan Diggs

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Thula Nelson
(Address) 1423 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL
Place MH Auburn Cem Date 3-28 19 36

19. UNDERTAKER Edward P Hemsley
(Address) 518 David Hill Ave

Huntington Williams M.D.
(Registrar)

20. FILED MAR 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-25-36

22. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1936 to Mar 25, 1936

I last saw h alive on Mar 24, 1936 Death is said to have occurred on the date stated above, at 11.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (unresolved)	3/11/36

Other contributory causes of importance: None

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John W. Haines M. D.

(Address) 624 N. Broadway

22335 E 22335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 111-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 N. Wolfe St. 8-6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME William L. McMahon

(a) Residence: No. 1720 N. Wolfe St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/16/1866

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
69	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1909

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. & U.S. Rubber Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Peter McMahon

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Laughlin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Wm. McMahon
(Address) 1720 N. Wolfe

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 3/30/36, 19

19. UNDERTAKER T. J. Fahey & Sons
(Address) 1318 Light

28 1936 Huntington Williams R.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1936, to March 27, 1936

I last saw him alive on March 26, 1936. Death is said to have occurred on the date stated above, at 12:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	
Other contributory causes of importance:	
	over

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Jacob Fisher, M. D.

(Address) 1823 N. Mass. St.

F 22336

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22336

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 N. Eden St., 5-1 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rosa Cross

(a) Residence: No. 630 N. Eden St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Taylor

7. DATE OF BIRTH (month, day, year) 1842

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work 807

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) NC

FATHER

13. NAME Pleasant Timm

14. BIRTHPLACE (city or town) (State or country) NC

MOTHER

15. MAIDEN NAME Henrietta Marrow

16. BIRTHPLACE (city or town) (State or country) NC

17. INFORMANT Sylvester Hunter
(Address) 630 N Eden St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 3/28/36

19. UNDERTAKER J. Thos. McElroy & Co
(Address) 1515 McCulloh St

FILED ..... 19 ..... Huntington Williamson, M.D.

MAR 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-23-, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-18-, 1936, to 3-23-, 1936

I last saw her alive on 3-22-, 1936. Death is said to have occurred on the date stated above, at 5.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-15 36

Other contributory causes of importance:

Pain

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Max Langer M. D.

(Address) 611 N. Caroline

Ward 5

22337 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 22337

CERTIFICATE OF DEATH

Registered No. 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSP St. 18-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jas. Wyman

(a) Residence: No. 1049 W. Fayette St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
About 55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Friends
(Address) 1049 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Public Cemetery Date Mar 28, 1936

19. UNDERTAKER
(Address)

Filed MAR 28 1936 Wellington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 22, 1936, to Mar 22, 1936

I last saw him alive on Mar 22, 1936 Death is said to have occurred on the date stated above, at 6:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis	
Meningococcic	3-18-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation None Lumbar puncture Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If specify .....

(Signed) Myron G. Tull M. D.

(Address) SYDENHAM HOSP

F 22338

2338

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 131

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 208 Laurens St., 14-1 Ward)

Length of residence in city or town where death occurred 60 yrs. 6 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Elizabeth Skeen

If U. S. Veteran specify WAR

(a) Residence: No. 208 Laurens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John T. Skeen

6. DATE OF BIRTH (month, day, year): Sept. 16 1875

7. AGE: Years 60 | Months 6 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER
13. NAME: Arnold E. Hillegeist
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Anna Bishop
16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mr. Arnold W. Skeen
(Address) 208 Laurens St.

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: Mar 28 1936

19. UNDERTAKER: Wm. Tetrick & Sons
(Address) Wolfe & Reaves

Filed Mar 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 26 36

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27 1936 to March 26 1936
I last saw h[illegible] alive on March 26 1936 4:30 A m. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	1933
Nephritis Chronic	1934
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Edgar A. Sindrock M. D.

(Address) 1 Medical Pl, 13 Ellicott

22339

F 22339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2549 Woodbrook Ave 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nannie May Dulin.

(a) Residence: No. 2549 Woodbrook Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Charles D. Dulin

6. DATE OF BIRTH (month, day, year): May 29, 1879

7. AGE: Years 56 | Months 9 | Days 27 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Knothe Bros.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Easton Md.

FATHER

13. NAME: James A. Marshall

14. BIRTHPLACE (city or town) (State or country): Easton Md.

MOTHER

15. MAIDEN NAME: Nannie Killeman

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Mr. Jos. Dulin 1535 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL Place: Western Cem. Date: May 30 1936

19. UNDERTAKER (Address): Wm. Mathews Sons North & Pennsylvania Ave Washington Williams Md

Registered 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 27. 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 18 1936 to Mar 27 1936

I last saw h[illegible] alive on Mar 27 1936 Death is said to have occurred on the date stated above, at 850 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	3/25/36
Other contributory causes of importance:	
Ch. Nephritis	2
Hypostatic pneumonia	3/18/36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Edw. Jackson M. D.

(Address) 2307 Eutaw Place

F 22340

22340 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

V 131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospt St. 27-19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 5 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR Civil

2. FULL NAME Edw. F(2) Ramsay (Ramsay)

(a) Residence: No. 2701 Manhattan Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret D. Ramsay

6. DATE OF BIRTH (month, day, year) May 7, 1841

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
94	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Daniel Ramsay

14. BIRTHPLACE (city or town) (State or country) Ky

MOTHER

15. MAIDEN NAME Mary Wills

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Dr. Henry McMains

(Address) 2701 Manhattan Ave

18. BURIAL, CREMATION, OR REMOVAL Crematory

Place London Park Date Mar. 30 36

19. UNDERTAKER Wm. J. Devaney & Sons

(Address) North & Paca Sts.

20. FILED (Registrar) (Deputy Registrar)

28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1936, to March 27, 1936

I last saw h alive on March 27, 1936. Death is said to have occurred on the date stated above, at 4:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted] Senile Hypostasis	
Chronic Urinary retention	
Chronic Glomerulo Nephritis	
Uremia	

Other contributory causes of importance:

Chronic Bronchitis

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

No. If so, (How?) ...

(Signed) Robert W. Tarr, M. D.

(Address) University Hospital

F 22341

22341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 18

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH SYDENHAM HOSP

CITY OF BALTIMORE: (No. ..... St. 18 W Ward)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Ellesion Hall

(a) Residence: No. 1020 W. Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Feb 12, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Benjamin Hall

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lee West

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Aunt

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Mar 28 1936

19. UNDERTAKER Elroy C. Wilson

(Address) 1001 Pennsylvania Ave

FILED Mar 29 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1936 to Mar 27, 1936

I last saw h in alive on Mar 27, 1936 Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	3-18-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis J. Schwentker M. D.

(Address) SYDENHAM HOSP

F 22342

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22342

CERTIFICATE OF DEATH

#13226 ✓ 108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 26-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1934 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Swevely

(a) Residence: No. 6739 Youngstown Ave., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith (Dead)

6. DATE OF BIRTH (month, day, year) 5-10-1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	9 10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Jacob (D)

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Mary Eliz. Fox

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Roanoke Va Date March 28 1936

19. UNDERTAKER John Ulrich

(Address) 2008 Greene St

R 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28/1936

22. I HEREBY CERTIFY, That I attended deceased from 3/25/1936 to 3/28/1936

I last saw him alive on 3/28/1936 Death is said to have occurred on the date stated above, at 4 10/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	6 days

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

F 22343

22343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13229 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 13-S Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Helen Baker

(a) Residence: No. 3026 Keswick Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Baker.

7. DATE OF BIRTH (month, day, year): 6-6-1912

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23.	9	22.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Homer Haynes

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Alice Hood

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Moreland Park. Cem. Date: Mar 30/ 36

19. UNDERTAKER: J. Walter Davis
(Address): 3418 Pinkney Ave.

20. FILED: Huntington Williams M.D.
(Registrar)

29 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year): 3/28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/25, 1936 to 3/28, 1936

I last saw her alive on 3/28, 1936 Death is said to have occurred on the date stated above, at 5-55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6 days
Other contributory causes of importance: Pregnancy c Miscarriage	8 mo. 3 days

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

F 22344

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22344

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 15-X

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME May Shanklin

(a) Residence: No. 2701 Elsinore ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	single

5a. If married, widowed, or divorced
HUSBAND of —— —— —— ——
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-4-35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Richard V. Shanklin

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Sue Marfit

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Mar 30 1936

19. UNDERTAKER Wm Cook
(Address) 1717 St Paul St

28. FILED MAR 29 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 26 1936 to March 28, 1936.

I last saw her alive on March 28, 1936. Death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	48 hrs ago
Other contributory causes of importance:	2 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John A. Cunningham M. D.

(Address) Johns Hopkins Hosp.

F 22345

F 22345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 Druid Hill Av St. 17-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edmund Bernard Taylor

(a) Residence: No. 1016 Druid Hill av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 11, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collector 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Customs

10. Date deceased last worked at this occupation (month and year) Jan 20/36

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Richard Taylor

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Louisa Starks

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lottie Murray
(Address) 1016 Druid Hill Av

18. BURIAL, CREMATION, OR REMOVAL.
Place Woodlawn Date 3-28- 1936

19. UNDERTAKER Wm. H. Holland
(Address) 1631 Linden Ave

PD. RO Huntington Williams, M.D.

R 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1935, to March 27, 1936

I last saw h.. alive on March 27, 1936. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
Other contributory causes of importance: Cardiac hypertrophy	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. S. McCard M. D.

(Address) 2029 Druid Hill av

M. D. P. 1268-9

22346 E 22346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-8

1. PLACE OF DEATH 3900 Reistertown Road — Registered No. 15-12

CITY OF BALTIMORE: (No. ____ St., 15 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Ethel Wagner

(a) Residence: No. 3900 Reistertown Road St., ___ Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Aaron S. Wagner

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 80 | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Hertzel Singer

14. BIRTHPLACE (City or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Gittle Louey

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Dr. R. Wagner (Address)

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Rendell — Date 3/29/36 19

19. UNDERTAKER: Jos. Levy Son (Address) 1453 E. Baltimore St.

[illegible] 19 ___ Registered No. ___

[illegible] Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27-1936

22. I HEREBY CERTIFY, That I attended deceased from ___ 19 30 to ___ 19 ___

I last saw her alive on Mar. 27, 1936 Death is said to have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular Disease Auricular Fibrillation	several years ago
Other contributory causes of importance: Bronchopneumonia	20 hours ago

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ___ Date of injury ___ 19 ___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) A. A. Spooner M. D.

(Address) 2340 Eutaw Place

F 22347

F 22347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 15-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Bloom

If U. S. Veteran specify WAR

(a) Residence: No. 1543 N. Appleton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	w	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Fannie Bloom

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Work Blvd Date 3/27/36

19. UNDERTAKER Isaac Lewis Bond

(Address) 437 E. Baltimore St.

20. FILED MAR 29 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-20, 1936, to 3-27, 1936

I last saw him alive on 3-27, 1936. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1931
Other contributory causes of importance:	
Chronic Glomerular nephritis	1931
Coronary Sclerosis	1931

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Date of —

What test confirmed diagnosis? Laboratory & Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis I. Woodward Jr. M. D.

(Address) University Hosp.

M P B 22348

F 22348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Dr. Hamm 5 Hanover St. 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto. General Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Freedman

If U. S. Veteran specify WAR .....

(a) Residence: No. 2816 W. Cold Spring Lane

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ladies Clothes

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph Freedman

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Wife

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL Hebrew Wash. Blvd. Date 3/29/36

19. UNDERTAKER Jos. L. Levi Inc. (Address) 1413 E. Baltimore St.

20. FILED Huntington [illegible] Registrar

MAR 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28/36 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury inquest thereon and from the evidence obtained by said inquest, Autopsy and otherwise find that said deceased came to death on the day stated above at about 4.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) O. Hamm, M. D.

Coroner

(Address) 12 S. Hanover

M. D. B. 1268 F 22349

F 22349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hospl St. 6-7-16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robt Lee Hood Jr. If U. S. Veteran specify WAR World War

(a) Residence: No. (or 10) Newhope Ave. Pikesville St. ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write, the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanor

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Johns Hopkins Hosp

10. Date decedent last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Orleans Louisiana

FATHER

13. NAME Robt Lee Hood

14. BIRTHPLACE (city or town) (State or country) Unknown "

MOTHER

13. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Spence Cochran

(Address) 16 Walbrook Ave Ft Smallwood

18. BURIAL, CREMATION, OR REMOVAL Western Cemty Date Mar 30 19 16

19. UNDERTAKER R. S. Mayo Sons

(Address) 3339 Fallsroad

20. FILED ... 19 ... Easton Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1916

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 1010 N. Howard

F 22350

F 22350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 121

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) The Church Home & Infirmary St., 13-4 Ward

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Baum

(a) Residence: No. 1706 Druid Park Pkwy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 12, 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24 yrs		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper 0008

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bonn Wine Co

10. Date deceased last worked at this occupation (month and year) March 1936

11. Total time (years) spent in this occupation 8 mo

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Hymen Baum

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Lerner

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Nathan Baum
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 3/29/36
Hebrew Sinai

19. UNDERTAKER Hall Lewis Jr
(Address) 1439 E Baltimore St

Huntington Williams, M.D.
Registrar

29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1936, to March 29, 1936

I last saw him alive on March 29, 1936. Death is said to have occurred on the date stated above, at 6:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis, ruptured	3/21/36
Generalized peritonitis	3/24/36

Other contributory causes of importance:

Name of operation Appendectomy Date of 3/24/36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Chester J. Adams, M. D.

(Address) 1 East Lexington St

F 22351

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22351

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2822 ST. Paul St. St. 12-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME RICHARD J. McGRANN.

(a) Residence: No. 2822 ST. Paul St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Male~~	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 19th. 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elizabeth N. J.

FATHER

13. NAME Richard J. McGrann

14. BIRTHPLACE (city or town) (State or country) Lancaster Pa.

MOTHER

15. MAIDEN NAME Agnes A. Duffy

16. BIRTHPLACE (city or town) (State or country) Jersey City.

17. INFORMANT Agnes A. McGrann
(Address) 2822 St, Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Cem Lancaster Penna. Mar. 31st. 1936

19. UNDERTAKER Chas. H. Grand & Son
(Address) 1118 W. Mt. Royal ave

20. FILED Mar 29 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27th. 36

22. I HEREBY CERTIFY, That I attended deceased from Mch 1st 1936 to March 27 1936

I last saw h[illegible] alive on Mch 27 1936 Death is said to have occurred on the date stated above, at 5.20 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Epilepsy Broncho
(Immediate)

Date of onset

Other contributory causes of importance:

Intestinal Toxemia
Semantic Psychosis

Was an operation performed? ..... Date of .....

For what disease or injury? For 3 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Stanley Grauch M. D.

(Address) 2900 E. Baltimore St.
Baltimore, Md

F 22352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 22352

93-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2118 Barclay St. St., 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME ANNA C. McGREEVY.

(a) Residence: No. 2118 Barclay St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 6th. 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Security Storage Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Cornelious McGreevy.

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary McCann

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs Edward A, Schaub
(Address) 401 S. Augusta Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date March 30th. 36

19. UNDERTAKER Chas. H. Grant & Son
(Address) 118 W. Saratoga St.

20. FILED 19 Registr

MAR 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27th. 1936

22. I HEREBY CERTIFY, That I attended deceased from MARCH 9-TH, 1936, to MARCH 27 TH, 1936

I last saw HER alive on MARCH 27TH, 1936. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ACUTE MYOCARDITIS	2/27/36
Other contributory causes of importance:	
NEURASTHENIA —	3/9/36
NEUROCIRCULATORY DYSTHENIA - (NERVOUS SHOCK)	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) James F. Kavanaugh, M. D.
(Address) 3321 W. Eldorado St.

F 22353

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22353

93-C

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dr. Gustav F. Boucsein

(a) Residence: No. German Aged Home St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 30, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician 054

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Louis Boucsein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Otto

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records German Aged Home
(Address) Baltimore & Payson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date March 30 1936

19. UNDERTAKER Geo. Phil Cook
(Address) 1003 N. Baltimore St.

MAR 29 1936 Harry Tolly Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1936, to March 27, 1936.

I last saw him alive on March 27, 1936. Death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1 wk. ago
Other contributory causes of importance: Cardiac failure	2days

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Benj. A. McCleary M. D.

(Address) 400 N. Payson St.

F 22354

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22354

92-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 W. Fayette St., 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lavinia Jones

(a) Residence: No. 1806 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Josiah Jones

6. DATE OF BIRTH (month, day, year) July 18, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER

13. NAME Mr. Knight

14. BIRTHPLACE (city or town) (State or country) United States

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss Eleanor Divenhoover
(Address) 1806 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date March 30, 1936

19. UNDERTAKER Dep Hook
(Address) 1006 W. Baltimore St.

20. FILED 3-31 1936 Hennington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 20th, 1936 to March 27th, 1936

I last saw her alive on March 26, 1936 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease.	?
c decompensation.	
Other contributory causes of importance:	
Hypostatic pneumonia	3 days

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation ..... Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19 ....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Frederic V. Bowers, M. D.

(Address) Medical Arts Bldg.

F 22355

F 22355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 Westphal Place Ward)

Length of residence in city or town where death occurred 8 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edward J. Connolly

(a) Residence: No. 1815 Westphal Place Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 7, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Parking

10. Date deceased last worked at this occupation (month and year) Oct. 1935

11. Total time (years) spent in this occupation 6 mo

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James P. Connolly

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Geneva Browning

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Ida M. Kelly 1815 Westphal Pl

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem Date 3/31/36

19. UNDERTAKER (Address) Geo L Began Jr 1512 Hollins St

20. FILED MAR 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 27. 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5. 1935. to Mar 27. 1936

I last saw him alive on Mar. 27. 1936 Death is said to have occurred on the date stated above, at 3:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis Mdef.	
Exhaustion	3/26/36

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3/30/36 (Signed) E. J. Connolly M.D.

(Address) 1644 Hanover St

F 22356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 22356

46-D

Registered No. 27-47

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5006 Queensbury St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rose Isaacson

(a) Residence: No. 5006 Queensbury ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel

6. DATE OF BIRTH (month, day, year): Jan 6 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Benj Labowetz

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Samuel Isaacson

(Address): 5006 Queensbury ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Hebrew Rusedale Cemetery Date: March 29 1936

19. UNDERTAKER: Chas Levinson Bro

(Address): 1212 E Balto st.

29 1936 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 28 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1933 to March 28 1936

I last saw her alive on March 28 1936 Death is said to have occurred on the date stated above, at 7.30 A.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the rectum.

Date of onset 1932

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clin'cal Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benjamin Pushkin M. D.

(Address) Medical Arts Bldg

F 22357 ✓ F 22357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

Registered No. 1-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2230 ESSEX STREET St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Stanislaus Brukiewa

(a) Residence: No. 2230 ESSEX STREET St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) MARCH 28-1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
				12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cord

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME MICHAEL BRUKIEWA

14. BIRTHPLACE (city or town) BALTIMORE MD.
(State or country)

MOTHER

15. MAIDEN NAME GENEVIEVE GOS

16. BIRTHPLACE (city or town) BALTIMORE MD.
(State or country)

17. INFORMANT MICHAEL BRUKIEWA
(Address) 2230 ESSEX STREET

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date March 30 1936

19. UNDERTAKER John M Weber
(Address) 401 S. Chester St

MAR 29 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 28-1936 . 19

22. I HEREBY CERTIFY, That I attended deceased from Mar. 28-1936 . 19 ... to Mar. 28-1936 . 19 ...

I last saw him alive on Mar. 28-1936 . 19 ... Death is said to have occurred on the date stated above, at 1:30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
congenital heart trouble	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... . 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

William J. Bryans M. D.
(Signed)

(Address) 801 N. ... WOOD AVENUE

F 22358

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22358

CERTIFICATE OF DEATH

× 95-B

Registered No. 75-1

1. PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens + Caton Aves. St., 75-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Wilhelmina Moeller

(a) Residence: No. 200 Massachusetts Ave St., N. W. Ward. Wash. D. C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Francis A. Moeller

6. DATE OF BIRTH (month, day, year) Sept 29, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Adam Nearing

14. BIRTHPLACE (city or town) (State or country) At sea American Waters

MOTHER

15. MAIDEN NAME Margaret Roessler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Francis A. Moeller
(Address) 200 Massachusetts Ave. N. W. Wash. D. C.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 31, 1936

19. UNDERTAKER Mr. Mrs. John W. Geisel + Son
(Address) 501 W. Fayette St.

MAY 29 1936 Washington, D. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-28-1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9th, 1936 to March 28, 1936
I last saw her alive on March 28, 1936 Death is said to have occurred on the date stated above, at 10.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (year only)
Rheumatic heart disease	1931
Pyonephrosis	1936
Ureteral fistula (left) (S.O.)	1936

Other contributory causes of importance:

Was an operation performed? yes Date of 1931
For what disease or injury? Left ovarian cyst (ureteral fistula (S.O.)
Name of operation Removal cyst Date of
What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) L Whelan M. D.
(Address) St Agnes Hosp.

F 22359 ✓ F 22359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Patera

If U. S. Veteran specify WAR

(a) Residence: No. 1200 Valley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Anthony Patera

6. DATE OF BIRTH (month, day, year): Sept. 21-1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bohemia

FATHER

13. NAME: Dolezalda ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Catherine ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Sister Stanislaus Sup.

(Address) Little Sisters of the Poor, city

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: 3/31/36 19

19. UNDERTAKER: Frank Enoch & Son

(Address) 1806 Eutaw Place

FILED 19 Registrar

29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 28- , 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 , 1936 to Mar 28 , 1936

I last saw h.. alive on March 28 , 1936. Death is said to have occurred on the date stated above, at 6:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Intestines	?
	1

Other contributory causes of importance:

Uremia	3 mos

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. M. C. Barker, M. D.

(Address) 14 E. Lexington

F 22360

F 22360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Randolph Reed

If U. S. Veteran specify WAR .....

(a) Residence: No. 422 N. Pepkleton St., ... Ward. Hel 3

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 11-27-29

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
6	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Reed

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Catherine Massey

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place West Liberty Memorial Gdns Date Mar 29 1936

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 N. Schroeder St. Huntington Pittsburgh Pa.

20. FILED MAR 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1936, to Mar. 25, 1936

I last saw h.. alive on Mar. 24, 1936 Death is said to have occurred on the date stated above, at 8:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma of Liver	?
Other contributory causes of importance:	

Was an operation performed? Yes Date of 2/29/36

For what disease or injury? Carcinoma of Liver

Name of operation Bleeding Exploratory - Biopsy Date of 2/27/36

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) Carl E. Burkland, M. D.

(Address) J. H. H.

22361 ✓ F 22361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dimmon St., 16 Ward)

Length of residence in city or town where death occurred 6yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elsie Stewart

(a) Residence: No. 930 N. Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 7-1920

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Mc Kinley Stewart

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Sharles

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Catherine Dyson

(Address) 930 N. Stricker

18. BURIAL, CREMATION, OR REMOVAL

Place Lamel Date 3/30 19 36

19. UNDERTAKER Lemmon & Son

(Address) 638 N. Gilmor

[illegible] 19 [illegible]

29 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-29 1934 to 3-27 1936

I last saw her alive on March 27, 1936. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis Peritonitis — Date of onset .....

Other contributory causes of importance .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) D. Harris, M. D.

(Address) Provident Hosp

M. D. P. 1268-9

F 22362

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22362

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1431 Reynolds St. 24th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter Filippi

(a) Residence: No. 1431 Reynolds St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Susanna Filippi

6. DATE OF BIRTH (month, day, year) August 20, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wire & C. Co.

10. Date deceased last worked at this occupation (month and year) 20

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME John Filippi

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Barbara Babord

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Susanna Filippi

(Address) 1431 Reynolds St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Co. Date Mar. 29, 1936

19. UNDERTAKER Chas. L. Stevens

(Address) 1501 Fulton

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1936 to March 27, 1936

I last saw him alive on March 26, 1936 Death is said to have occurred on the date stated above, at 3a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	8d
Arteria Sclerosis Hypertension	8d
Anaemia + Bronchopneumonia	5d

Other contributory causes of importance:

Chronic Pulmonary Syphilis	3d

Name of operation ... Date of ...

What test confirmed diagnosis? NPH Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. L. Stevens, M. D.

(Address) 2818 Harford Rd

F 22363 F 22363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margie Harmon If U. S. Veteran specify WAR

(a) Residence: No. Salisbury Md St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Arthur

7. DATE OF BIRTH (month, day, year) 12/6/00 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Sanders Hutt

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ida Carlon

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Lorraine Cem Salisbury Md. 3/31/36.
(Place) (Date)

19. UNDERTAKER James F. Stewart
(Address) Salisbury Md

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1935 to Mar. 25, 1936

I last saw h alive on Mar 26, 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis lung right	3 yrs
Tuberculosis lung left	?
Tuberculosis kidneys	?

Other contributory causes of importance:

Subarachnoid hemorrhage	few hours

Was an operation performed? yes Date of 3-28-36

For what disease or injury?

Name of operation Removal right lung Date of 3-28-36

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Fred W. Sick, M. D.
(Address) Johns Hopkins Hospital

F 22364

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22364

CERTIFICATE OF DEATH

8-6 46-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 E. Oliver St. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine E. Tharle

If U. S. Veteran specify WAR

(a) Residence: No. 1812 E. Oliver St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Charles F. Tharle

6. DATE OF BIRTH (month, day, year) Feb. 19, 1857.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
79	78	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Peter H. Rush

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rigby

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mrs. Wm. T. McFadden 1812 E. Oliver St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 3/30/36 19

19. UNDERTAKER (Address) Harry A Lutzke 4101 Edmondson Ave.

20. FILED ..... 19 ..... Registrar

29 1936 Livingston Phillips, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27th, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 30th 35 to March 27th 36, 19..

I last saw her alive on March 27th 36, 19.. Death is said to have occurred on the date stated above, at 4.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	Unknown
Pericarditis (chronic)	"
Carcinoma of Liver	"
Mitral insufficiency	
Metastasis	

Other contributory causes of importance:

Cerebral hemorrhage 3/13/36

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Philemon Antigiani M. D.

(Address) 2542 E. Fayette Street.

F 22365 ✓ F 22365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital. Registered No. 205-M
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 11 — Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME James C. M. Walsh

(a) Residence No. Patapsco P.O. Carroll Co. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Myrtle Abbott Walsh

6. DATE OF BIRTH (month, day, year) July 28, 1899.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Corrugating Mfg. Co.

10. Date deceased last worked at this occupation (month and year) March 1936

11. Total time (years) spent in this occupation 10 Yrs.

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME John Walsh

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME Helena Arnold

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Mrs. Jennie Walsh

(Address) Patapsco Carroll Co. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Emory, Carroll Co. Date 3-31-1936

19. UNDERTAKER Edw. C. Tipton

(Address) Hampstead Md.

20. Filed ..... 19 ..... Registrar

29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Multiple fractures of Pelvis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of Injury 3-27-1936

Where did injury occur? Cedarhurst Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Flywheel of tender

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Work at wharf

(Signed) C. Hann M. D.
Coroner

(Address) 214 Hanover St.

OCCUPATION is very important. See instructions on back of certificate.

F 22366

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22366

CERTIFICATE OF DEATH

92-A

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Agnes Hospital St., 16-H Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Marie Watts

(a) Residence: No. 826. Riggs Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wilbur A. Watts

6. DATE OF BIRTH (month, day, year) Feb 23/11 '86

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Maryland

FATHER

13. NAME Verley J. C. Flohr

14. BIRTHPLACE (city or town) (State or country) Baltimore Co Maryland

MOTHER

15. MAIDEN NAME Elva J. Bosley

16. BIRTHPLACE (city or town) (State or country) Baltimore Co Maryland

17. INFORMANT Wilbur A. Watts
(Address) 1132 N. Gilton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Int Olive Cemetery Date Mar 30 1936

19. UNDERTAKER Josiah Eyler
(Address) 1600 Riggs Ave

26. FILED Mar 29 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27/36. 19

22. I HEREBY CERTIFY, That I attended deceased from 3/13, 1936, to 3/27, 1936

I last saw her alive on 3/27, 1936 Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic endocarditis, chronic hypertrophy + dilatation, pneumonia, hydrothorax Subacute bacterial endocarditis	Several years 2 wks 3

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. G. Llewelyn M. D.

(Address) St Agnes Hospital

22367 ✓ F 22367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 107-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Marjorie Clifford

(a) Residence: No. 306 Thackery Ave St., Ward. Catonsville
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	27 3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. -

FATHER

13. NAME Frederick Clifford
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Ruth Rutter
16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Mrs. Frederick Clifford
(Address) 306 Thackeray Ave. Catonsville

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date 3-30-36

19. UNDERTAKER C. B. Shubert & Son
(Address) 1300 Eastern Ave
(Filed) MAR 29 1936 (Signature) Funeral Director Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Mar. 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 19, 1936 to Mar. 28, 1936

I last saw her alive on Mar. 28, 1936 Death is said to have occurred on the date stated above, at 1:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia - bilateral	
Other contributory causes of importance: Mongolian Idiocy	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Milton S. Sacks, M. D.
(Address) Mercy Hospital

22368 E 22368

22368 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH 5806

CITY OF BALTIMORE: (No. 5806 Park Heights Ave. St., 27 Ward) 19

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Liebold Kornmann

(a) Residence: No. 5806 Park Heights Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, ~~widowed, or divorced~~, HUSBAND ~~of~~ (or) WIFE of Frederick W. Kornmann

6. DATE OF BIRTH (month, day, year) Aug. 31 - 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 3/26/36

11. Total time (years) spent in this occupation 10 mos.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm. F. Liebold

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Emma Wannemacher

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Fred. W. Kornmann
(Address) 5806 Pk. Hts. Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lawnwood Date 3/30/36 19

19. UNDERTAKER H. B. Keppler & Son
(Address) 1300 Eutaw Place

20. FILED ..... 19 ..... Registrar .....

3 23 1936 Wilmington, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 12 - 1936 to March 26 1936

I last saw h.. alive on March 26, 1936 Death is said to have occurred on the date stated above, at 5.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	Mod. 1934
Other contributory causes of importance: Chr. Interstitial Nephritis	Mod. 1934

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Paul E. Brown M. D.

(Address) 1603 W. North Ave

M. D. B 1268-9

F 22369

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22369

CERTIFICATE OF DEATH

Registered No. 718

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 10 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary T. Willis.

(a) Residence: No. 645 E. Clement St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) May 7, 1935.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Willis.

14. BIRTHPLACE (city or town) (State or country) Frostburg, Md.

MOTHER

15. MAIDEN NAME Nora Finn.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Nora Willis. (mother)
(Address) 645 E. Clement St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Cathedral Date Mar. 30, 1936

19. UNDERTAKER Chas L Stevens
(Address)

20. FILED MAR 30 1936 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1936.

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	
Cerebral spinal meningitis.	
Other contributory causes of importance:	

Name of operation None Date of ...

What test confirmed diagnosis Hospital autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Otto W. Reinhardt, M. D.
3/29/36 (Address) 1017 E. Charles St. Coroner

F 22370 F 22370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4932 Denmore Ave St., 7-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city (or town) where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lewis D. Castle

If U. S. Veteran specify WAR No Record

(a) Residence: No. 4932 Denmore St., ... Ward. .....
(Usual place of abode) 50 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie L Castle

6. DATE OF BIRTH (month, day, year): Feb 5th 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanical Engineer (Ret'd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Carroll Manor Maryland

FATHER

13. NAME: ? Castle

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: George F Castle

(Address) 4932 Denmore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Lakeview Cemetery Bridgeport Conn. Date: Mar 31st 1936

19. UNDERTAKER: William Boote

(Address) 1217 St Paul Street

MAR 30 1936 Registrar, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 27th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1931 to Mar 27 1936

Last saw him alive on Mar 27 1936. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	✓
Other contributory causes of importance: Myocardeter	✓

Was an operation performed? no Date of ✓

For what disease or injury? no

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) John A. Packard M. D.

(Address) 1219 Professional Bldg

22371 F 22371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2330 W. Fayette St. 20th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Theodore W. Johnson

(a) Residence: No. 2330 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~(not living)~~ Elizabeth Johnson

6. DATE OF BIRTH (month, day, year) June 6th 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fertilizer Works

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jerome Johnson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Eliza Malone

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Elizabeth Johnson
(Address) 2330 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Mar 30th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

R 30 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mch 7th, 1936 to Mar. 27 1936

I last saw h— alive on Mar. 26 1936. Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	1932
Cerebral Hemorrhage	

Other contributory causes of importance: X

Was an operation performed? No Date of

For what disease or injury? X

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 1340 Eutaw St

F 22372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#10680 34B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1900 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S Veteran specify WAR .....

2. FULL NAME Samuel Booker

(a) Residence: No. 1027 N. Gilmor St., St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 10-14-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	59	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Samuel Booker

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Minnie ?

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Records of Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cemetery Date March 31 1936

19. UNDERTAKER Lottie Goss
(Address) 1408 Ashland Ave

20. FILED MAR 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/6, 1936 to 3/27, 1936

I last saw him alive on 3/27, 1936 Death is said to have occurred on the date stated above, at 4:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm of thoracic aorta	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp.

F 22373 # 12506 F 22373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 342-92-n

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St. 21-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georganna Bauhaus
If U. S. Veteran specify WAR

(a) Residence: No. 633 Wyeth St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis

6. DATE OF BIRTH (month, day, year) 12-3-[redacted]1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
[redacted]	63	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) [redacted]

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Schulze

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Sneider

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lauden Park Date March 30, 1936

19. UNDERTAKER Jewell & Russell Inc.
(Address) 1017 W. Lanvale St.

20. FILED MAR 30 1936 H. Augustus Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/17, 1936 to 3/26, 1936
I last saw her alive on 3/26, 1936 Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	4 yr.
Aortic insufficiency	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert L. Reitz M. D.
(Address) Balto City Hosp

M. D. P. 1268-9

Dr Maurice Shamer 3300 W. Belvedere Ave

T 22374

22374 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-w

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2153 Mt Holly St., 15-9 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edgar Fisher

(a) Residence: No. 2153 Mt Holly St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Julia A. Wells

6. DATE OF BIRTH (month, day, year) May 9th 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md
(State or country)

MOTHER FATHER

13. NAME Geo. W. Fisher

14. BIRTHPLACE (city or town) Pa.
(State or country)

15. MAIDEN NAME Emily Holtzman

16. BIRTHPLACE (city or town) Balto.
(State or country)

17. INFORMANT Mr. E. Wells Fisher
(Address) 2153 Mt Holly St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 3 | 30 | 36 19

19. UNDERTAKER Geo. Weber & Son
(Address) 2523 Edmondson Ave

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 | 27 | 36 19

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1936, to March 27, 1936

I last saw him alive on March 27, 1936 Death is said to have occurred on the date stated above, at 11.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of heart	3/20/36
Other contributory causes of importance: Chronic myo- and endo-carditis	Abt one year

Name of operation Date of

What test confirmed diagnosis clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Maurice E. Shamer, M. D.

(Address) 3300 W. Belvedere Ave

22375

F 22375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. 15-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 9 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Clara A. Evans

(a) Residence: No. 2902 London Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 13 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Public School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Williams Evans

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Esther Aydelotte

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. John McKnight
(Address) 2902 London Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Mar. 31, 1936

19. UNDERTAKER John A. Emory
(Address) 715 Light St.

20. FILED 1936 Huntington Nathanson

R JU 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-27, 1936 to 3-28, 1936

I last saw her alive on 3-28, 1936 Death is said to have occurred on the date stated above, at 11-10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative carcinoma right breast with metastases to skin, lungs, liver, ribs, etc.	1931
Other contributory causes of importance: Generalized arteriosclerosis	1925

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Lewis Rubendall Jr. M. D.

(Address) University Hospital

F 22376

F 22376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2218 Eutaw Ave. St., 7-3 Ward)

Length of residence in city or town where death occurred 1/6 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 4 yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Barbara Cibulka

(a) Residence: No. 2218 Eutaw Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 4, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	73		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) Oct 1936

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

FATHER

13. NAME John Cibulka

14. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

MOTHER

15. MAIDEN NAME Marie

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Albina Walz
(Address) 803 N Lemmon Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedarhill Date March 30 1936

19. UNDERTAKER J. and J. Grech & Son
(Address) 1906 Eutaw St

20. FILED MAR 30 1936 Huntington Matthews, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 9, 1935 to March 27, 1936

I last saw her alive on March 27, 1936 Death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	October 1934
Chronic Nephritis	1930 ?

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) J. Karl Grossman M. D.
(Address) 1212 N. Patterson Park Ave.

F 22377

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22377

CERTIFICATE OF DEATH

✓ 108

Registered No. ____

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. So Balto Gen. Hosp (If not in hospital, give street and number) Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR ____

2. FULL NAME Gerard Michael Hoppmger
(a) Residence: No. 828 S. Ellwood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 25, 19..

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	3 1/2 3	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ood
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME Anthony Hoppmger
14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER
15. MAIDEN NAME Rose A. Siegerwald
16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Cem. Date March 31. 19..

19. UNDERTAKER Fineran Bros
(Address) 1313 Druid Park Dr.

19 ____

MAR 30 1936 Washington, D. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/21, 1936 to 3/27, 1936
I last saw h[illegible] alive on 3/27, 1936 Death is said to have occurred on the date stated above, at 10:30 P.m.

The principal cause of death and related causes of importance were as follows: Left Lobar Pneumonia — Date of onset

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No — Date of ____
For what disease or injury? ____
Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of Injury ____, 19..
Where did Injury occur? ____ (Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place ____
Manner of Injury ____
Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ____

(Signed) M. Alonso M. D.
(Address) So. Balto. Gen. Hosp.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22378 RE 22378

CERTIFICATE OF DEATH

24-82a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 E Fairmount St. 5-1 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Rudulph Garrett

(a) Residence: No. 1408 E Fairmount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ardella Garrett

6. DATE OF BIRTH (month, day, year) 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S C

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Ardella Smith (Address) 1408 E Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date March 30 19 X

19. UNDERTAKER Edward Bryan (Address) 642 Orleans

Huntington Mutuaux, Registrar

20. FILED MAR 30 1926

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27 19 26

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an inquest thereon and from the evidence obtained by said inquest, and that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset 3/27/26

Other contributory causes of importance:

Was an operation performed?

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. Allen M. D.

(Address) 507 Cathedral St

F 22379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 22379

93-C

Registered No. ____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 E Eager St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town) where death occurred 3 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth 24 yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR ____

2. FULL NAME Barbara Goldmann

(a) Residence: No. 1411 E. Eager St., ____ Ward. ____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Kasper Goldmann

6. DATE OF BIRTH (month, day, year): October 12 1855

7. AGE: Years 80; Months 5; Days 16; If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany.

FATHER

13. NAME: John. Lodeemann

14. BIRTHPLACE (city or town) (State or country): Germy.

MOTHER

15. MAIDEN NAME: Barbara. Adelman

16. BIRTHPLACE (city or town) (State or country): Germy

17. INFORMANT: Mrs. Mary. Trapp

(Address) 426 S. Eden St.

18. BURIAL, CREMATION, OR REMOVAL: Mount Holy Redeemer Cemy Date March 31. 1936

19. UNDERTAKER: Henry Hoeck Sons, Inc.

(Address) 1301 E. Eager St.

Huntington Williams, M.D.

Registrar

. 19

R 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28. 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/24/36 to 3/28, 36

I last saw her alive on 3/27/36 at 2.30 p.m. Death is said to have occurred on the date stated above, at 3. a.m.

The principal cause of death and related causes of importance were as follows:

acute Cardiac Decompensation. about

Date of onset

Other contributory causes of importance:

acute Cardiac Dilatation

none

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? clinic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ____ 19

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify none

(Signed) Siegel. Littman M. D.

(Address) 108 S. Chase

F 22380

22380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Lemdale — Registered No. 207-17

CITY OF BALTIMORE: (No. Hebrew Home for Aged and Infirm

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Hinda Baker Hinde Walker

(a) Residence: No. Belvedere & Greenspring Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Israel

6. DATE OF BIRTH (month, day, year) 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Copel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Dora

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig Friedlatt Supt.

(Address) Belvedere & Greenspring Ave

18. BURIAL, CREMATION OR REMOVAL Hebrew Southern Cem Date 3/30/36

19. UNDERTAKER Sol Levinson & Bros

(Address) 1127 E Balto St

Huntington Williams, M.D.

Registrar.

30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-1 1930 to 3-29 1936

I last saw h alive on 3-28 1936. Death is said to have occurred on the date stated above, at 6.15 Hm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	3-25 36
Acute Dilatation	
Auricular fibrillation	
Arterio sclerosis	

Other contributory causes of importance:

Chr. Bronchitis.

Arthritis deformans

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H Edmund Levin M. D.

(Address) Lemdale

T 22381

T 22381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. 305

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2204 Eagle St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 4 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Weidenhammer

(a) Residence: No. 2204 Eagle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or WIFE) the late Marie Weidenhammer

6. DATE OF BIRTH (month, day, year) Nov. 20 - 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward Weidenhammer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Nicklas

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hilda E. McGee

(Address) 2204 Eagle St.

18. BURIAL, CREMATION OR REMOVAL Lorraine Park Cem. Date 3/30/36, 19

19. UNDERTAKER Geo. H. Lembrich

(Address) 525 N. Eutaw St. Baltimore, Md.

20. FILED 30 1936, 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above, about 1-a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudden	
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1937 Edmondson Ave.

F 22382

F 22382 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph Hosp. St. 9-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Thomas Carney
(a) Residence: No. 758 Mc Kewin Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Carney

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Carney
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Lyons
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Nolan
(Address) 758 Mc Kewin Ave.

18. BURIAL, CREMATION, OR REMOVAL
Date March 31. 1936

19. UNDERTAKER Thenoyer Bros
(Address) 3615-17 Christiana Ave.

20. FILED 19 Reg. No.

MAR 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of right hip	

Other contributory causes of importance:
Hypostatic Pneumonia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan. 13 1936.

Where did injury occur 758 Mc Kewin Ave Balto Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell off a fence.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Klumber, M. D.
Coroner

(Address) 1914 E. North Ave.

22383

T. A. Holley. 5100 Harford Rd.

22383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓46B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2916 Gundry Ave. 27-2 (Ward)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Hatch

(a) Residence: No. 2916 Gundry Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Elizabeth Hatch.

6. DATE OF BIRTH (month, day, year) Unknown.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 82.				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter 0.015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash D.C.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT H. E. Woolen.

(Address) 2916 Gundry Ave.

18. BURIAL, CREMATION, OR REMOVAL Oakwood Date March 31 1936

19. UNDERTAKER Thurnwald Bros.

(Address) 3615-17 Eastern Ave.

MAR 30 1936 Huntington, Wisconsin

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936 to March 28, 1936

I last saw h... alive on 3/26 1936 Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset .....

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. A. Holley M. D.

(Address) 5703 Harford Rd

13214

F 22384

F 22384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. 13-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ... Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Emory Chalk

(a) Residence: No. 3903 Falls Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret

6. DATE OF BIRTH (month, day, year): 1-13-1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Charles

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Betty Stanton

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Loy Hill, Laurel, Md. Date Mar 30. 1936

19. UNDERTAKER: Chenoweth Bros.
(Address) 3615-17 Greenmount Ave

MAR 30 1936 ... Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/27. 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/24. 1936 to 3/27. 1936

I last saw him alive on 3/27 1936 Death is said to have occurred on the date stated above, at 9:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 days
Diabetes mellitus	?

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

22385 F 22385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3682 Ash St. St.) 13-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

2. FULL NAME Grace B. Riley. If U. S. Veteran specify WAR

(a) Residence: No. 3682 Ash St. St., Ward. (If non-resident give city nr town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. E. Riley 1884

6. DATE OF BIRTH (month, day, year) Feb 27 1877

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
59	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Casualty Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Isaac Kuper

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Theresa Brightwell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Mazie Gemmet

(Address) 3682 Ash St.

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19...

19. UNDERTAKER Speilman Bros.

(Address) 3611 Eastern Ave

20. FILED ... 5 Washington Hillsboro

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29 1936

22. I HEREBY CERTIFY, That I saw the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-29-36

Other contributory causes of importance: Arterio sclerosis ?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. H. Dickenson M. D. Coroner

(Address) Coroner

F 22386 Jacob Johnson F 22386

311369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jacob Johansen - Jack Johnson

(a) Residence: No. Salerno St., Ward. Florida

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-30-79

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fisherman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Jacob Johnsson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Run N.J. Date Mch. 31 1936

19. UNDERTAKER John O. Whitehall Sons

(Address) 1900 Eutaw Place

Huntington Williams, M.D.

Registrar.

20. FILED 1936

30

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1936, to March 28, 1936.

I last saw him alive on March 28, 1936. Death is said to have occurred on the date stated above, at 8.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Papilloma carcinoma of urinary bladder c widespread metastases	1935
myelophthisic anemia	1935
Other contributory causes of importance: Nutritional deficiency	1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edw B Grossman M. D.

(Address) The Johns Hopkins Hospital

F 22387 F 22387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2600 Prestmann St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles F. Haschert

(a) Residence: No. 2600 Prestmann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Priscilla A. Alvey

6. DATE OF BIRTH (month, day, year) Aug. 28, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Haschert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary E.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Priscilla A. Haschert
(Address) 2600 Prestmann St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemy. 3/31/36 19

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

R 30 1936 20 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 34 to March 27, 1936

I last saw him alive on March 27 . 19 36 Death is said to have occurred on the date stated above, at 2.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriscleros is	6 Yrs
Chronic Valvular Disease of Heart	2 Yrs

(Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

M.D. (Signed) E. K. Oswald, M. D.

(Address) 2757 W. North Ave.

F 22388

F 22388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3503 Winterbourne Rd St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Betsy McCluer Pinkerton

(a) Residence: No. 3503 Winterbourne Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edwin B. Pinkerton

6. DATE OF BIRTH (month, day, year) Apr. 10, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va.

FATHER

13. NAME Rev. E. B. McCluer

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Cora Bates

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT Edwin B. Pinkerton

(Address) 3502 Winterbourne Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Mar. 30, 1936

19. UNDERTAKER John D. Mitchell & Sons

(Address) 1900 Eutaw Place

Huntington Williams, M.D.
Registrar

19

APR 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-28-1936

22. I HEREBY CERTIFY, That I attended deceased from JULY 1935 to MARCH 1936

I last saw HER alive on MARCH 28 1936. Death is said to have occurred on the date stated above, at 11 45 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA CERVIX	1932

Other contributory causes of importance:

METASTASES TO LIVER PLEURA AND VICERA

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Ralph J. Hills M.D.

(Address) 18 E. Eager St

OCCUPATION is very important. See instructions on back of certificate.

F 22389 F 22389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

30

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 1-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Andrew Chelchowske

(a) Residence: No. 2542 Foster Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Chelchowska

6. DATE OF BIRTH (month, day, year) Unk.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cafe

10. Date deceased last worked at this occupation (month and year) Feb 1936

11. Total time (years) spent in this occupation 16 yrs

12. BIRTHPLACE (city or town) (State or country) Not known England

FATHER

13. NAME John Chelchowski

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Poland ?

17. INFORMANT Mrs Frances Chelchowske

(Address) 2542 Foster Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date April 1 1936

19. UNDERTAKER Fred W Ozarowski

(Address) 1930 Eastern Ave. Huntington Baltimore MD

MAR 30 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28 1936

22. I HEREBY CERTIFY, That I attended deceased from March 17 1936 to March 28 1936

last saw him alive on March 28 1936. Death is said to have occurred on the date stated above, at 9.17 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal Tuberculosis.	Unknown
Other contributory causes of importance:	
Peritonitis.	3-25-36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. L. Llewelyn M. D.

(Address) St. Agnes Hospital.

M. D. B. 1

F 22390

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22390

CERTIFICATE OF DEATH

X V 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 East Balto Hospital St., 4-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 4 ds. How long in U. S. If of foreign birth 26 yrs. ___ mos. ___ ds.

2. FULL NAME Emma C Bohn

(a) Residence: No. 7 N Clinton St. Pasadena Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Bohn

6. DATE OF BIRTH (month, day, year) Dec 31 - 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	76	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife

10. Date deceased last worked at this occupation (month and year) 2 Wks ago

11. Total time (years) spent in this occupation 60 yrs.

12. BIRTHPLACE (city or town) (State or country) Danzer Germany.

FATHER

13. NAME Muer

14. BIRTHPLACE (city or town) (State or country) unknown Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown Germany.

17. INFORMANT Charles Bohn

(Address) 7 Clinton. Pasadena Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date March 31 19 3

19. UNDERTAKER Thomas Dingle

(Address) Glen Burnie Md.

20. Filed ___ 19 ___ Registrar

MAR 30

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-26 . 19 36 to 3-29 . 19 36

I last saw h[illegible] alive on 3-29 . 19 36 Death is said to have occurred on the date stated above, at 10 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolus	
Peritonitis	
Pneumonia	
Diabetes mellitus	

Other contributory causes of importance:

Name of operation Appendectomy Date of 3-26

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) Francis N. Taylor . M. D.

(Address) So. Balto Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 22391

Spec.—9-30—A. & Co.—250 Blks.

F 22391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-a

REGISTERED NO. 4

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2308 Avalon Avenue ST. 13 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Emma H. Freeman

(a) RESIDENCE NO. 2308 Avalon Avenue ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	W

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Herbert P. Freeman

6 DATE OF BIRTH (month, day, and year) March 29. 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): ditto

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maine

PARENTS

10 NAME OF FATHER: Joshua Mason

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maine

12 MAIDEN NAME OF MOTHER: Sarah Mason

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maine

14 Informant: Mrs Cordelia Bramble
(Address): 2308 Avalon St

15 Filed [illegible] 1936 by Huntington Williams Undertaking Co.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 12-13 AM March 28 1936

17 I HEREBY CERTIFY, That I attended deceased from March 18 1936 to March 28 1936

that I last saw h[illegible] alive on March 27 1936

and that death occurred, on the date stated above, at 12:15 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Degenerative Heritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) H. d. Hammer M. D.

March 28 1936 (Address) 1929 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood — DATE OF BURIAL: March 30 1936

20 UNDERTAKER: W. D. Tuckerson Sons — ADDRESS: Nor[illegible] Pa

13115

22392 HEALTH DEPARTMENT—CITY OF BALTIMORE 22392

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Leroy Patterson

(a) Residence: No. 2109 Oak St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Carrie

6. DATE OF BIRTH (month, day, year) 8-1-1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Mar 30 1936

19. UNDERTAKER J. A. Brooks
(Address) 1413 N. Carey St.

R 30 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/19 1936 to 3/27 1936.

I last saw him alive on 3/27 1936. Death is said to have occurred on the date stated above, at 8 40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	9 days

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balt City Hosp.

F 22393

22393 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

V 95-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3028 Presstman St. 16-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 9 mos. 0 ds. How long in U. S. If of foreign birth 69 yrs. 7 mos. 2 ds.

2. FULL NAME Mary Taliaferro Garrett If U. S. Veteran specify WAR NONE.

(a) Residence: No. 3028 Presstman St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edwin C. Garrett

6. DATE OF BIRTH (month, day, year): Aug-26-1866

7. AGE: Years 69 | Months 7 | Days 2 | If LESS than 1 day.... hrs. or .... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): none
11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Gloucester Virginia

FATHER
13. NAME: Robert M. Sinclair
14. BIRTHPLACE (city or town) (State or country): Gloucester Virginia

MOTHER
15. MAIDEN NAME: Lorena M. Bayton
16. BIRTHPLACE (city or town) (State or country): Gloucester Virginia

17. INFORMANT: Mrs Harvey B Munson (daughter)
(Address) 3028 Presstman St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Mar-30 1936

19. UNDERTAKER: Stewart & Mooney Company
(Address) 108 W. Mt. Royal Ave.

20. FILED MAR 30 1936 Washington Baltimore, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1936 to March 28th, 1936
I last saw h alive on Mar 28th 1936 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Amyloid Vascular Disease	
Other contributory causes of importance: Recurrent Cerebral Thrombosis	

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Jno P Boyle M. D.
(Address) 3045 W North Ave

M. D. P. 1268-9

F 22394

F 22394 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Aged Ham St., 27-17 Ward)

(If death occurred in a hospital or institution, give its NAME, instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Max Slotorsky

(a) Residence: No. Aged Ham St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rena

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hebrew Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0068

10. Date deceased last worked at this occupation

11. Total time (Years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Slotorsky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Beare

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Slotorsky (Address) 2030 N. Pentalon

18. BURIAL, CREMATION, OR REMOVAL Place Loredale Date 3/30/36

19. UNDERTAKER Jack Louis Inc (Address) 1437 E. Balto St

20. FILED MAR 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-4, 1936, to 3-30, 1936

I last saw h alive on 3-27, 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-23-36
Myocardelis	
Cardiac Hypertrophy	

Other contributory causes of importance:

Diabetes Mellitus

Secondary Anemia

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. Edmund Levin, M. D.

(Address) Levindale

F 22395

M. D. D. 1268-9

22395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Vincent St. 15-1 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Hattie Ellen Snowden

(a) Residence: No. 1621 Vincent St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Snowden

6. DATE OF BIRTH (month, day, year) 5/12/1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Aberdeen Md.

FATHER

13. NAME James Fletcher

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Rebecca Banks

16. BIRTHPLACE (city or town) (State or country) Aberdeen Md.

17. INFORMANT Jessie Snowden (son)

(828) Address → 828 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Aberdeen Md. Date 3/30/36

19. UNDERTAKER Chunlea & Cooper

(Address) 414 N. Calhoun St.

20. FILED MAR 30 1936 Ft. Taylor Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Mar 26-36

Other contributory causes of importance: —

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) George L. Allen M. D.
Attending Physician or Coroner

(Address) 509 Augusta St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 22396

F 22396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 Haw St., 22-2nd Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Garfield Edwards

(a) Residence: No. 667 Haw St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Hall

6. DATE OF BIRTH (month, day, year) 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Geo. Edwards

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Suisa Wilmer

(Address) 667 Haw.

18. BURIAL, CREMATION, OR REMOVAL

Place Franc Bramth Date 3/30 19 36

19. UNDERTAKER Walter B. Briggs

(Address) 139 Williams St.

20. [illegible] Huntington Ave., Boston, Mass.

MAR 30 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of Lungs	
Probably Acute Tuberculosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. R. Wheeler M. D.

Coroner

(Address) 2757 W. North

F 22397

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22397

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 St James St. 10-2 Ward)

Length of residence in city or town where death occurred 31 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Kirby If U. S. Veteran specify WAR .....

(a) Residence: No. 1220 St James St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Stephen Kirby

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Harriett Scott

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Sadie Kirby
(Address) 1220 St James

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cem Date 3/30 1936

19. UNDERTAKER Walter B. Rugg
(Address) 1341 Hanly St.

20. FILED Huntington Maryland
MAR 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	About May 1 1931

Other contributory causes of importance: —

Was an operation performed? none Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) George L. Allen Coroner, M. D.

(Address) 50 Lexington St

OCCUPATION is very important. See instructions on back of certificate.

F 22398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 121

1. PLACE OF DEATH Frankford Hospital

CITY OF BALTIMORE: (No. 1514 Denison St. 14th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Wesner

(a) Residence: No. 47 Parker St., 14th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabelle Wesner

6. DATE OF BIRTH (month, day, year) April 6 - 1903

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33 32	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Isabelle Wesner
(Address) 47 Parker St

18. BURIAL, CREMATION, OR REMOVAL
Place Brewer Hill Cem Date Mar 2 1936

19. UNDERTAKER Charles E Hicks Jr
(Address) 52 Northwest St Annapolis md

... 19 ... Registrar

MAR 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-20 1936 to 3-29 1936

I last saw him alive on 3-29 1936. Death is said to have occurred on the date stated above, at 4.01 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	3-20
acute appendicitis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation Exploratory Date 3-23

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Bodine M. D.

(Address) Frankford Hosp

F 22399 ✓ F 22399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR Spanish Amer.

2. FULL NAME Mr Richard Sherwood

(a) Residence: No. Carney Heights St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Deal Sherwood

6. DATE OF BIRTH (month, day, year) Aug 5- 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Seller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. DOK

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Richard S Sherwood

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Josephine Fleget

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT W H Deal

(Address) 816 H St NE Washdc

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Mar 31- 1936

19. UNDERTAKER John Gellrich

(Address) 2008 Orleans

Huntington Williams

20. FILED MAR 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28 . 1936

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1936, to March 28, 1936

That saw [illegible] alive on Mar. 28, 1936. Death is said to have occurred on the date stated above, at 8.30 A.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of lung with metastasis to brain — Date of onset ?

Other contributory causes of importance:

bronchopneumonia

Cardiac failure

Was an operation performed? Yes Date of 3/26/36

For what disease or injury? Brain tumor

Name of operation Bone flap removal of tumor Date of 3/26/36

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... , 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Francis D. Dickey . M. D.

(Address) University Hospital

F 22400 ✓ F 22400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 72-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Edith Horst

(a) Residence: No. Marycansville Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Michael Horst

6. DATE OF BIRTH (month, day, year) —

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56 years			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Samuel Johnston

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Annabelle Wills

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hosp Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown Md Date Mar 30 1936

19. UNDERTAKER A R Coffman

(Address) Hagerstown

Filed 30 1936 Washington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1936 to March 30, 1936

I last saw her alive on March 30, 1936 Death is said to have occurred on the date stated above, at 10:5 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphatic Leukemia	1934
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood Count Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter Henry Gerrish, M. D.

(Address) University Hospital

F 22401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#10539 34-9-107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. ~~4-2~~ Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clarice Stewart (or Carrie) Life

(a) Residence: No. 225 Myrtle Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Stewart

6. DATE OF BIRTH (month, day, year) 1-25-1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ? Aaron White

14. BIRTHPLACE (city or town) (State or country) ? Va

MOTHER

15. MAIDEN NAME Ida ? Dowden

16. BIRTHPLACE (city or town) (State or country) ? Va

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Mar 30, 36

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Eutaw ~~Baltimore~~ Huntington Milwaukee, Wis

20. FILED ..... 19 ..... Registrar

30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28/1936

22. I HEREBY CERTIFY, That I attended deceased from 11/15/1935 to 3/28/1936

I last saw her alive on 3/25/1936 Death is said to have occurred on the date stated above, at 5a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia ?	24 hrs
Myocardial insufficiency	2 yrs.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, state fully .....

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp.

F 22402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 8-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1826 N. Broadway St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Amelia Roth

(a) Residence: No. 1826 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 14th 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME John C. Roth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie C. Schwartz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wife Annie C. Roth
(Address) 1826 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cemetery Date 3/31/ 1936

19. UNDERTAKER E. J. Tanzman & Son
(Address) 1938 E. Monument St.

Huntington Williams, M.D. 19
Registrar

MAR 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28 1936

22. I HEREBY CERTIFY, That I attended deceased from March 8 1936 to March 28 1936

I last saw her alive on March 28 1936. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Dis. Heart.	1926
Other contributory causes of importance Arterio-Sclerosis	-

Was an operation performed? No Date of -

For what disease or injury? None

Name of operation None Date of -

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward C. Kerr M. D.

(Address) 408 S. Patterson Park Ave

F 22403 ✓ F 22403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md Gen Hosp St. 8-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Arendall

(a) Residence: No. 1712 N Wolf St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~Last WIFE of~~ Mrs Margaret Arendall

6. DATE OF BIRTH (month, day, year) Nov. 19, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hdy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Arendall

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Cole

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date 3/31/ 1936

19. UNDERTAKER C. J. Fanning & Son
(Address) 1938 E. Lafayette Ave

MAR 30 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-28-1936

22. I HEREBY CERTIFY, That I attended deceased from 3-14 1936, to 3-28 1936

I last saw him alive on 3-28 1936. Death is said to have occurred on the date stated above, at 9 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & Diabetes	
Gangrene left foot.	2/1/36
Other contributory causes of importance:	
Bronchopneumonia	3/24/36

Was an operation performed? Yes Date of 3/24/36

For what disease or injury? Gangrene left foot

Name of operation Amputation Date of 3/24/36

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

M. D. (Signed) Everett Wood M. D.

(Address) Md. Gen. Hospital

M. B. B. 1508-8

F 22404 ✓ F. 22404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH Bon Secours Hospital — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2025 W Fayette St.) (or) (Ward) 17-11

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Joseph Bacon

(a) Residence: No. 5112 Whitford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 30-36

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None — child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John. Bacon

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Vina Sommer.

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT John Bacon
(Address) 5112 Whitford ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date March 30, 36

19. UNDERTAKER John. A. McGann
(Address) 1220 E. Balto St.

30 1936 Huntington Baltimore Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-30 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 12 45 a.m, 3-30, 1936 to 2 15 a.m 3-30 1936

I last saw h/m alive on 3-30 1936 Death is said to have occurred on the date stated above, at 2 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ , 19____

Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ____

(Signed) D. C. MacLaughlin , M. D.
(Address) Bon Secours Hospital

F 22405 ✓ F 22405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4301 Roland Ave. St., 27-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME CECILIA COAD ROBERTS.

(a) Residence: No. 4301 Roland Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matthew Roberts

6. DATE OF BIRTH (month, day, year) Jan. 16th. 1838

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
98	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

FATHER

13. NAME William Coad

14. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

MOTHER

15. MAIDEN NAME Elizabeth Rodman Smith

16. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

17. INFORMANT Fannie Combs Gough

(Address) Hopkins Apartments.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Inigoes Cemetery Date 3/31/ 1936

St. Mary's Co. Md.

19. UNDERTAKER Chas. H. Draper & Son

(Address) 118 W. Mt. Royal Ave.

MAR 30 1936 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30/36 19

22. I HEREBY CERTIFY, That I attended deceased from 3/28/36 19 to 3/30/36 19

I last saw her alive on 3/29/36 19 Death is said to have occurred on the date stated above, at 5.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance: Cardiac Exhaustion	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Arthur Webb M.D. M. D.

(Address) 211 Hearst Tower

M. D. B. 1265-9

F 22406

F 22406 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ×108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Earl B. Hawkins

If U. S. Veteran specify WAR ...

(a) Residence: No. Chaneys P.O. Calvert Co. Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 1, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Calvert Hawkins

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mamie Jones

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mamie Hawkins

(Address) Chaneys P.O. Md

18. BURIAL, CREMATION, REMOVAL

Place Calvert Co. Date Mar. 3, 1936

19. UNDERTAKER R. Johnson, Annapolis

(Address)

20. FILED ... 19 ... Registrar.

MAR 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. H. Orndorff, M. D. Coroner

(Address) 273 W. Main St

OCCUPATION is very important. See instructions on back of certificate.

F 22407 ✓ F 22407

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Tuberculosis Division St., 5-1 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Sander (Saunders)

(a) Residence: No. 622 N. Caroline st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 2, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junk dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Saunders

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Walkins

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn 3/31 1936
Undertaker Robert E. Gheen
Address 604 N. Caroline st. Baltimore, Md.

19. UNDERTAKER ...
(Address) ...
Date ... 19 ...

MAR 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1936 to March 27, 1936
I last saw him alive on March 27, 1936 Death is said to have occurred on the date stated above, at 8.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feb. 1936

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Arthur Karfgin M. D.
(Address) Baltimore City Hospitals

F 22408

22408 HEALTH DEPARTMENT—CITY OF BALTIMORE

59

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Margaret McHale

(a) Residence: No. 227 E. 33rd St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John McHale

6. DATE OF BIRTH (month, day, year) June 24, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Nellie Battle

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Nellie McHale
(Address) 227 E. 33rd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Calvert and Cem. Date Apr. 1st 1936

19. UNDERTAKER Margaret J. Flynn
(Address) 2227 N. Howard St

[illegible] 30 1936 Washington Wilkinson, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-6, 19..., to 3-29, 19...

I last saw her alive on 3-29 19 36 Death is said to have occurred on the date stated above, at 9:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic & Arteriosclerotic Gangrene - Left Foot.	
Other contributory causes of importance: Bronchopneumonia	

Was an operation performed? Yes Date of 3-21-36

For what disease or injury? Gangrene L Foot.

Name of operation. Mid-Thigh Amputa Date of 3-21-36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See INSTRUCTIONS on BACK of CERTIFICATE.

M. D. B 1268-0

22409 ✓ F 22409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-4 92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier 9 Locust Point. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 11 mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas J. Malloy.

(a) Residence: No. 839 Pontiac Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (xxxxxxxxxx) Mamie Minnie V. Malloy.

6. DATE OF BIRTH (month, day, year) April 14, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tally man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Malloy.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Elizabeth Slagan.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mamie V. Malloy. (wife)

(Address) 839 Pontiac Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 3-31 1936

19. UNDERTAKER Margaret J. Thorpe

(Address) 2127 W. Fulton Street

20. FILED 3-30-1936 Huntington Williams, M.D. Registrar 3/28/36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 10.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular disease of the heart.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto Steinhardt, M. D. Coroner

(Address) 1017 N. Charles St.

M. D. B. 1268-9

22410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 22410

93-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 5-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Gorray

(a) Residence: No. 263 Colvin St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Tony Gorray

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place U of Md. School Date ..... 19...

19. UNDERTAKER .....

(Address) .....

20. FILED 3 30 1936 Harrington for Williams Registrar

2227

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy and that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Ehrenberg M. D.

Coroner

(Address) 1919 E. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22411

22411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp. St., 19-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Cunningham

(a) Residence: No. 1418 W Biddle St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of infant

6. DATE OF BIRTH (month, day, year) 3/24/36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 9 min.
-	-	-	-

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Oliver

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ of Md Date Mar 30 1936

19. UNDERTAKER [illegible]

(Address)

Mar 30 1936 Huntington Williams, Inc.

2217

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24/36

22. I HEREBY CERTIFY, That I attended deceased from 3/24/36 19... to 3/24/36 19...

I last saw him alive on 3/24/36 19... Death is said to have occurred on the date stated above, at 6-30 P.M.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset 3/24/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William L. Hetfield M. D.

(Address) Balto Md Univ Hosp

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

22412

F 22412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward 19 41

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Morris Mason

(a) Residence: No. 814 W. Mulberry, ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Benjamin Mason

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Eda ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Mar 30 . 1936

19. UNDERTAKER .....
(Address)

Huntington Williams, M.D.

30 1936

2218

OCCUPATION IS Very Important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 7 . 1936 to Mar. 22 . 1936

I last saw him alive on Mar 22 1936 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis	1935
Bilateral pneumonia	3/6/36

Other contributory causes of importance:

Was an operation performed? Yes Date of 5/yr/36

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? P.E. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) F. M. Warren, M. D.

(Address) Univ. Hosp.

22413

F 22413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

898

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 19 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Raymond Bussell

(a) Residence: No. 1602 N Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 5 1935

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wade Arthur

14. BIRTHPLACE (city or town) (State or country) S. Carolina

MOTHER

15. MAIDEN NAME Lelia Bussell

16. BIRTHPLACE (city or town) (State or country) Alexandria Virginia

17. INFORMANT Lelia Bussell
(Address) 1602 N Mulberry

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Mar 30 1936

19. UNDERTAKER
(Address) Huntington Williams, Inc

2219

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 3-25-1936

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1936, to March 25, 1936

I last saw him alive on March 25, 1936. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 3 ds

Other contributory causes of importance:

acute streptococcic tonsillitis

Was an operation performed? yes Date of 3/23

For what disease or injury? acute streptococcic tonsillitis

Name of operation tonsillectomy Date of 3/20

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Francis S. Lucey, M. D.

(Address) University Hospital

OCCUPATION is very important. See INSTRUCTIONS on BACK of certificate.

F 22414

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22414

CERTIFICATE OF DEATH

X 160.B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward) 4 E '36

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Blackstone

(a) Residence: No. Elkridge Maryland St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	S

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of S

6. DATE OF BIRTH (month, day, year) 3-24-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Univ. Hospital
(State or country) Baltimore MD

FATHER

13. NAME Ernest Meyers

14. BIRTHPLACE (city or town) ~~Baltimore MD~~
(State or country) Unknown

MOTHER

15. MAIDEN NAME Jennie Blackstone

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT E. D. Cornbrooks M.D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Unusually Md Date Mar 30 1936

19. UNDERTAKER Dept. of Health.
(Address)

FILED MAR 30 1936

Huntington Williams, M.D.
Registrar

2222 H

MEDICAL CERTIFICATE OF DEATH

0 K

21. DATE OF DEATH (month, day, year) Mar. 27, 19

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1936, to March 27, 1936.

I last saw h.e alive on March 27, 1936. Death is said to have occurred on the date stated above, at 11.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	3-24-36
Beginning Pneumonia	3-26-36
Possible Enlarged Thymus	3-24-36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Spinal Punct Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. D. Cornbrooks, M. D.

(Address) Univ. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 22415

F 22415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 N Parrish St., 19-1 Ward)

32-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Wright

(a) Residence: No. 302 N. Parrish St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Arthur Brown

(Address) 302 N. Parrish St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mercy of M. Date Mar 30. 1936

19. UNDERTAKER

(Address)

20. FILED 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 8, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Chronic Myocarditis

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. H Phillips Coroner, M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

30 1936

225

M. D. H. 1268-9

F 22416

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22416

136-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John Wilson

U. S. Veteran specify WAR .....

(a) Residence: No. 767 W, Lexington St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	About 63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not Known

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Emmanuel, C. Md Date Mar 30, 1936

19. UNDERTAKER

(Address)

30 1936 Huntington Williams, M.D.

2226

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fistulas of Urethral	
Uremia	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. H. Williams M. D.

(Address) 2757 Li. more Av

OCCUPATION is very important. See instructions on back of certificate.

T 22417

22417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1126 Eastor St St. 10-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Mary McGuire

(a) Residence: No. 1112 Eastor St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Child

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, year) Mar 25/36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		4/5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Charles L. McGuire

14. BIRTHPLACE (city or town) (State or country) Balto. Md. Md.

15. MAIDEN NAME Margaret T. Heavenry

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Charles L. McGuire
(Address) 1126 Eastor St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Mar 30, 1936

19. UNDERTAKER Edgar W. Conklin
(Address) 524 E. Lexington St Huntington Williams, M.D.

MAR 30 1936 ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1936 to Mar 30, 1936

I last saw h.. alive on Mar 29, 1936 Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of Injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

Signed Francis L. Dayli, M. D.

(Address) 1117 St Paul St.

OCCUPATION is very important. See instructions on back of certificate.

F 22418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 22418

X 110

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St. 17-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 25 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lucien Collier Fulghum

(a) Residence: No. 208 N. James St. Goldsboro Ward N. C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Aug 9, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1068

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Richard Fulghum

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Elizabeth Collier

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Elise Fulghum

(Address) Goldsboro N.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Goldsboro N.C. Date Apr 1, 1936

19. UNDERTAKER John D. Mitchell Sons Co

(Address) 1910 Eutaw Place Huntington Williams, Registrar

APR 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-5, 1936, to 3-30, 1936

I last saw him alive on 3-30, 1936 Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

Subacute Bacterial Endocarditis — Date of onset ?

Other contributory causes of importance: Pulmonary Tuberculosis — Date of onset 2-15-36 over

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... , 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Laurence V. Kopp, M. D.

(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 22419

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22419

CERTIFICATE OF DEATH

94-B

15-9

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3912 Bateman Ave. St., ... Ward)

Length of residence in city or town where death occurred 83 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah L. Medcalf

(a) Residence: No. 3912 Bateman Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A. J. Medcalf

6. DATE OF BIRTH (month, day, year) Dec. 14, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Haslup

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Johnson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John C. Medcalf
(Address) 4611 Windsor Mill Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. 3/31/36 19

19. UNDERTAKER John D. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ..... 19 Huntington Williams, M.D.

MAR 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 23rd 1936 to March 29th 1936

I last saw her alive on Mar 25th 1936 Death is said to have occurred on the date stated above, at 5'; 45' a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:
Arteriosclerosis
Senility

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) [illegible] M. D.

(Address) 2045 W. North Ave

M D R 1268-9

22420

✓ F 22420

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Greenmount & Olver St., 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Winfield Price

(a) Residence: No. Texas Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced—HUSBAND of (or) WIFE of Julia Thompson

6. DATE OF BIRTH (month, day, year) July 1, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U.S. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John Price

14. BIRTHPLACE (city or town) (State or country) Phoenix, Balto. Co., Md

MOTHER

15. MAIDEN NAME Mary Fowler

16. BIRTHPLACE (city or town) (State or country) Phoenix, Balto. Co., Md

17. INFORMANT Lou Brooks, (Address) Sparks, Md

18. BURIAL, CREMATION, OR REMOVAL Place Jerusalem Date Mar 2, 1936

19. UNDERTAKER Wm. E. Carroll & Son (Address) Sparks, Md.

Washington Williams (Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Oscar B. Gallaher M. D. Coroner

(Address) 1031 E. Fayette St.

30 1936

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22421

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22421

CERTIFICATE OF DEATH

X 108

Registered No. .....

1. PLACE OF DEATH: Union Memorial Hospital
CITY OF BALTIMORE: (No. 33rd Calvert St., 12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Hyde Hopkins
(a) Residence: No. Belair Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) Feby 28 - 1928

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Bel Air Md

FATHER
13. NAME Dr P B Hopkins
14. BIRTHPLACE (city or town) (State or country) West River Md

MOTHER
15. MAIDEN NAME Caroline Holmes
16. BIRTHPLACE (city or town) (State or country) Wilmington N C

17. INFORMANT (Address) Hudson B Hopkins 316 Thornhill Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Bel Air Md Date Apr 2, 1936

19. UNDERTAKER Deaver & Foster Bel Air Md
(Address)

20. FILED MAR 30 1936 Huntington Gilbert, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-21-36, 19..., to 3-30-36, 19...
I last saw him alive on 3-30-36, 19... Death is said to have occurred on the date stated above, at 6 A M.

The principal cause of death and related causes of importance were as follows:
Primary pneumonia
pneumococcus
Date of onset 3-20-36

Other contributory causes of importance:
none

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? cultures Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? none Date of injury ....., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Colin MacRae M. D.
(Address) Union Memorial Hosp Calvert + 33rd

OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. B. 1268-22422

F 22422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... University Hospital, Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elsie May Yingling

(a) Residence: No. Hampstead, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) April 25/35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Yingling

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Esther Coleman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Esther Yingling
(Address) Hampstead, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Manchester Md Date May 31. 36

19. UNDERTAKER Edw. S. Slaton
(Address) Hampstead Md

Filed MAR 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 29/36 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry&Autopsy (Inquest, Autopsy or Inquiry) and from the evidence obtained by said Inquiry&Autopsy (Inquest, Autopsy or Inquiry) I am of opinion that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/29/36

Where did injury occur? Hampstead, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At her home.

Manner of injury Fell from bed, and

Nature of injury fractured skull.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. O. Nelson M. D.
Coroner

(Address) 2737 W. Mt. St.

OCCUPATION is very important. See instructions on back of certificate.

F 22423

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22423

CERTIFICATE OF DEATH

95B #13160

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 4-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Laura Liby

(a) Residence: No. 725 W. Lexington St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Frank Liby

6. DATE OF BIRTH (month, day, year) 5-13-1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked this occupation (month and year) Mar 1936

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME William Stirk

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Atlantic City N.J. Date April 2nd 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

FILED MAR 31 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/21, 1936 to 3/29, 1936.

I last saw her alive on 3/29, 1936 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1wk.
Hypertensive heart disease	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

F 22424

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22424

CERTIFICATE OF DEATH

#10997 V 46-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1913 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran Hs Record specify WAR

2. FULL NAME John Zobatha

(a) Residence: No. 502 S. Paca St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Victoria

6. DATE OF BIRTH (month, day, year) 8-15-~~1885~~ (1884)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Large

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Katie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 1st, 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ~~MAR 31 1936~~ Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-7, 1935 to 3-29, 1936

I last saw him alive on 3-29, 1936 Death is said to have occurred on the date stated above, at 1:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Middle 1/3 Esophagus (type unknown)	?
Other contributory causes of importance: Secondary Anemia	12-7-35
Bronchopneumonia	3-27-36

Was an operation performed? Yes Date of 12-13-36

For what disease or injury? Carcinoma of Esophagus

Name of operation Gastrostomy Date of 12-13-36

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hospital

OCCUPATION IS very important. See instructions on back of certificate.

M. D. B. 1268-9

F 22425

F 22425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 16 + a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 219 N. High St., 5-Z Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benj. Franklin Riley

U. S. Vet. specify WAR No Record

(a) Residence: No. 219 N. High St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Riley

6. DATE OF BIRTH (month, day, year) Dec. 24, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Window Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nat Window Cleaning Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cecil Co. Md.

FATHER

13. NAME Joseph W. Riley

14. BIRTHPLACE (city or town) (State or country) Cecil Co Md

MOTHER

15. MAIDEN NAME Mary Davis

16. BIRTHPLACE (city or town) (State or country) Cecil Co Md

17. INFORMANT Catherine Herpel

(Address) 117 N Linwood

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date April 1st 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED APR 31 1936 Lington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury March 29 1936

Where did injury occur? 219 N. High St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Browning House

Manner of injury Turned on gas in room

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, how?

(Signed) Orrin B. Wallace M. D. Coroner

(Address) 1031 St Paul St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22426

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22426

CERTIFICATE OF DEATH

121

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers Hospital St., 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME Louis Sterling

(a) Residence: No. 2211 E. Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ——— ——— ———

6. DATE OF BIRTH (month, day, year) May 10th 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Buton Garage

10. Date deceased last worked at this occupation (month and year) Mar 20th 1936

11. Total time (years) spent in this occupation 6 mo.

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Chas. F. Sterling

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Minnie Eyglehart

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Mr + Mrs Thomas Sterling 2212 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date April 2nd 1936

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

FILED Huntingtn Baltimore, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-30 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-21 1936 to 3-30 1936

I last saw him alive on 3-30 1936 Death is said to have occurred on the date stated above, at 8.22 A.M.

The principal cause of death and related causes of importance were as follows:

Data of onset

Peritonitis due to ruptured appendix

Other contributory causes of importance:

Was an operation performed? yes Date of 3-22-36

For what disease or injury? Appendical abscess

Name of operation Removal & drainage of appendix Date of 3-22

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. J. Conney M. D.

(Address) Vol. Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 22427

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22427

CERTIFICATE OF DEATH

V 160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteer Hospital St., 18-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Baby (Boy) Morris

(a) Residence: No. 845 Hollins St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of ..... (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Mar 25th 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Morris

14. BIRTHPLACE (city or town) (State or country) U. S.

MOTHER

15. MAIDEN NAME Silia Shipley

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Westcott

(Address) 652 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Mar 31st 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Huntington Williamson, Inc

31 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 3 - 30 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 3 - 25 , 1936 to 3 - 30 , 1936

I last saw him alive on 3 - 30 , 1936 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
R.D.P. Presentation Prolonged Labor and forceps delivery	mw
Convulsions	

Other contributory causes of importance: .....

Was an operation performed? X Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. J. Conway , M. D.

(Address) Vol. Hospital

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 22428

22428 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-W

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 910 What Coat St., 16-W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Mame Lost Parker

(a) Residence: No. 910 What Coat St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Parker

6. DATE OF BIRTH (month, day, year) Feb 27-1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Test
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ruth Talbott
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Robert Test
(Address) 910 What Coat

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 4/1 1936

19. UNDERTAKER Sam'l. P. Chase & Son
(Address) 638 N. Gilmor

20. FILED MAR 31 1936 [illegible] Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 17 1936 to Mar 27 1936
I last saw h[illegible] alive on Mar 27 1936 Death is said to have occurred on the date stated above, at 11 p 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cystitis	3/24/36
Other contributory causes of importance: Gastric Ulcer	3/36

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) C. H. Hill, [illegible] M. D.
(Address) 1536 W. Fayette St.

SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. F 1208-9

22429 E 22429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1804 Light St. St., 23-3 Ward)

Length of residence in city or town where death occurred 46 yrs. 5 mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles N. Wicklein.

(a) Residence: No. 1804 Light St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, XXXXXXXXXX
BUSBAND of XXXXXXXX Mary Wicklein.

6. DATE OF BIRTH (month, day, year) October 10, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice dealer. Ice

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Leonard Wicklein.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Sarah Marshall.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mary Wicklein. (wife)
(Address) 1804 Light St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 3/31 19 36

19. UNDERTAKER L. T. McCully
(Address) 130 E Fort

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [signature] M. D.
3/30/35 (Address) 1017 E. Charles St. Coroner

F 22430

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22430

CERTIFICATE OF DEATH

xv 137

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton aves. St., [illegible] Ward)

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. 10 da. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] da.

2. FULL NAME August Weibe

If U. S. Veteran specify WAR [illegible]

(a) Residence: No. Haletharpe Md St., [illegible] Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Elizabeth Weibe

6. DATE OF BIRTH (month, day, year) Aug 21 1859

7. AGE Years	Months	Days	If LESS than 1 day, [illegible] hrs. or [illegible] min.
76	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME August Weibe

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Paul Weibe

(Address) 404 S. Bentalou

18. BURIAL, CREMATION, OR REMOVAL

Place London P K Date April 1. 36

19. UNDERTAKER Edward Lorenz

(Address) 2309 Wash Blvd

[illegible] Huntingdon Pennsylvania

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/25/36, 19[illegible] to 3/30/36, 19[illegible]

I last saw him alive on 3/30/36, 19[illegible]. Death is said to have occurred on the date stated above, at 8[illegible] a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy Benign	[illegible]
Urinary Retention	2 wks
Uremia	1 wk

Other contributory causes of importance:

Was an operation performed? No Date of [illegible]

For what disease or injury?

Name of operation Date of [illegible]

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury [illegible], 19[illegible]

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl G Merkel, M. D.

(Address) St Agnes Hosp.

OCCUPATION is very important. See instructions on back of certificate.

APR 31 1936

M. D. B. 1268-9

F 22431

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22431

CERTIFICATE OF DEATH

34-a-107-w

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 n Bradford St. 7-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel Miller

U. S. Veteran specify WAR

(a) Residence: No. 623 n Bradford St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 2-1935

Age: Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Silas Miller

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ethel Duckett

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Ethel Miller

(Address) 623 n Bradford St

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson & Son Date 3/31 19 36

19. UNDERTAKER Rayner Sanders

(Address) 1413 E Preston St

20. FILED 19 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 29 19 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	Mar 24 1936

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

Coroner

(Address) 507 Augusta St

V 586 OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

22432 HEALTH DEPARTMENT—CITY OF BALTIMORE F 22432

CERTIFICATE OF DEATH ✓ 34-93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 266 N. Exeter St., 5-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Colston Davis

(a) Residence: No. 266 N. Exeter St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer All kinds

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Ned Davis

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Georgie Caters

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT George Davis (Address) 939 Darling St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cemby Date Mar 31 19 36

19. UNDERTAKER Edward Bryan (Address) 1647 Pennsylvania Ave Huntington West Virginia

Registrar.

MAR 31 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/21 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Orrin B. Wallace M. D.

(Address) 1031 St Paul St Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FD. 22433 F 22433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 108

1. PLACE OF DEATH 753 Dover St 21-1 Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Alverla Simms

(a) Residence: No. 753 Dover St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress Home

9. Industry or business in which work was done, as mill, mine, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thomas Sims

14. BIRTHPLACE (city or town) (State or country) Anndel Co. Md

MOTHER

15. MAIDEN NAME Daisy Sims

16. BIRTHPLACE (city or town) (State or country) Anndel Co Md

17. INFORMANT Dorthy Sims

(Address) 753 Dover st

18. BURIAL, CREMATION, OR REMOVAL

Place Johnsons Cemet. Date April 1st 1936

19. UNDERTAKER Elroy E Wilson

(Address) 1008 Bradley ave

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24 . 1936

22. I HEREBY CERTIFY, That I attended deceased from March 20 1936 to March 24 19..

I last saw h.. alive on March 24 1936 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Toxemia

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H G Hampton M. D.

(Address) 501 W Franklin st

Make entries of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S. 3

M. D. B. 1268-3

F 22434

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22434

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 11-3 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary A. Barry

(a) Residence: No. 616 Park Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, year) March 17 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	—	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home maid

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (city or town) (State or country) Sparta, Butte Montana

FATHER

13. NAME John Barry

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Hartigan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John A. Barry

(Address) 1324 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Joseph Texas md Date April 2, 1936

19. UNDERTAKER John A. Magan

(Address) 3000 E. Balto St

20. FILED ..... 19 ..... Registrar.

MAR 31 1936 Washington Notarial Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of femur	

Other contributory causes of importance: Hypostatic pneumonia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Jan 6, 1935

Where did injury occur? Balto. Md. on Jan 12, 1936
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Jenkins Home 616 Park Ave.

Manner of injury Fall on cement floor

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. W. Wright M. D.
Coroner

(Address) 1010 S. Edmondson Ave.

Use OCCUPATION in very important. See instructions on back of certificate.

22435 HEALTH DEPARTMENT—CITY OF BALTIMORE

22435

47-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Sinai Hospital St. 27-16 Ward

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? 28 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jesse Rockbruger

(a) Residence: No. 4654 Park Heights ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write this word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 56; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Clothing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Joseph Rockbruger

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Keller

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Anna Rockbruger

(Address) 4654 Park Heights ave

18. BURIAL, CREMATION, OR REMOVAL

Pk Laurel Date 3/31/36

19. UNDERTAKER: Jack Levy Son

(Address) 1439 E Baltimore St

MAR 31 1936 [illegible] Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1936 to March 30, 1936

I last saw him alive on March 30 1936 Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung - left — Date of onset

Abscess of Lung

Arteriosclerosis

Other contributory causes of importance:

Secondary anemia

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul S. Spear, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

2300 W. North Ave
Cor Ne

F 22436 HEALTH DEPARTMENT—CITY OF BALTIMORE 22436

CERTIFICATE OF DEATH 95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 E. BALTO. ST., St. 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME SARAH STEINBERG

(a) Residence: No. 2111 E. Baltimore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Steinberg

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hershon

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Miriam

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abraham Needle
(Address) 2111 E. Balto. St

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Date 3-31-36 19
Jack Levin Inc
19. UNDERTAKER 1429 E. Balto. St
(Address) Huntington, Indiana

FILED 19 Registrar

MAR 31 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-30 . 1936

22. I HEREBY CERTIFY, That I attended deceased from September 1935, to March 30, 1936

I last saw h[illegible] alive on March 30 2 P.M. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
Hypertensive C. V. Disease	
Other contributory causes of importance:	
Arteriosclerosis.	

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) N. E. Needle M. D.

(Address) 2347 - 49 North Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 22437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals 13-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Albert Stahl

(a) Residence: No. 902 W. North Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year) [illegible] 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown China

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Balto City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 31, 1936

19. UNDERTAKER Wm J Tuckney & Sons

(Address) North & Penna Aves

20. FILED [illegible] R 31 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enlarged prostate -	
chronic cystitis	
+ pyelitis	

Other contributory causes of importance: Pulmonary oedema

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) 1010 [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 22438

F 22438 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSP'T St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Marie Putney

(a) Residence: No. 1325 N. Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 8, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER FATHER

13. NAME George Putney

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

15. MAIDEN NAME Mamie Brooks

16. BIRTHPLACE (city or town) Brooklyn, Baltimore (State or country) Md

17. INFORMANT Parents

(Address) 1325 N Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 3-31-, 1936

19. UNDERTAKER Byron & Manuel W. Wright

(Address) 1201 N Eden St

20. FILED Arlington Mathews, Dep

MAR 31 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1936, to March 29, 1936

I last saw h[illegible] alive on March 29, 1936 Death is said to have occurred on the date stated above, at 5 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	3-7 36
Bronchopneumonia	3 25 36
Other contributory causes of importance	
Otitis media, bilateral	3 21 36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W. C. Lefler, Jr. M. D.

(Address) SYDENHAM HOSP'T

OCCUPATION is very important. See instructions on back of certificate.

22439

F 22439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bay View Hospital 5-2 St., ... Ward)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Lewis

(a) Residence: No. 1115 E. Monument St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colrd	divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cook & housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lynchburg Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Robt Brown

(Address) 1115 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Cem Date 3-31- 1936

19. UNDERTAKER Bryant & Manie [illegible] Wright

(Address) 1218 Old Town [illegible]

[illegible] Registrar.

MAR 31 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other contributory causes of importance:

Coma

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. L. Wright M. D.

Coroner

(Address) 111 S. Gilmor St

Make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. F 22440

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 S. Dean St. St. No-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR None

2. FULL NAME Hans Simonsen

(a) Residence: No. 624 S. Dean St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Simonsen

6. DATE OF BIRTH (month, day, year) May 2, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sta. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boston Iron Metal Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Julia Simonsen

(Address) 624 S. Dean St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date April 1, 1936

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

20. FILED MAR 31 1936, 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1936 to March 29, 1936

I last saw h[illegible] alive on Mar 29, 1936. Death is said to have occurred on the date stated above, at 5.05 P.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset Unk.

Other contributory causes of importance:

Varicose Ulcer Left Leg — 7/29/35

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Unsure, Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Jan 29, 1936

Where did injury occur? metal works (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury While handling iron

Nature of injury Bruised shins

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Handling metal

Signed Horace B. Willson M. D.

(Address) 315 S. Highland Ave.

OCCUPATION is very important. See instructions on back of certificate.

22441

HEALTH DEPARTMENT—CITY OF BALTIMORE

22441

CERTIFICATE OF DEATH #1249

34-8-130

Registered No. 17-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St. (If death occurred in a hospital or institution, give its NAME instead of street and number.) (Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Janie Johnson

(a) Residence: No. 533 Brune St., St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sidney Carr (Dead)

6. DATE OF BIRTH (month, day, year) 8-4-1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Lee Johnson (Dead)

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Maggie Edgar (Dead)

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date 3/31 1936

19. UNDERTAKER Thos. S. Nelson
(Address) 1203 Pennsylvania Ave

MAR 31 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/26 1936 to 3/28 1936

I last saw her alive on 3/28 1936. Death is said to have occurred on the date stated above, at 3:00 a. m.

The principal cause of death and related causes of importance were as follows:

Subacute nephritis (?) Uremia

Date of onset 3 wks (?)

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reder M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

22442 F 22442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 10-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ethel Byrd

If U. S. Veteran specify WAR .....

(a) Residence: No. 934 Harford Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Enoch Byrd

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Eben Hodge

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Louisa Lesesne

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Samuel Byrd Husband

(Address) 934 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Cem Date Mar 31st 1936

19. UNDERTAKER Mrs Robert A. Elliott

(Address) 1129 Cardenal & Huntington Williams

19. FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-28 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-18 1936, to 3-28 1936

I last saw h[illegible] alive on 3-28 1936. Death is said to have occurred on the date stated above, at 12:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Right upper lobe	3-18

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

M. D. (Signed) Robert W. Foran M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

AR 31 1936

F 22443

F. D. B. 1268-9

✓ F 22443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

Registered No. 157

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1535 McKean ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 days. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant Brocato If U. S. Veteran specify WAR

(a) Residence: No. 1535 McKean ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 25 '36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. ... min.
		14 hours	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) 1535 McKean ave Baltimore Md

FATHER

13. NAME Jacob Brocato

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Virginia Scherer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Jacob Brocato

(Address) 1535 McKean ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date March 31, 1936

19. UNDERTAKER Martin Fahy & Sons

(Address) 1537 E. Baltimore St.

20. FILED ... 19 ... Registrar Huntington Williams, M.D.

MAR 31 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, find that said deceased came to death on the day stated above. 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ventricular heart lesion or failure of valves closing probably in fetal heart	
precipitating at birth	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. Kraus M. D.

Coroner

(Address) 1215 Hanover near Fayette

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 22444

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22444

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 15-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Chenoweth

(a) Residence: No. 1918 Fairfax ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 12-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Chas M. Fairchild

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Mary A. McQuirk

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date April 1, 1936

19. UNDERTAKER Martin Funeral Home
(Address) 1637 W. North Ave

20. FILED MAR 31 1936 Enoch Pratt Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1936 to Mar. 30, 1936

I last saw her alive on Mar. 30, 1936 Death is said to have occurred on the date stated above, at 2:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rt Lobar pneumonia	3/16/36
Other contributory causes of importance: Unconstitutional Melancholia	29 yrs
Arteriosclerosis.	

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Truman P. Aloysius M. D.

(Address) 3326 Fairfax Ave Balto Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 3

M. D. P. 1283

F 22445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 22445

146-F

1. PLACE OF DEATH

Registered No. 5644

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bon Secours Hosp. (If not in hospital or institution, give street number or location) Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Catherine Kelly

(a) Residence: No. 2115 N. Fulton Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Michael Kelly

6. DATE OF BIRTH (month, day, year) Aug. 17, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Brown

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Martin Kelly (Address) 2115 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Date April 1, 1936

19. UNDERTAKER Martin Kelly Inc. (Address) 1527 N. Howard St.

20. FILED MAR 31 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1936, to Mar. 30, 1936

I last saw her alive on 3/30/1936 Death is said to have occurred on the date stated above, at 3 1/2 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Head of Pancreas — Date of onset

Other contributory causes of importance:

Bronchopneumonia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. A. Sedlack, M. D.

(Address) Bon Secours Hosp.

M. D. B. 1268-9-1

F 22446

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22446

CERTIFICATE OF DEATH

178-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1329 Holbrook St. 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Jane Doherty

If U. S. Veteran specify WAR .....

(a) Residence: No. 1329 Holbrook St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Charles Doherty

6. DATE OF BIRTH (month, day, year) Aug 8 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Thomas Cavert

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Callahan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Rose Doherty

(Address) 1329 Holbrook St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date April 3 1936

19. UNDERTAKER Elmer W. Coughlin

(Address) 524 Eager St.

20. FILED ..... 19 ..... Registrar

MAR 31 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 30th. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Carbon Monoxide poisoning (Eliminating gas) Gas in Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 3/30/36 19...

Where did injury occur? 1329 Holbrook St. Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Had heart attack + gas escaped from gas range while unconscious.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schreiber M. D. Coroner

(Address) 1919 E. Fulton Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

USE

F 22447 ✓ F 22447

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 Ensor St., 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Ellen O'Connor

If U. S. Veteran specify WAR .....

(a) Residence: No. 1113 Ensor St., St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of George P. O'Connor

6. DATE OF BIRTH (month, day, year) Mar. 22, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 6

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Thomas McDermott

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Tracy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Geo. P. O'Connor

(Address) 1113 Ensor St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date April 2 1936

19. UNDERTAKER Edward W. Conklin

(Address) 924 Eagle St.

20. FILED ..... 19 ..... Registrar.

MAR 31 1936 Huntington Philbrook, M.D.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Mar 30th 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/19 1936 to 3/30 1936

I last saw her alive on 3/24 1936 Death is said to have occurred on the date stated above, at a m.

The principal cause of death and related causes of importance were as follows:

Septic throat-Streptococci — Date of onset 3/18/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Lab Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr Bernard Moss M. D.

(Address) 1216 E Calvert St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. PART statement of OCCUPATION is very important. See instructions on back of certificate.

v s 3

F 22448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 22448

Registered No. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSP. St., 2-3 Ward)

Length of residence in city or town where death occurred 7 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Lewandowski

(a) Residence: No. 1920 Fleet St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 4, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Baltimore Md
(State or country)

FATHER

13. NAME Teddy Lewandowski

14. BIRTHPLACE (city or town) Philadelphia Pa.
(State or country)

MOTHER

15. MAIDEN NAME Laura Yaglinski

16. BIRTHPLACE (city or town) McKeesport Pa.
(State or country)

17. INFORMANT Mother
(Address) Same

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date April 1 36 19

19. UNDERTAKER Wm J. Fialkowski
(Address) 2007 Eastern Ave

19 [illegible] 19 [illegible]

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Mar 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1936, to March 30, 1936

I last saw him alive on March 30, 1936. Death is said to have occurred on the date stated above, at 7.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Measles	3-23-36
Bronchopneumonia	3-23-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas J. Schweitzer, M. D.

(Address) SYDENHAM HOSP.

R 31 1936 [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 22449 HEALTH DEPARTMENT—CITY OF BALTIMORE F ~~22449~~

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 W. Lexington St. 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Green Higgenbotham

(a) Residence: No. 1005 W. Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Higgenbotham

6. DATE OF BIRTH (month, day, year) October 5, 1874

7. AGE Years	Months	Days	If LESS than 1 day, —hrs. or —min.
61 6 2	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic servant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year) Dec. 1932

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Essex County Virginia

FATHER

13. NAME Dallas Green

14. BIRTHPLACE (city or town) (State or country) King & Queen Co. Virginia

MOTHER

15. MAIDEN NAME Emily Johnson

16. BIRTHPLACE (city or town) (State or country) King & Queen Co. Virginia

17. INFORMANT Nathaniel Pollard

(Address) 342 - Bloom St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Cem. Date 3-31, 1936

19. UNDERTAKER Geo. E. Holland & Sons

(Address) 1631 Eutaw Pl.

20. FILED 3 31 1936 Huntington Pettinger, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3.29.36 19

22. I HEREBY CERTIFY, That I attended deceased from 3.25.36 19 to 3.29.36 19

I last saw h alive on 3.28.36 19 Death is said to have occurred on the date stated above, at 4:30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	3.25.36
Cerebral hemorrhage	3.29.36

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Phy. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M. Lair M. D.

(Address) 865 W. Lexington St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22450

37 D

22450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 16-5 St., Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Murray Mayers

(a) Residence: No. 2530 Mosher St., St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha

6. DATE OF BIRTH (month, day, year): 10/10/79

7. AGE: Years 56 | Months 5 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Jeremiah Mayers

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Alberta Barnard

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Relative JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Union Mills Carroll Co. Md. Apr 1 1936
Place Date

19. UNDERTAKER: Franklin H. Sisk
(Address) 709 W. Saratoga St.

FILED MAR 31 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 29. 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 23. 1936 to Mar 29. 1936

I last saw him alive on Mar. 29. 1936 Death is said to have occurred on the date stated above, at 2:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3-23
Other contributory causes of importance: ? Cerebral Embolus	3-28

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? EKG Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John B. Trossman M. D.

(Address) The Johns Hopkins Hospital.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

22451

✓ F 22451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2126 Brunt St., 14-3 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Mitchell (If U. S. Veteran specify WAR .....)

(a) Residence: No. 2126 Brunt St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Mitchell

6. DATE OF BIRTH (month, day, year) Aug 22nd 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer - Gen'l

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common Labor

10. Date deceased last worked at this occupation (month, day, year) 3/6/36

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John T. Mitchell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elizabeth Mitchell

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Ella Mitchell (Address) 2126 Brunt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date April 1st 1936

19. UNDERTAKER Joseph A. Sealy (Address) 140 Va. Mount St

Huntington Pallbearers, Inc.

FILED MAR 31 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 27th 1936 to March 29th 1936

I last saw him alive on Mar 29th 1936. Death is said to have occurred on the date stated above, at 9:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	3 Wks ago
Other contributory causes of importance: Arteriosclerosis	Last Nov 1935

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. T. Grove M. D.

(Address) 522 Harlington Ave

STATE OF DEATH in the blank forms, as that it may be properly classified. EXACT STATEMENT of OCCUPATION is very important. See instructions on back of certificate.

F 22452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
CITY OF BALTIMORE: (No. Tuberculosis Division St., 2-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 18 yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Oscar Okvist

(a) Residence: No. Anchorage Hotel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 9, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Mangus Okvist
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Catherine ?
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Mar 31 . 1936

19. UNDERTAKER .....
(Address) .....

FILED MAR 31 1936 Huntington Pittsburgh, Md

2228

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26 . 1936

22. I HEREBY CERTIFY, That I attended deceased from March 24 . 1936 to March 26 . 1936
I last saw him alive on March 26 . 1936 Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Dec. 1933
Myocardial insufficiency	Unknown

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... . 19 ....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur Kornfein, M. D.
(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

12889

F 22453

F 22453

HEALTH DEPARTMENT—CITY OF BALTIMORE

34-4-92-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clara Hawkins

(a) Residence: No. 609 S. Green St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of David

6. DATE OF BIRTH (month, day, year) 12-15-1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Wilson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Louisa

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place University M.I. Date Mar 31 . 1936

19. UNDERTAKER C. J. Commissioner of Health

(Address)

20. FILED MAR 31 1936 Huntington Williams, M.D.

2223

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27/1936

22. I HEREBY CERTIFY, That I attended deceased from 3/17/1936 to 3/27/1936

I last saw her alive on 3/27/1936 Death is said to have occurred on the date stated above, at 6 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	4 yrs (?)
C aortic insufficiency	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

State cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 18-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME B. Boy Brown

(a) Residence: No. 202 N. Schroeder St. St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-27-36

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
39 hours		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Daisy Hering

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Universal of Md Date May 31 1936

19. UNDERTAKER

(Address)

Huntington Williams, M.D.

Registrar

MAR 31 1936

22.1

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 3-28 1936

22. I HEREBY CERTIFY That I attended deceased from 3-27 1936 to 3-28 1936

I last saw him alive on 3-28 1936 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (6 mos)	
Syphilis-maternal	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Lorraine Sterling, M. D.

(Address) Balto. City Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 22455

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22455

CERTIFICATE OF DEATH

53-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2900 Cold Spring Lane, 15-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 60 yrs. 2 mos. 19 ds.

If U. S. Veteran specify WAR NONE.

2. FULL NAME Nannie Carter Hays

(a) Residence: No. 2900 Cold Spring Lane St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) About July 1st 1871

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
About 65	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Stanton Virginia

FATHER

13. NAME John Alex Hays

14. BIRTHPLACE (city or town) (State or country) Stanton Virginia

MOTHER

15. MAIDEN NAME Sarah Carter

16. BIRTHPLACE (city or town) (State or country) Stanton Virginia

17. INFORMANT Maj Newam Rumsen
(Address) 2900 Cold Spring Lane.

18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Va Date April 1 1936

19. UNDERTAKER Stewart Bros Co.
(Address) 108 N Eutaw St

MAR 31 1936 Huntington Williams, Registrar
R.P.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30 1936

22. I HEREBY CERTIFY, That I attended deceased from March 26 1936 to March 30 1936

I last saw her alive on March 26 1936. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Arterio Sclerosis	
Cardiac Decompensation	1 year
Senility	over

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton Rosenwald, M. D.

(Address) 1012 N. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22456

22456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2704 Overland Ave St., 27-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella N. Mann

If U. S. Veteran specify WAR .....

(a) Residence: No. 2704 Overland Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Mann 1870

6. DATE OF BIRTH (month, day, year) Feb 21, ~~1867~~

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66 ~~67~~	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Black

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mr. Elizabeth Gould

(Address) 2704 Overland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Apr 2 1936

19. UNDERTAKER Mr. Mrs. John W. Geisel & Son

(Address) 801 W. Lafayette St

FILED MAR 31 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1931 to March 29, 1936

I last saw her alive on March 29, 1936 Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio-Renal disease	1931
Other contributory causes of importance: Cerebral Hemorrhage	1934
Uremia	5 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. R. Bujeaud M. D.

(Address) 1326 W. Lombard St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 22457

22457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Sec Hospital St. 21-1 Ward)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Elizabeth Maris

(a) Residence: No. 1517 Denver St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gilbert Maris

6. DATE OF BIRTH (month, day, year) Oct 20, 1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
26	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none (for 30 yrs)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife (for 30 yrs)

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Berlin Md

FATHER

13. NAME Frank L. Marshall

14. BIRTHPLACE (city or town) (State or country) Berlin Md.

MOTHER

15. MAIDEN NAME Anna Elizabeth Bourgheis

16. BIRTHPLACE (city or town) (State or country) Berlin Md

17. INFORMANT Mrs. A. E. Maris

(Address) 1517 Denver St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date April 1 1936

19. UNDERTAKER Mrs. Mrs. John W. Stiffler & Son

(Address) 504 W. Fayette St.

20. FILED ... 19 ... Huntington Williams, M.D.

R 31 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and autopsy and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2nd & 3rd degree burns about head & body	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury March 1 1936

Where did injury occur? Berlin Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury burns caught fire from stove while

Nature of injury 2nd & 3rd degree burns

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. [illegible] Coroner, M. D.

(Address) 1010 S. Eutaw St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

22458

F 22458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1052 N. Broadway St., 7-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOHANNA FREDERICKA KRANTZ

(a) Residence: No. 1052 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John C. Krantz

6. DATE OF BIRTH (month, day, year) Jan.6.1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm. Steinmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Kraft

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. John C. Krantz (Husband)
(Address) 1052 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Druid Ridge Cemetery Date Apr.1.1936
Place

19. UNDERTAKER HENRY SANDER & SONS, INC. Henry J. Sander
(Address) Baltimore & Broadway

20. FILED MAR 31 1936 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29.1936

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1935 to March 29. 1936
I last saw her alive on March 29 1936 Death is said to have occurred on the date stated above, at 12.15 a.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Carcinoma of the right breast with Metatases

Other contributory causes of importance:

Acute Cardiac Dilatation

Name of operation Removal of breast Date of 1932

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury . 19
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place No
Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irving L. Filtzer M. D.
(Address) 1304 E. Chase St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22459

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22459

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 15-10 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 50 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Johanna Levy

(a) Residence: No. 4003 Barrington Road St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Levy

6. DATE OF BIRTH (month, day, year) May 12, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	74	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Elias Benesch

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Sarah ----------

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mr. Julius Levy

(Address) 4003 Barrington Road

18. BURIAL, CREMATION, OR REMOVAL

Place Heb. Friendship Cem Apr. 1, 1936

19. UNDERTAKER David Sondheim - Son

(Address) 1902 Eutaw Place

APR 31 1936 Huntington Pikesville, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1936 to March 30, 1936

I last saw her alive on March 29, 1936. Death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac arrhythmia -	
heart block	
Adams Stokes syndrome	
Arteriosclerosis	
Other contributory causes of importance:	
Chronic myocarditis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul A. Siegel, M. D.

(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1316 W. Lombard St. 19-3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie R. Baker

(a) Residence: No. 1316 W. Lombard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward M. Baker

6. DATE OF BIRTH (month, day, year) Sept. 22, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Ross

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Agnes ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Elmer Baker

(Address) 1316 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 4/2/36. 19

19. UNDERTAKER Frederick A. Pole

(Address) 1200 W. Lombard St

Huntington Williams, Pres.

R 31 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29. 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1936. to March 29. 1936

I last saw her alive on March 29. 1936. Death is said to have occurred on the date stated above, at 10.20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis.	6 mos

Other contributory causes of importance none

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. Norton, M. D.

(Address) 888 W. Lombard St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

F 22461

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22461

CERTIFICATE OF DEATH

93-C

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 950 N. Washington St., 7-1 WARD)

2—FULL NAME Joseph H. Peters

(a) RESIDENCE NO. 950 N. Washington ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced of HUSBAND of (or) WIFE of Mary Zimmerman Peters

6 DATE OF BIRTH (month, day, and year) May 6, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer) Clothing store

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John Peters

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Paulus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Nannie Price

(Address) 593 N. Wash. St.

Filed MAR 31 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-30-36

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1936, to Mar 30, 1936, that I last saw him alive on Mar. 30, 1936 and that death occurred, on the date stated above, at 3 20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Wm. B. Sybert, M. D.

, 19 (Address) 1802 Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer

DATE OF BURIAL April 2 1936

20 UNDERTAKER L. Buckley

ADDRESS 1012 E. Pratt

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22462 F 22462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2605 Guilford St. 12-L Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret M. Dillon
If U. S. Veteran specify WAR
(a) Residence: No. 2605 Guilford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward J. Dillon Sr.

6. DATE OF BIRTH (month, day, year) May 20 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Samuel Johnson
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Sarah McGlennan
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Edith Dillon
(Address) 2605 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery 7/8 1936

19. UNDERTAKER Margaret St. Lynn
(Address) 1422 Light St

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 14 1935 to March 31 1936
I last saw him alive on March 31 1936 Death is said to have occurred on the date stated above, at 10 45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	wks
Other contributory causes of importance: Arteriosclerosis Chronic Nephritis	wks

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. C. Richardson M.D.
(Address) 1132 W. 25th St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 1-1936

M. D. B. 1268-3

F 22463

F 22463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 E Preston St., 11-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Wilhelmina Gluckner

If U. S. Veteran specify WAR .....

(a) Residence: No. 5 E. Preston St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Abt 50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Hospital

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) N. York

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sinai Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date 4/1 1936

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Fayette Sts Huntington, Williams, W. Va.

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30/1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry) to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Hypertension	1932

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Cl. Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, when? ...

(Signed) Erwin B Wallace M. D. Coroner

(Address) ...

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22464

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22464

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 738 Bradley St., 17-3 Ward)

Length of residence in city or town where death occurred 37 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Vaughan

If U. S. Veteran specify WAR .....

(a) Residence: No. 738 Bradley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Vaughan

6. DATE OF BIRTH (month, day, year) Feb 8, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md.

FATHER

13. NAME Hezekiah Clark

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Marie Stevens
(Address) 738 Bradley St

18. BURIAL, CREMATION, OR REMOVAL
Holy Cross Hollywood St Marys Co. Date 4/2/36, 19

19. UNDERTAKER Mrs. Lee N. Harland
(Address) 1651 Druid Hill Ave

20. FILED ....., 19.....
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1936 to March 30, 1936

I last saw her alive on March 29, 1936. Death is said to have occurred on the date stated above, at 12:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonal	3/17/36
Arteriosclerosis	

Other contributory causes of importance:

Pleurisy Heart Trouble

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Pleurisy Heart trouble

(Signed) A. Lee Ellis M. D.

(Address) 924 Madison Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vs 3

PR 1 - 1930

F 22465

F 22465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St., 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Hurley

(a) Residence: No. 616 Pitcher st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Hurley

6. DATE OF BIRTH (month, day, year) Dec. 24, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Ernest Hurley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Estelle Gray

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date 4 - 2 - 1936

19. UNDERTAKER .....

(Address) .....

FILED APR 1 - 1936 Huntington, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1936, to March 29, 1936

I last saw him alive on March 29, 1936 Death is said to have occurred on the date stated above, at 10:25 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous peritonitis	Sept. 1935
Pleurisy with effusion, tuberculous.	Sept. 1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Karlson M. D.

(Address) Baltimore City Hospitals

P 22466

HEALTH DEPARTMENT—CITY OF BALTIMORE

P 22466

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2526 Orleans St., 6-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Icenroade

If U. S. Veteran specify WAR .....

(a) Residence: No. 2526 Orleans St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Carrie Icenroade

6. DATE OF BIRTH (month, day, year) Aug 15 - 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43.	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dyer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. dyer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Icenroade.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Henriette Williams

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Carrie Icenroade

(Address) 2526 Orleans St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date April 2 1936

19. UNDERTAKER Rus C. Miller & Son

(Address) 2337 Jefferson St

APR 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30 1936

22. I HEREBY CERTIFY, That I attended deceased from March 25 1936 to March 30 1936

I last saw h.. alive on March 29 1936 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Bronchial Pneumonia	Mar 25 36

Other contributory causes of importance:

Myocardial degeneration

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Wm. F. Geyer M. D.

(Address) 156 N. Milton Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22467

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22467

CERTIFICATE OF DEATH ✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balt. City Hosp. St. 16-3 Ward

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mabel E. Holland

(a) Residence: No. 907 Vincent St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 14 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housemaid pvt

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Maryland

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) Thurmont (State or country) Md

MOTHER

15. MAIDEN NAME Alice Coates

16. BIRTHPLACE (city or town) ..... (State or country) Md

17. INFORMANT Theodore Holland

(Address) 907 Vincent St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date April 1, 1936

19. UNDERTAKER Wm. E. Nelson

(Address) 2201 Presstman St.

20. FILED APR 1 - 1936 Huntington Pittsburgh

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. Wright, M. D. Coroner

(Address) 1010 St. Edmonds Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F D. 22468

F 22468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 West Twenty Seventh St., 12-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Foster Maynard

(a) Residence: No. 3 West Twenty Seventh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE~~ of Martha Lane Maynard

6. DATE OF BIRTH (month, day, year) April 9th 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bowling Alley Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

10. Date deceased last worked at this occupation (month and year) March 1936

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) A. A. County, Md.
(State or country)

FATHER

13. NAME Edward W. Maynard

14. BIRTHPLACE (city or town) Cecil County, Md.
(State or country)

MOTHER

15. MAIDEN NAME Sarah Hines

16. BIRTHPLACE (city or town) A. A. County, Md.
(State or country)

17. INFORMANT Mrs Martha Lane Maynard
(Address) 3 West Twenty Seventh Street.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date April 1st 19 36

19. UNDERTAKER J. Frank Supplee & Bros
(Address) Baltimore Md

20. FILED APR 1 1936 Huntington Pottinger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 29 1936

22. I HEREBY CERTIFY, That I was in charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Kidney Disease for many years	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
and If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 22469

F 22469 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95B

Registered No. 95-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2312 SIDNEY AVE St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. - mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME PAULINE HERING

(a) Residence: No. 2326 SIDNEY AVE St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Female

4. Color or Race WHT

5. ~~Single~~, Married, ~~Widowed, or Divorced (write the word)~~ Married

5a. If married, ~~widowed or divorced~~ (or) WIFE of FRANK HERING

6. DATE OF BIRTH (month, day, year) MAR 25th 1865

7. AGE — Years: 71 — Months: 0 — Days: 4 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank Hering

(Address) 2312 Sidney Ave

18. BURIAL, CREMATION, OR REMOVAL Loudon PK Date 4/1/36 19

19. UNDERTAKER Geo. H. Leyenbach

(Address) 1515 N. Lynch St. Huntington Williams, M.D.

20. FILED [illegible] 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1935 to march 29 1936

I last saw h[illegible] alive on march 9 1936 Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
arteriosclerotic heart disease	1932
Other contributory causes of importance: auricular fibrillation	1935

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Nathan Rosnin M. D.

(Address) 206 S. Gilmor Street

PR 1-1936

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22470

N. D. B. 1268

F 22470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 Laurens St. 16-2 Ward)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elisha Joynes

(a) Residence: No. 509 Laurens St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Leo Joynes (1936)

6. DATE OF BIRTH (month, day, year): July 12 1880

7. AGE: Years 55 | Months 8 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Accomac Co Va

MOTHER FATHER

13. NAME: John West

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Elsie —

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Elsie Richardson

(Address) 509 Laurens

18. BURIAL, CREMATION, OR REMOVAL

Place: Lafayette Cemetery Date: April 4 1936

19. UNDERTAKER: Adolphus Halstead & Williams

(Address) 1 Huntington Ave

20. FILED ... 19... Registrar.

APR 1 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 30th 1936

22. I HEREBY CERTIFY, That I attended deceased from March 14 1936 to March 30th 1936

I last saw her alive on March 28 1936 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia 16 days

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Regular ... An autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) F B Finck M. D.

(Address) 1715 Eutaw Place

INFORMATION, which should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22471 F 22471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 46-C

1. PLACE OF DEATH Little Sisters of Poor Registered No.

CITY OF BALTIMORE: (No. 1200 Valley St. St. 10-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Mc Geehan If U. S. Veteran specify WAR

(a) Residence: No. 1200 - Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary Agnes Monaghan

6. DATE OF BIRTH (month, day, year) June 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	2	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 005

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edward F. Mc Geehan

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Annie Cook

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Supr. (Address) Little Sisters of the Poor. city

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date April 2, 1936

19. UNDERTAKER Rita Wiedefeld (Address) 914 Greenmount Ave Huntington Millander, Md

20. FILED APR 1 - 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30-, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1934 to March 30, 1936

I last saw him alive on March 27, 1936. Death is said to have occurred on the date stated above, at 7:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Intestines	?

Other contributory causes of importance:

Arthritis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Obs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. McCarthy M. D.

(Address) 1114 Harford Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22472

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22472

CERTIFICATE OF DEATH

11-4 +82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 Eutaw Place St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Maude H. Jump

(a) Residence: No. 1022 Eutaw Place St., Ward. Still Pond Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 3rd. 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

FATHER

13. NAME Henry T. Jump

14. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

MOTHER

15. MAIDEN NAME Margaret Kelly

16. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

17. INFORMANT Miss. Sue Jump

(Address) 1022 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place Still Pond, Md. Date Apr 2, 1936

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED APR 1 - 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1936 to Mar. 30, 1936

I last saw her alive on Mar. 30, 1936 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemiplegia	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. G. Prentiss, M. D.

(Address) 634 Gorsuch Ave.

Instructions: Entries must be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 3

F 22473

22473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

EUGENE F. SCANNELL X 117 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. 1 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. (Richard) Scannell. EUGENE F. If U. S. Veteran specify WAR

(a) Residence: No. 107 Bloomsbury Ave St., Ward. Catonsville

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Scannell

6. DATE OF BIRTH (month, day, year) Feb 2, 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Telephone Co.

10. Date deceased last worked at this occupation (month and year) Feb. 1936 11. Total time (years) spent in this occupation 10 Yrs

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Timothy Scannell

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Sweeney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Anna Scannell

(Address) 107 Bloomsbury Ave Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Mar. 3 1936

19. UNDERTAKER Easton Sons

(Address) Ellicott City

20. FILED 19 APR 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-31-1936

22. I HEREBY CERTIFY, That I attended deceased from 3-29 1936 to 3-31 1936

I last saw him alive on 3-31 1936 Death is said to have occurred on the date stated above, at 11.53 Am

The principal cause of death and related causes of importance were as follows:

Perforated Gastro-Jejunal Ulcer

Date of onset

Other contributory cause of importance:

Lung Abscess Pneumonia Empyema

Was an operation performed? Yes Date of 3-11-36

For what disease or injury? Ulcer

Name of operation Partial Gastrectomy Date of 3-11-36

What test confirmed diagnosis? Gastro-Jejunostomy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Gerard Scannell M. D.

(Address) Mercy Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1500-8

HEALTH DEPARTMENT—CITY OF BALTIMORE

P 22474

CERTIFICATE OF DEATH

95-B 22474

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 330 N. Fulton Ave. St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Bernard Thompson

(a) Residence: No. 330 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Lalla Meredith Thompson

6. DATE OF BIRTH (month, day, year) April 27, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	11	26 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street car Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street Railway Co

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 16 yrs

12. BIRTHPLACE (city or town) (State or country) Frederick County Maryland.

FATHER

13. NAME Phillip Thompson

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

MOTHER

15. MAIDEN NAME Mary Crist

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

17. INFORMANT William Bernard Thompson
(Address) Ellicott City, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Johns Cem Date April 4 1936

19. UNDERTAKER Easton & Sons
(Address) Ellicott City

20. FILED APR 1 1936 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1936 to April 1, 1936

I last saw him alive on March 31, 1936. Death is said to have occurred on the date stated above, at 4:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerotic Heart Disease	1926
Other contributory causes of importance: auricular Fibrillation	unknown

Name of operation none Date of

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Nathan Racusin, M. D.

(Address) 206 S. Gilmor St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

22475

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22475

CERTIFICATE OF DEATH

108

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1125 Myrtle ave St. 17-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hugh W Simmons

(a) RESIDENCE NO. 1125 Myrtle ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. da

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella Simmons

6 DATE OF BIRTH (month, day, and year): 10-23-1870

7 AGE: Years 65 Months 5 Days 7

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Candymaker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Young Confectionery

9 BIRTHPLACE (city or town)

(State or country): N. C.

PARENTS

10 NAME OF FATHER: Henry Simmons

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Newburn N C

12 MAIDEN NAME OF MOTHER: Emeline Bryant

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Newburn N C

14 Informant: Ella Simmons

(Address): 1125 Myrtle ave

15 Filed: 19 Huntington Williams, M.D.

APR 1 - 1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 1 1936

17 I HEREBY CERTIFY, That I attended deceased from March 29, 1936 to April 1, 1936

that I last saw him alive on March 31, 1936

and that death occurred, on the date stated above, at 2:55 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Chronic nephritis

(doration) 1 yrs. mos. d

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no What test confirmed diagnosis? medical test

(Signed) W. Ernest Case M. D.

(Address) 1123 Pelham ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary

Date of Burial: 4/5 19

20 UNDERTAKER: Chas. H. Chase & Son

ADDRESS: 638 Sid

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F

22476 HEALTH DEPARTMENT—CITY OF BALTIMORE 22476

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2518 E Chase st St., 8-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louise Bees

(a) Residence: No. 2518 E Chase st St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Bees

6. DATE OF BIRTH (month, day, year) March 26 th 185[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86	—	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Karl Dasler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johannah Heintzel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr August B Bees

(Address) 1606 Cypress st

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem Date April 1, 1936

19. UNDERTAKER John Ullrich

(Address) 2008 Eutaw St

FILED APR 1 - 1936 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30/1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1936 to March 30, 1936

I last saw her alive on Mar. 30, 1936 Death is said to have occurred on the date stated above, at 5.15 2m m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypotensive cardio vascular renal disease	?

Other contributory causes of importance: - - -

Was an operation performed? no Date of ---

For what disease or injury? -

Name of operation - - - Date of

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, state how

(Signed) Harry Deive M. D.

(Address) 1224-1226 Hanover St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

22477

HEALTH DEPARTMENT—CITY OF BALTIMORE

22477

CERTIFICATE OF DEATH

93c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2231 E Fayette St., 6-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Josephine Wermuth

(a) Residence: No. 2231 E Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Wermuth

6. DATE OF BIRTH (month, day, year) Feb 26 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER FATHER

13. NAME Allen Cook

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Mary J Lauder

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs Anna Cunningham

(Address) 2231 E Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date April 3. 1936

19. UNDERTAKER John Ullrich

(Address) 2008 Aliceanna St

20. FILED APR 1 - 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19th 1936 to March 30 1936

I last saw h[illegible] alive on March 30 1936. Death is said to have occurred on the date stated above, at 1 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	2 years ago.

Other contributory causes of importance:

Ascites	6 weeks ago.
Umbilical Hernia	10 or 12 years.

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ✓ Date of .....

What test confirmed diagnosis? Clinical there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Henry B Kelley Jr. M. D.

(Address) 2504 St Paul St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 22478

311411

F 22478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-4 St., ... Ward)

Length of residence in city or town where death occurred 0 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Helen Hawkins

(a) Residence: No. 942 N. Wolfe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/12/35

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jesse Hawkins

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Matt Watson

16. BIRTHPLACE (city or town) (State or country) Va -

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem, Date April 1st, 1936

19. UNDERTAKER Mrs Roberta Elliott Daughtry
(Address) 129 Caroline St Huntington Williamsport, Md

20. FILED ..... 19 ..... Registrar.

APR 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 23, 1936, to Mar. 30, 1936

I last saw her alive on Mar. 30, 1936 Death is said to have occurred on the date stated above, at 8 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
LOBAR PNEUMONIA.	3/18/36
PNEUMOCOCCIC MENINGITIS.	3/29/36
Other contributory causes of importance: TOXIC HEPATITIS.	3/29/36

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Hubert Eichert M. D.
(Address) Johns Hopkins Hosp.

Form 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-3

F 22479

F 22479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28-3 177

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2113 Forest Park Ave. St., (or Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Francis Myron Whitehead

(a) Residence: No. 2113 Forest Park Ave., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Nov. 25, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Elery Whitehead

14. BIRTHPLACE (city or town) (State or country) Laurel, Md.

MOTHER

15. MAIDEN NAME Talena Pearl Krickbaum

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Talena P. Krickbaum

(Address) 2113 Forest Park Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Apr. 1, 1936

19. UNDERTAKER John F. Denny

(Address) 715 Light St.

20. FILED APR 1 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry, thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry, and that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Possibly Tetanus Poison	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hann, M. D. Coroner

(Address) 125 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22480 ✓ F 22480

HEALTH DEPARTMENT—CITY OF BALTIMORE

13245 CERTIFICATE OF DEATH 13259

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., [illegible] Ward) 4E 1

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 25 yrs. ..... mos. ..... ds.

2. FULL NAME Albert Bresky

If U. S. Veteran specify WAR .....

(a) Residence: No. 107 N. Gay St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Landlord

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?L

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Dacard Heart Date 4/1 36

19. UNDERTAKER J. J. Fahey & Son

(Address) 1318 Light St.

Filed ..... 19 ..... Registrar

APR 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/26, 1936 to 3/28, 1936

I last saw him alive on 3/28, 1936 Death is said to have occurred on the date stated above, at 10:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	?
Diabetic gangrene of foot	?

Other contributory causes of importance

Was an operation performed? Yes. Date of 3/27/36.

For what disease or injury? Gangrene of foot

Name of operation Amputation leg Date of 3/27/36

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22481 ✓ F 22481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Layton

(a) Residence: No. 734 S. Decker St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-21-36

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME James Layton

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Evelyn Baier

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 4/1 36

19. UNDERTAKER J. J. Flaherty Sons
(Address) 1318 Light St

FILED APR 1 - 1936 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-23 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-21 1936 to 3-23 1936

I last saw him alive on 3-23 1936 Death is said to have occurred on the date stated above, at 3:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyp. cranial Hemorrhage.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Marianne Sterling, M. D.

(Address) Balto. City Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 22482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 E Madison St., 10-2 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annetta Sangster — U. S. Veteran (specify WAR .....)

(a) Residence: No. 1420 E Madison St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Sangster — Nov 29-79

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila Pa

FATHER

13. NAME Charles Woodlund

14. BIRTHPLACE (city or town) (State or country) Phila Pa

MOTHER

15. MAIDEN NAME Rachael Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Henry Sangster

(Address) 1420 Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary April 1 1936

19. UNDERTAKER Mr Peter R. Williams

(Address) 322 N Schroeder St

Huntington Williams

20. FILED APR 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	3/29/36
Other contributory causes of importance: Myocarditis	1935

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George L. Allen M. D.

(Address) 509 Arlington Ave

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22483

F 22483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH: University Hospital
CITY OF BALTIMORE: (No.) St., 4-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Mary Stillwell
If U. S. Veteran specify WAR

(a) Residence: No. 681 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William Stillwell

6. DATE OF BIRTH (month, day, year): Nov 3, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): James Boston Annapolis Md.

FATHER

13. NAME: James Boston
14. BIRTHPLACE (city or town) (State or country): Annapolis Md

MOTHER

15. MAIDEN NAME: Mary J. Bowles
16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Elouise Keys
(Address) 635 Cumberland

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Auburn Date: Apr 2, 36

19. UNDERTAKER: Mrs Katie R. Williams
(Address) 322 Lafayette St Huntington West Virginia

20. FILED APR 1 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 20, 1936, to March 31, 1936
I last saw her alive on March 31, 1936. Death is said to have occurred on the date stated above, at 6 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	3/29/36
Cerebellar abscess	"
Septicemia	

Other contributory causes of importance:

Diabetes Mellitus	Unknown
Arterio-Sclerosis	

Was an operation performed? no Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Charles L. Goodhead, M. D.
(Address) University Hospital.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22484

F 22484

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

Registered No. U-12397

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Tuberculosis Division St., 7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Kehring

(a) Residence: No. 956 N. Washington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Jan. 14, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Adam Ries

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bernadine ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Apr. 3rd 1936

19. UNDERTAKER Geo M. Emil Sons
(Address) 811 N Washington St

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 22, 1936, to March 31, 1936

I last saw her alive on March 31, 1936. Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Nov. 1935
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Karlson, M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 1-1936

F 22485

F 22485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3340 (St.) Virginia Ave (Ward) 27-16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Koshland

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3340 Virginia St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced (HUSBAND of) (or) WIFE of Israel Koshland

6. DATE OF BIRTH: (month, day, year) Aug-2-1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Ewen Boyer

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Catherine Chance

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Israel Koshland

(Address) 3340 Virginia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pottstown Pa Date 4/4 1936

19. UNDERTAKER Williams & Cook

(Address) 1217 St. Paul St.

Huntington Maryland, 4/1 1936

Registrar.

FILED APR 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1935 to March 31, 1936

I last saw h[illegible] alive on March 31, 1936 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the liver	4/27/35

Other contributory causes of importance:

Was an operation performed? ✓ Date of

For what disease or injury? ✓

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John D Babcock M. D.

(Address) 4803 Park Heights Ave

F 22486

F 22486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43

1. PLACE OF DEATH Baltimore City Hospitals U-10100 Registered No.

CITY OF BALTIMORE: (No. Tuberculosis Division St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Flora Smith

(a) Residence: No. 2929 E. Madison st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harold Smith

6. DATE OF BIRTH (month, day, year) Oct. 16, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown 0087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME George Montgomery

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Garrett

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Fork M E Church Date April 2 36

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

FILED APR 1 1936 Huntington Williams, MD Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) March 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 16, 1935 to March 30, 1936

I last saw her alive on March 30, 1936. Death is said to have occurred on the date stated above, at 11:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchomoniliasis (yeast infection of lung)	Dec. 1934

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Karsner M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22487 ✓ F 22487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1917 Keanedy Ave 9-8 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter A. Garverich

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1917 Kennedy Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Anna B. Garverich

6. DATE OF BIRTH (month, day, year) Jan 3rd 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Steel Co

10. Date deceased last worked at this occupation (month and year) Mar 25th 1936

11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (city or town) (State or country) Harrisburg Pa

FATHER

13. NAME George A. Garverich

14. BIRTHPLACE (city or town) (State or country) Dolphin Co Pa

MOTHER

15. MAIDEN NAME Margaret Miserholder

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Anna B. Garverich

(Address) 1917 Kennedy Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date April 2nd 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED . 19 Huntington Williams, M.D. Registrar

APR 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 30th 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/26 1936 to 3/30 1936

I last saw h alive on 3/30 1936 Death is said to have occurred on the date stated above, at 4th P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3/26/36
Chronic myocarditis	3/26/36
Other contributory causes of importance: Cardiac insufficiency	3/30/36

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George A Lane M. D.

(Address) 1217 E Monument

v s 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22188

F 22188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 Light St. 24-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~Life~~ ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George A. Streib

If U. S. Veteran specify WAR .....

(a) Residence: No. 1519 Light St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If ~~married, widowed, or divorced~~ HUSBAND of ~~Not Married~~ Bernadine Streib

6. DATE OF BIRTH (month, day, year) July 16, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R. (Veteran)

10. Date deceased last worked at this occupation (month, day, year) Retired

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jacob Streib

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emma Schneider

(Address) 3333 Elmore Ave.

18. BURIAL, CREMATION OR REMOVAL

Place Bolton Cem Date April 3 1936

19. UNDERTAKER C. Howard Evans

(Address) 1408-12 Pennsylvania Ave

Washington Pallbearers, D.C.

Registered

APR 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 27, 1936 to March 31, 1936

I last saw him alive on Mar. 31, 1936 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro sclerosis	
Myocarditis	
Coronary Thrombosis	1/1/36
Other contributory causes of importance:	
Bronchio - pneumonia	—

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Walter Kohn M. D.

(Address) 102 E. Fort Ave

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

22489 HEALTH DEPARTMENT—CITY OF BALTIMORE E 22489

CERTIFICATE OF DEATH

34a-107-a

1. PLACE OF DEATH Univ Hosp 34 Registered No.

CITY OF BALTIMORE: (No. St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. 24 dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Don Thomas Herzberger If U. S. Veteran specify WAR

(a) Residence: No. 525 S Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	infant

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of infant

6. DATE OF BIRTH (month, day, year) Dec 7/35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John H Herzberger

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary Hechelo

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mary Hechelo
(Address) Balto. Md

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date April 2 1936

19. UNDERTAKER C. Howard Lucas
(Address) 1405-02 St Paul St

FILED APR 1 - 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31/36

22. I HEREBY CERTIFY, That I attended deceased from 1/27/36, 19.., to 3/31/36, 19..

I last saw him alive on 3/31/36. Death is said to have occurred on the date stated above, at 9:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	3/16/36
Congenital Syphilis	

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Wassermann Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) William S. Gelfuse, M. D.
(Address) Univ Hospital.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 22490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 22490

X 210-M

1. PLACE OF DEATH Balto City Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 426-12 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eleanor M. Johnson — If U. S. Veteran specify WAR .....

(a) Residence: 2609 Mt Ida Ave Essex Md, ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 23 1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Essex Balto md

FATHER

13. NAME Elmer M Johnson

14. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER

15. MAIDEN NAME Mildred Betz

16. BIRTHPLACE (city or town) (State or country) Balto Co

17. INFORMANT Elmer L Johnson (Address) Essex Md

18. BURIAL, CREMATION, OR REMOVAL Place Oak Land Date 4/2/ 1936

19. UNDERTAKER Jos G. Connelly (Address) Essex Md

20. FILED ..... Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30/ 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held a Surgery (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull	3/30/36
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/30 1936

Where did injury occur? Mace Ave near Mt Ida Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

How injury occurred Struck by automobile while walking along Mace Ave, Essex

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thurston Bailey Coroner, M. D.

(Address) 907 N. Charles

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 1 - 1936

F 22491

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22491

82 B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 E. 23rd St 12-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. -- mos. -- ds. How long in U.S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Isabel M. Gambel

(a) Residence: No. 100 E. 23d St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas B. Gambel

6. DATE OF BIRTH (month, day, year) Sept. 23, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ------
(State or country) Wisconsin

FATHER

13. NAME Washington Ashton

14. BIRTHPLACE (city or town) --------
(State or country) Virginia

MOTHER

15. MAIDEN NAME Ellen Norton

16. BIRTHPLACE (city or town) Washington D. C.
(State or country)

17. INFORMANT Mrs. Florence A. Hoyne
(Address) 419 Lake Ave. Illinois

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem. Date 4/2 19 36

19. UNDERTAKER Henry U. Mears & Son
(Address) 809 N. Eutaw St.

APR 1 - 1936 19 Huntington Mathews, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1924 to March 31, 1936

I last saw her alive on March 31, 1936 death is said to have occurred on the date stated above, at 8:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis -	1925
Auricular fibrillation	1925
Cerebral Thrombosis	Feb-5-1936
Pulmonary Edema -	Mar 24-36
Other contributory causes of importance: Chronic Nephritis	many years.

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19—
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Nathaniel M. Beck, M. D.
(Address) 100 E. 23rd St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

F 22492

F 22492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-N

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2114 Lake ave ST., 9-2 WARD)

2—FULL NAME Eleanor Lamley

(a) RESIDENCE NO. 2114 Lake Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George F. Lamley.

6 DATE OF BIRTH (month, day, and year) June 1, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Peter J. Erdman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Letrecia Waddell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mrs Lamley

(Address) 2114 Lake Ave

15 Filed APR 1 - 1936 Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/30/36

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to 3/30, 1936.

that I last saw h alive on 3/30, 1936

and that death occurred, on the date stated above, at 4.45 P.M.

The CAUSE OF DEATH* was as follows:

Arteri Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Ky C. W. Bolling M. D.

, 19 (Address) 5703 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL April 2, 1936

20 UNDERTAKER Walton Schilling. 1122 E. Monument St. — ADDRESS

PRINT PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of the information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 22493

93-C

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

CITY OF BALTIMORE: (No.) St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? 6 yrs. mos. ds.

2. FULL NAME Rev. Joseph Courtade Courtade

If U. S. Veteran specify WAR

(a) Residence: No. 7 S Wolfe St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 28 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. priest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.C.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Rev. John Feeley

(Address) 7 S. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 2 1936

19. UNDERTAKER Martin H. G. Keppel

(Address) 27 S. Amity St.

20. FILED Huntington Williams Registrar.

APR 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31 1936

22. I HEREBY CERTIFY, That I attended deceased from March 24 1936 to March 31 1936

I last saw h in live on March 31 1936 Death is said to have occurred on the date stated above, at 1.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Bronchopneumonia	

Other contributory causes of importance:

1. Arteriosclerosis
2. Chronic myocarditis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. M. Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22494

22494 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2807 Rascombe Lane St., 24 Ward) 57

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR none

2. FULL NAME Mary Ellen Feeney

(a) Residence: No. 2807 Rascombe Lane St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 24, 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fancy Box Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper Box Fact. 086

10. Date deceased last worked at this occupation (month and year) March 1934

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Mark F. Feeney.

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Doorey.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs Sara K. Hooper
(Address) 2807 Rascombe Lane.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 4/2 1936

19. UNDERTAKER C. Vernon Lemmon.
(Address) 4611 Park Heights.

20. Filed APR 1 1936 Huntington Pittsville, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1 35 to March 31 36, 19..

I last saw him alive on March 31 36, 19.. Death is said to have occurred on the date stated above, at 12.40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Jan 36
Senile Debility (Auto)	Feb 36
Other contributory causes of importance:	
Cerebro Sclerosis	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, how?

(Signed) R. C. Hooper M. D.

(Address) 2807 Rascombe Lane

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22495

F 22495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 So. Parrish St., 19-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 6 mos. 29 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gilbert Leonard Fisher Jr. If U. S. Veteran specify WAR No.

(a) Residence: No. 317 So. Parrish St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 2-1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child. ditto

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Gilbert L. Fisher Sr.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Ruth Rmemmel

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Gilbert L. Fisher Sr.

(Address) 317 S. Parrish St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date April 3 1936

19. UNDERTAKER Geo Zeiler Sr

(Address) 1512 Lelin St.

APR 1 - 1936 Huntington Williamsport, Md. Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 22 . 1936 to April 1 . 1936

I last saw h[illegible] alive on Mar. 31 . 1936. Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

Bronchitis	ditto

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Holt Keech M. D.

(Address) 2502 Eastern Ave Balto Md.

F 22496

F 22496 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. Gus Smith

(a) Residence: No. Upper Marlboro, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ? Engineer.

6. DATE OF BIRTH (month, day, year) Sept 22 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60 59	—	— 6	— 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Frank Smith.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Sophie Engler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital admission card.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Waldorf Md. Date April 3 1936

19. UNDERTAKER Hunt & Ryan
(Address) Waldorf Md.

Huntington Williams, Jr.
Registrar

20. FILED PR 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1 1936

22. I HEREBY CERTIFY, That I attended deceased from March 14 1936 to April 1 1936

I last saw h.. alive on April 1 1936 Death is said to have occurred on the date stated above, at 2:57 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia (Middle & Upper Lobes - Right)	March 8, 1936
Other contributory causes of importance: Pneumococcus Septicaemia	3-24-36
Pneumococcic Meningitis.	3-31-36

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Federico Fuentes Jr. M. D.
(Address) Mercy Hospital.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

M. & D. F 22497

F 22497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2503 Pennsylvania Ave St., 13-3 Ward)

Length of residence in city or town where death occurred ? yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice M Brooks

(a) Residence: No. 2503 Pennsylvania Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene Brooks

6. DATE OF BIRTH (month, day, year) Sept 7 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	6	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME Alexius Morris

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Lida Talbott

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Susan Talbott

(Address) 2503 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Westview Md Date 4/2/ 1936

19. UNDERTAKER Geo. L. Beyer Jr

(Address) 1512 Hollins St

20. [illegible] 19 [illegible]

APR 2-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an ... (Inquest, Autopsy or Inquiry) ... the data contained from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) ... and that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	3/29/36

Other contributory causes of importance:

Arterio Sclerosis	?

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) C. W. Ridgely Lowe Coroner, M. D.

(Address) Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vse

ALL RIGHTS RESERVED FOR BIDDING

F 22498

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22498

CERTIFICATE OF DEATH

X V 82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Walter Stokes

(a) Residence: No. Turner's Station, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary J. Stokes

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer at 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Walter Stokes

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Jane Green

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Annie B. Stokes
(Address) 916 Toy St

18. BURIAL, CREMATION, OR REMOVAL
Place Int Cavary Date Apr 2 1936

19. UNDERTAKER Mrs R A Pelt & Family
(Address) 1129 N Carrollton

APR 2 - 1936

Huntington Baltimore, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3.31 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 3.29 , 1936 to 3.31 , 1936

I last saw him alive on 3.31 , 1936. Death is said to have occurred on the date stated above, at 12 40 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-28-36
Hypertension & arterio-sclerosis	1yr 2yr

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. L. Jackson, M. D.
(Address) 200 N. Arlington

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22493

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22493

CERTIFICATE OF DEATH

X ✓ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4905 Cordelia Ave. St., 27 Ward) 3-7-18

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence In city or town where death occurred ... yrs. ... mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma Bull

(a) Residence: No. Woodley Ave Relay S. W. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert W. Bull

6. DATE OF BIRTH (month, day, year) Feb 19 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel Del

FATHER

13. NAME Daniel Culver

14. BIRTHPLACE (city or town) (State or country) Del

MOTHER

15. MAIDEN NAME Annie Baker

16. BIRTHPLACE (city or town) (State or country) Del

17. INFORMANT Mrs. Marian E. Frisch

(Address) 4905 Cordelia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Ridge Date April 2, 1936

19. UNDERTAKER Wm J. Pickett & Sons

(Address) North & Penna Aves

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30 1936

22. I HEREBY CERTIFY, That I attended deceased from March 30 1936 to March 30 1936

I last saw h alive on March 30 1936 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Brights Kidney Disease	2/10/36
Other contributory causes of importance:	
Myocardial Degeneration	2/20/36

Was an operation performed? X Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury X

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. T. Logan M. D.

(Address) 1509 Fawcett Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 2 - 1936 Washington, Delaware, Registrar

M. D. B. 1268-9

F 22500

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22500

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 1902-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Harris

(a) Residence: No. 216 S Greene St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 11-1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laurel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond County Va.

FATHER

13. NAME ? Harris

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Alice Brooks

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Mary Gray
(Address) 216 S Greene St

18. BURIAL, CREMATION, OR REMOVAL
Place Middlebrook Va Date 4/2 19 36

19. UNDERTAKER Walter B. Jones
(Address) 1394 W. Harley St

Huntington Baltimore

20. FILED ... Registrar.

APR 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29 , 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above.
(Inquest, Autopsy, Inquiry) (Inquest, Autopsy, Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute lobar Pneumonia	3/28/36

Other contributory causes of importance: None

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation no Date of .....

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... , 19 ....

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George L. Allen M. D.
Coroner

(Address) 507 Arisquith St

F 22501

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22501

131

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2808 Strathmore Ave 27-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lucy Hawkins

(a) Residence: No. 2808 Strathmore Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Hawkins

6. DATE OF BIRTH (month, day, year) Oct. 25, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Thomas Hinton

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Anna Marie Lloyd

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT John C. Hawkins

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 4-3-36, 19

19. UNDERTAKER Leonard J. Muck

(Address) 5305 Harford Road.

20. FILED APR 2 - 1936, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31/36, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1930, to March 31st, 1936, I last saw her alive on March 30th, 1936. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic Parenchymatous Nephritis (Uremic Coma March 28th to March 31st 1936) — Date of onset 1933

Other contributory causes of importance: Chronic Valvular Endocarditis — 1930

Was an operation performed? no. Date of

For what disease or injury?

Name of operation none. Date of

What test confirmed diagnosis? Laboratory. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? none. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury none.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) L. L. Gordy. M. D.

(Address) 5106 Harford Road

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in such terms that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

22502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22502

23

252

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Andrew C. Crovo

If U. S. Veteran specify WAR W. W.

(a) Residence: No. 2818 Carroll St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lola M. Wiley

6. DATE OF BIRTH (month, day, year) September 22, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 1-20-36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME David Crovo

14. BIRTHPLACE (city or town) (State or country) Louisville Ky

MOTHER

15. MAIDEN NAME Fern Pollicoet

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St Marys, Hampden Date 4-2-36, 19

19. UNDERTAKER Randell E. Humphrys.

(Address) 1201 E. Broadway.

FILED APR 2 - 1936 Huntington Maryland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 12, 1935 to March 31, 1936

I last saw him alive on March 31, 1936. Death is said to have occurred on the date stated above, at 3:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, far advanced	1930
Other contributory causes of importance:	
Pleurisy, acute, suppurative	2-30-36
Abscess, extrapleural, chest wall	3-26-36

Was an operation performed? Yes Date of 2-8-36

For what disease or injury? Tuberculosis

Name of operation Extrapleural pneumolysis Date of 2-8-36

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) T. B. N. Anderson, M. D.

(Address) U.S. Marine Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22503

Phelonious Riley

F 22503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 336 Carrel St., 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs.) mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phelonious Riley

If U. S. Veteran specify WAR .....

(a) Residence: No. 336 Carrel St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Riley

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Fanny Riley

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Lee

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edith Riley

(Address) 336 Carrel St.

18. BURIAL, CREMATION, OR REMOVAL.

Place National Cem Date 4/3 19 34

19. UNDERTAKER Wm A Jackson

(Address) 916 Penna ave

20. FILED ..... 19 .....

APR 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 11 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... Coroner . M. D.

(Address) 12 E Hamburg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V s e

22504 HEALTH DEPARTMENT—CITY OF BALTIMORE F 22504

CERTIFICATE OF DEATH 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 N. PINE ST. St. BALTO. Ward) H-M

Registered No. 7130

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME RACHEAL PARKER. If U. S. Veteran specify WAR

(a) Residence: No. 310 N. PINE ST. St., Ward. BALTO. MD.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	COLORED	MARRIED

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ALMORE PARKER.

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MIAMI, FLORIDA

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) UNKNOWN

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) UNKNOWN.

17. INFORMANT ALMORE PARKER
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 4/4 36

19. UNDERTAKER W. A. Jackson
(Address) 916 Pennsylvania Ave.

[illegible] for Williams

APR 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 1 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-24, 1936, to 3-31, 1936

I last saw HER alive on 3-31- , 1936. Death is said to have occurred on the date stated above, at 2 00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
LOBAR PNEUMONIA	3-20 36

Other contributory causes of importance:

TOXEMIA

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Louis L. Hamm , M. D.

(Address) 2340 Madison Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1938-3

F 22505 Ritch F 22505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 40 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Ritch

If U. S. Veteran specify WAR

(a) Residence: No. 402 Pine St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Ritch

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Francis Ritch

(Address) 402 N. Pine

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4/5 1936

19. UNDERTAKER W. M. Jackson

(Address) 711 W. Fremont

20. FILED 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 30 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above. C. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sudden

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. H. Phillips M. D.

Coroner

(Address) 1939 Edmondson Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 2 - 1936

AaCo. 5-31 250B

22506 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 22506

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Madison ave St., 10-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or ~~town~~ where death occurred 4 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dillon Paige

(a) Residence: No. 1212 Madison ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/1/36

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	1	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Daniel Paige

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Estella Nichols

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Daniel Paige
(Address) 1212 Madison ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 4/3 19 36

19. UNDERTAKER Geo A Jackson
(Address) 916 Penna ave

20. FILED ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/1/36

22. I HEREBY CERTIFY, That I attended deceased from 3/29/36 to 4/1/36

I last saw him alive on 3/31/36, death is said to have occurred on the date stated above, at 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	3/30/36
Other contributory causes of importance:	
Ant ac. Bronchitis	3/29/36

Name of operation none Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased no If so, specify .....

(Signed) Geo Gordon Coy, M. D.

(Address) 579 N. Campbell ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22507

F 22507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 27-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2834 Pelham Ave St., 27-1 Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Florence E Hartman

(a) Residence: No. 2834 Pelham Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Hartman

6. DATE OF BIRTH (month, day, year) Dec 24 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Smith

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Sarah E Neill

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr Charles Hartman (Address) 2834 Pelham Ave

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date April 3 1936

19. UNDERTAKER John F Denny (Address) 715 Light St

Huntington Williams, M.D. Registrar.

APR 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1934 to March 31 1936

I last saw her alive on Mar 30 1936. Death is said to have occurred on the date stated above, at 12 34 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance

Myocarditis

over

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. H. Carella M. D.

(Address) 517 Park Ave

22508 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 22508

CERTIFICATE OF DEATH

#10764

3-234-J-93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 3 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6y yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernard Hawkins

If U. S. Veteran specify WAR .....

(a) Residence: No. 1130 E. Lombard St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-14-1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Alfred Hawkins (Deceased)

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Edna

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 4/2 19 36

19. UNDERTAKER J. J. Fahey & Son
(Address) 1318 Light St

20. FILED ..... Registrar

APR 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/25 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/11 1936 to 3/25 1936

I last saw him alive on 3/25 1936 Death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	4 mo.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 22509

F 22509 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 4202 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Kardlek

If U. S. Veteran specify WAR .....

(a) Residence: No. In-As-much-Mission St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-23-72

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	63	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Austria
(State or country)

FATHER

13. NAME Pete Kardlek

14. BIRTHPLACE (city or town) Austria
(State or country)

MOTHER

15. MAIDEN NAME Helen

16. BIRTHPLACE (city or town) Austria
(State or country)

17. INFORMANT Records of Balto. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Locust Hgt Date 4/2 36

19. UNDERTAKER J. J. Fahey Son
(Address) 1818 Light St

20. FILED [illegible] Registrar

APR 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-30 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-10 1936 to 3-30 1936

I last saw him alive on 3-30 1936 Death is said to have occurred on the date stated above, at 6:45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach =	
metastasis to Bladder	?
Other contributory causes of importance:	
Bronchopneumonia	3-28-36

Was an operation performed? Yes Date of 3-13-36

For what disease or injury Carcinoma of Stomach

Name of operation Anterior Gastroenterostomy Date of 3-13-36

What test confirmed diagnosis Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hospital

V 8 3

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 22510 HEALTH DEPARTMENT—CITY OF BALTIMORE F 22510

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 W. North St., ~~Ward~~ 3) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sadie Freeman

If U. S. Veteran specify WAR .....

(a) Residence: No. 1215 W. North St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aaron Freeman

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Nathan Levin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Dora ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Aaron Freeman

(Address) 1215 W. North

18. BURIAL, CREMATION, OR REMOVAL Holom Sorrow Cem 4/2/36

19. UNDERTAKER Jack Levy Inc

(Address) 1143 E. Baltimore St

20. FILED ... Registrar

APR 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/1/36, 19

22. I HEREBY CERTIFY, That I ... of the remains described above, held an ... and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above. 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. Hamm, M. D. Coroner

(Address) 1215 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 22511 HEALTH DEPARTMENT—CITY OF BALTIMORE F 22511

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 26-E Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Orenstein

If U. S. Veteran specify WAR .....

(a) Residence: No. 3705 E. Lombard St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, year) April 10 - 18[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49 55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bar Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT N. Weinstein

(Address) 3507 E. Lombard

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Rosedale Date 4/2/36 19

19. UNDERTAKER Jack Levin Inc.

(Address) 1439 E. Balto. St.

20. FILED ... 19 ... Washington Baltimore, Md.

APR 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [signature] M. D.

(Address) 2757 W. North Ave

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

22512 HEALTH DEPARTMENT—CITY OF BALTIMORE 22512

CERTIFICATE OF DEATH

#12222 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 1-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1906

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Curt Halfter

If U. S. Veteran specify WAR .....

(a) Residence: No. 729 S. Lakewood Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes

6. DATE OF BIRTH (month, day, year) 8-9-1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0029

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Carl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ida Parkert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood. Date April 3 1936

19. UNDERTAKER Harry H. Wilkes

(Address) 4101 Edmondson Ave.

19 ..... Registrar Washington Williams, M.D.

APR 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 / 31 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 2 / 10 , 1936 to 3 / 31 , 1936

I last saw him alive on 3 / 31 , 1936 Death is said to have occurred on the date stated above, at 4 55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis ?	6 ma

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... , 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F. 22513

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22513

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 N. Amity St. 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Distance Hall

(a) Residence: No. 113 N. Amity St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin Jerome Hall

6. DATE OF BIRTH (month, day, year) Sept. 28, 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public restaurant

10. Date deceased last worked at this occupation (month and year) March 1931

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Distance

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Jane Brown

16. BIRTHPLACE (city or town) (State or country) Harford County Md.

17. INFORMANT Hannah Distance Ford

(Address) 113 N. Amity St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 3/2/1936

19. UNDERTAKER Chas. H. Cooper

(Address) 5 [illegible] St. Huntington Avenue, Md.

19 . . Registrar.

APR 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3.30.36. 19

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1936 to March 30, 1936

I last saw h[illegible] alive on March 30. 1936 Death is said to have occurred on the date stated above, at 5:10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3.22.36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Phy. Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M. Pair M. D.

(Address) 665 W. Lexington St.

3

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22514 F 22514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH St. Agnes' Hospital Registered No. 4

CITY OF BALTIMORE: (No. Wilkens & Caton St. 16 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ?, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Denis ~~Tangney~~ TANGNEY If U. S. Veteran specify WAR

(a) Residence: No. 818 N. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna King Tangney

6. DATE OF BIRTH (month, day, year) Dec 25 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman 0061

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Tangney.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Johanna Dee

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Anna King Tangney (wife)
(Address) 818 N. Payson St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 4-3-36

19. UNDERTAKER Bernard C Harle
(Address) 121 E. ~~Huntington~~ Biltimore, Md.

20. FILED , 19
Registrar

APR 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-29-36, 19 to 3-30-36, 19

I last saw him alive on March 30, 1936 Death is said to have occurred on the date stated above, at 5 57 P m.

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction — Date of onset 3-29-36

Other contributory causes of importance:

Acardiac decompensation and ? Auricular fibrillation & Acute dilatation of the stomach 3-29-36

Was an operation performed? no Date of

For what disease or injury? none

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L Wiring M. D.
(Address) St Agnes Hospital

NOTE.—Items must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

F 22515

F 22515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 829 W Cross ST. 21st WARD)

2—FULL NAME Anne E. Pfister

(a) RESIDENCE NO. 829 W Cross ST. 21st WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. Life da. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or ~~Divorced~~: Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of ~~Living~~ Jos. M. Pfister

6 DATE OF BIRTH (month, day, and year) Mar. 5, 1870

7 AGE — Years: 66 | Months: 0 | Days: 26 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: Self.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: James Cassilly.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Rebecca Delaney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Jos. M Pfister

(Address) 829 W Cross St

15 Filed ..... 19 ..... Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 1, 1936

17 I HEREBY CERTIFY, That I attended deceased from July 9, 1935 to Apr 1, 1936

that I last saw her alive on Apr 1, 1936

and that death occurred, on the date stated above, at 10 30 P. m.

The CAUSE OF DEATH* was as follows:

Progressive Bulbar Paralysis.

(duration) ..... yrs. 9 mos. ..... da.

CONTRIBUTORY (Secondary) Cardiac exhaustion.

(duration) ..... yrs. ..... mos. 3 da.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical observation.

(Signed) H Lawrence Wheeler M. D.

4/2 1936 (Address) 2910 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem

DATE OF BURIAL: 4-5th 1936

20 UNDERTAKER: Bernard C Harle

ADDRESS: 121 E. West St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

APR 2 - 1936

F 22516 F 22516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH #13276 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1932 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Elliott

If U. S. Veteran specify WAR .....

(a) Residence: No. 733 W. Lexington St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of America

6. DATE OF BIRTH (month, day, year) 10-17-1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Mary Atkins

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

U. S. National Date 4-7-36 19

19. UNDERTAKER Richard W. Meyer & Sons

(Address) 1610 Eastern Ave.

FILED ..... 19 Huntington Williams, M.D.

APR 2-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/27, 1936, to 3/31, 1936.

I last saw him alive on 3/31, 1936. Death is said to have occurred on the date stated above, at 3 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	9 days.

Other contributory causes of importance

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter, M. D.

(Address) Balto. City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

22517

HEALTH DEPARTMENT—CITY OF BALTIMORE F 22517

CERTIFICATE OF DEATH.

93-C

1-PLACE OF DEATH

City of BALTIMORE: (No. 126½ Market Place St., 4-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME ROSOLIA DI CARLO

(a) RESIDENCE NO. 126½ Market Place St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 3 yrs. mos. ds. How long in U. S., if of foreign birth? 4 3 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, ~~or divorced~~ (or) WIFE of Nicholas

6 DATE OF BIRTH (month, day, and year) August 12 — 1862

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	73	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Caltavuturo (Palermo)

(State or country) Italy

PARENTS

10 NAME OF FATHER Onofrio Mugavero

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Brocato ~~Mugavero~~

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Onofrio Di Carlo

(Address) 126½ Market Place

15 Filed ....., 19.... Registered

PR 2-1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1st, 1936. 19

17 I HEREBY CERTIFY, That I attended deceased from March 5th, 19 36, to April 1st, 19 36, that I last saw h.. alive on April 1st, 19 36, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

Myocarditis (chronic).

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

Myocardial failure.

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Philibert Audizzani, M. D.

, 19 (Address) 2042 E. Fayette Street.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem.

Date of Burial Apr. 3 1936

20 UNDERTAKER Frank Della Rocca

ADDRESS 52 N Monroe St

don should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22518

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22518

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No.) St. 10-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carmela Melfa

If U. S. Veteran specify WAR

(a) Residence: No. 1115 Ashland Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis

6. DATE OF BIRTH (month, day, year) 2/20/87

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Tom Bestemole

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Difiano

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records (Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem. Date April 4 1936

19. UNDERTAKER Frank Dallas Mace (Address) 52 N. Motley St

FILED PR 2 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 26 1936 to April 1 1936

I last saw h alive on April 1, 1936 Death is said to have occurred on the date stated above, at 5:42 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis, ruptured	Mar 25
Peritonitis	

Other contributory causes of importance:

Was an operation performed? Yes Date of Mar. 26, 1936

For what disease or injury? Appendicitis

Name of operation Appendectomy Date of Mar 26 36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Delfs M. D.

(Address) Johns Hopkins Hospital

13329

F 22519

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22519

CERTIFICATE OF DEATH

108 ✓

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 1-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leon Grzelik

Is U. S. Veteran specify WAR .....

(a) Residence: No. 1118 S. Kenwood Ave. St., ... Ward. .....

(Usual place of abode) Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie

6. DATE OF BIRTH (month, day, year) 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 10

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Baltimore City Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date 4-4 19 36

19. UNDERTAKER John J. Truda

(Address) 2811 Hudson St

20. FILED APR 2 - 1936 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/1 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/31 1936 to 4/1 1936

I last saw him alive on 4/1 1936 Death is said to have occurred on the date stated above, at 12 M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22520

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22520

CERTIFICATE OF DEATH

X 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital 25-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Constance Lee Hillsinger

If U. S. Veteran specify WAR .....

(a) Residence: No. 615 Harlem Lane St., Catonsville Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

5a. ~~If married, widowed, or divorced~~ ~~WIFE~~ (or) ~~HUSBAND~~ of Constance Lee Hillsinger

Daughter

6. DATE OF BIRTH (month, day, year) 12/24/35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min. :
	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Catonsville Md.

FATHER

13. NAME ~~Baby Constance~~ Steven Hillsinger

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Mrs. Caroline Baker Hillsinger

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Stephen Hillsinger

(Address) Harlem Lane

18. BURIAL, CREMATION, OR REMOVAL

Place St Johns City Date 4/4 36

19. UNDERTAKER Edw J McNabb

(Address) 804 Eutaw Ave Baltimore

20. ~~Washington Baltimore~~ Md

R 2-1936

MEDICAL CERTIFICATE OF DEATH

X

21. DATE OF DEATH (month, day, year) 4/1 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/30 1936 to 4/1 1936

I last saw her alive on 4/1 1936 Death is said to have occurred on the date stated above, at 7 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	
acute gastroenteritis	1 week

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) L Whaley M. D.

(Address) St Agnes Hospital

Form 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 22521 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 22521

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 Bradley St., 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Meeks

If U. S. Veteran specify WAR .....

(a) Residence: No. 816 Bradley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 96

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 21.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) McConnellsville S.C.

FATHER

13. NAME Robert Meeks

14. BIRTHPLACE (city or town) (State or country) McConnellsville S.C.

MOTHER

15. MAIDEN NAME Laura Byers

16. BIRTHPLACE (city or town) (State or country) McConnellsville S.C.

17. INFORMANT Roosevelt Meeks

(Address) 816 Bradley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date April 3 1936

19. UNDERTAKER Stephen Hillstead

(Address) 918 Pennsylvania Ave.

APR 2 - 1936

(D 19 rar.

Huntington Williams, Reg

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said I/I (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, about 7 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Alcoholic Gastritis,	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? I/I If so, specify .....

(Signed) A Hagan Coroner M. D.

(Address) 216 Hanover

M. D. B 1268-9

F 22522

F 22522 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-W

15-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., ... Ward)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John W. Breighner

(a) Residence: No. 1713 N. Fulton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Breighner

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0062

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Samuel Brighner

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Weneke

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Chas Weneke
(Address) 1713 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date April 3 1936

19. UNDERTAKER Martin Tabert & Son
(Address) 1517 N. Gay St.

..... 19 ..... Registrar

APR 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of 3&4 Cervicul Vertebras	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury March 30, 1936

Where did injury occur? At a Home 103 N. Pine St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down Steps

Nature of injury Fracture of 3&4 Cervicul Vertebras.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) R. K. Cordell M. D.
Coroner

(Address) 1737 E. Monument

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 22523

22523 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

34-E-131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 301 S. Pulaski St. 70 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Mary K. Müller

If U. S. Veteran specify WAR .....

(a) Residence: No. 301 S. Pulaski St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Müller

6. DATE OF BIRTH (month, day, year) Aug. 10 - 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Ignatz Lortz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Götz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Catherine Lewis

(Address) 301 S. Pulaski St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 4, 1936

19. UNDERTAKER George L. Schmidt

(Address) 2101 Frederick Ave

20. FILED Huntington Williams APR 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 - 1935, to April 2 - 1936

I last saw her alive on April 2, 1936 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (Cause)

Arteriosclerosis Hypertension

Myocarditis (Contrib.)

Chronic Interstitial Nephritis Empyema

Date of onset

Other contributory causes of importance:

Pneumonia Edema.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert L. Mitsch M. D.

(Address) 2751 Elkhorn Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 2 - 1936

F 22524

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22524

CERTIFICATE OF DEATH

127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Vet Balto. Gen. Hosp. St. 20-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs Jannie Applegarth

If U. S. Veteran specify WAR .....

(a) Residence: No. 205 Harmison St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) September 19-1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 064

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Robt H. Applegarth

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Julia A. Stanley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Robt H. Applegarth

(Address) 205 Harmison St

18. BURIAL, CREMATION, OR REMOVAL

Place Kirkstown Cemetery Date April 6 1936

19. UNDERTAKER George A. Schmidt

(Address) 2101 Fredrick ave.

Baltimore, Md

R 2-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-1-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-28-36, 19, to 4-1-36, 19

I last saw h[illegible] alive on 4-1-36, 19. Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1-Post operative Shock	3-30-36

Other contributory causes of importance:

1. Hemorrhage

Was an operation performed? Yes Date of 3-30-36

For what disease or injury? Chr Pancreatitis & Biliary Fistula

Name of operation Cholecystectomy Date of 3-30-36

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Melton Levin, M. D.

(Address) WB. 9th

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22525

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22525

CERTIFICATE OF DEATH

94-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 N. Eutaw St., 11-4 Ward)

Length of residence in city or town where death occurred 44 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thaddeus P. Thomas

(a) Residence: No. 1111 N. Eutaw St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Andrews

6. DATE OF BIRTH (month, day, year) ----------

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Professor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Goucher College

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ---------- Virginia

FATHER

13. NAME Thaddeus Thomas

14. BIRTHPLACE (city or town) (State or country) ---------- Virginia

MOTHER

15. MAIDEN NAME Sarah Price

16. BIRTHPLACE (city or town) (State or country) ---------- Virginia

17. INFORMANT Mrs. Anna A. Thomas

(Address) 1111 N. Eutaw Street

18. BURIAL, CREMATION, OR REMOVAL

Place Friends Cemetery Date 4/3 . 1936

19. UNDERTAKER Kenney & Myers Inc

(Address) 502 N. Calvert St.

FILED APR 2-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-31 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 9 . 1924 to March 31 . 1936

I last saw him alive on March 21 . 1936. Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion,	Mar 28/36

Other contributory causes of importance:

arteriosclerosis. Years

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? History & Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jas A Gutcher, M. D.

(Address) 12 Eager St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

22526 F 22526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3-2 93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1076 Granby St. 3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Peter Somerlot

(a) Residence: No. 1076 Granby St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) April 4 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Wolf

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Katherine Moyer

(Address) 312 Hospital Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date April 3 1936

19. UNDERTAKER Henry Lotz

(Address) 1263 N Broadway

FILED APR 2 - 1936 Thurlington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and from information obtained by said inquest I find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) H. R. Wright Coroner, M. D.

(Address) 1410 E. Lexington St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22527 ✓ F 22527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210-M

1. PLACE OF DEATH Mercy Hospital
CITY OF BALTIMORE: (No. ..... St., 4-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Schuyler Hoffman Nickerson If U. S. Veteran specify WAR No Record

(a) Residence: Oyster Bay Long Island N.Y. Ward 47 E 68th St N.Y.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 14 1917

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
18	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (City or town) Orange (State or country) N. Jersey

MOTHER FATHER

13. NAME Hoffman Nickerson

14. BIRTHPLACE (city or town) Patterson N.J. (State or country)

MOTHER

15. MAIDEN NAME Ethel C Comstock

16. BIRTHPLACE (city or town) Wisconsin (State or country)

17. INFORMANT Hoffman Nickerson
(Address) 47 E 68th St New York N.Y.

18. BURIAL, CREMATION, OR REMOVAL
Place Garrison New York Date April 3rd 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St.

20. FILED ..... 19 ..... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/2 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the above named person on the 2nd day of April 1936 at 3:45 PM and viewed the body. Death occurred on the date stated above, at 3:45 PM
Cause of death was as follows, to wit: (Inquest, Autopsy or Inquiry) Inquiry
obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury April 2, 1936
Where did injury occur? Fifth Ave & Monument St.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
Manner of injury Collision between Auto truck
Nature of injury Automobile

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Fred Gutberlet M. D.
Coroner
(Address) 907 N. Charles

PR 3-1936

Use state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22528

F 22528

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

692-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Mary Finckenauer

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3409 Walbrook St. Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

6. If married, widowed, or divorced HUSBAND of ..... (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) Dec. 23, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61 years	3 mo.	9 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Clerk 1809

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. Railroad.

10. Date deceased last worked at this occupation (month and year) Feb. 11. Total time (years) spent in this occupation 17 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Finckenauer

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Emma Kleinfelter

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT E. S. Holloway

(Address) 22 Light St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 4 1936

19. UNDERTAKER Wm Cook

(Address) 127 St Paul St

20. FILED APR 3 - 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-7, 1936, to 4-2, 1936.

I last saw her alive on 4-2-36, 19. Death is said to have occurred on the date stated above, at 9.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Mitral stenosis	
Chr. Myocarditis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) John W. Brady M. D.

(Address) Maryland General Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22529

F 22529 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

46-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 Mt Mechen St., 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Lee Forbes

If U. S. Veteran specify WAR No Record

(a) Residence: No. 307 Mt Mechen Street St., ... Ward.
(Usual place of abode) 35 Years (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret M. Forbes

6. DATE OF BIRTH (month, day, year) Aug 21st 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 1045

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 35 Years

12. BIRTHPLACE (city or town) (State or country) North Caroline

FATHER

13. NAME Peter Forbes

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Catherine Exum

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Margaret M. Forbes
(Address) 307 Mt Mechen St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 4/4 36

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

19. FILED ... Huntington Williamsville, Inc.

APR 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1- 1936

22. I HEREBY CERTIFY, That I attended deceased from January 1st 1935 to April 1st 1936

I last saw him alive on March 31 1936 Death is said to have occurred on the date stated above, at 9:40 P.M.

The principal cause of death and related causes of importance were as follows:

Duration
About 1 Year

Carcinoma of Oesophagus

Other contributory causes of importance

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? X Ray & Bronchoscopy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Myer A. Weinberg M. D.

(Address) 1724 Eutaw Place

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 3

F 22530 ✓ F 22530

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

Registered No. 8506

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1709 N. Regester St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles E. Goldsborough If U. S. Veteran specify WAR No

(a) Residence: No. 1709 N. Regester St., Ward.
(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. COLOR OR RACE White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary E.

6. DATE OF BIRTH (month, day, year) April 19 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	11	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer B&O
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired RR
10. Date deceased last worked at this occupation (month, year) 1930
11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Thomas Goldsborough
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Mary Todd
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary C Goldsborough (Address) 1709 N. Regester

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 4/7 1936

19. UNDERTAKER William Cook (Address) 127 S. Paca St

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-1-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-30-36, 19 to 4-1-36, 19

I last saw h[illegible] alive on 3-31-36, 19 Death is said to have occurred on the date stated above, at 12:18 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance: Intestinal Obstruction	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Robert Berryman M. D.
(Address) 26 E. Preston St

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 3 - 1936

F 22531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 22531

108

Registered No. 16-10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S Veteran specify WAR

2. FULL NAME Thomas Pasco

(a) Residence: No. 252 Highland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Christina Pasco

6. DATE OF BIRTH (month, day, year) 11-11-1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Piece-worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silk Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York, New York

FATHER

13. NAME Mike Pasco

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Philomena Maracchi

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date April 19 36

19. UNDERTAKER Frank Della Rose
(Address) 52 N. Monday St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/2 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/31 1936 to 4/2 1936

I last saw him alive on 4/2 1936 Death is said to have occurred on the date stated above, at 1.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert L. Reiter M. D.

(Address) Baltimore City Hosp

R 3-1936

M. D. B 1268-9

✓ F 22532

F 22532 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ronnie Haldson

U. S. Veteran specify WAR .....

(a) Residence: No. Unknown St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Haldson

6. DATE OF BIRTH (month, day, year) Dec 26 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co Maryland

FATHER

13. NAME Robert Haldson

14. BIRTHPLACE (city or town) (State or country) Kent Co Maryland

MOTHER

15. MAIDEN NAME Francena Sullivan

16. BIRTHPLACE (city or town) (State or country) Kent Co Maryland

17. INFORMANT Gertrude Haldson

(Address) 1345 Patterson Park ave

18. BURIAL, CREMATION, OR REMOVAL

Mount Carmel Cemetery Date April 3 1936

19. UNDERTAKER Chas. S. Black

(Address) 142 W. North ave

20. FILED APR 3 - 1936 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31/1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Alcoholism	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas. B. Kellam M. D.

Coroner

(Address) 1031 St. Paul St.

N. B.—WRITE PLAINLY, WITH PENCIL OR INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 86

F 22533 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 22533

CERTIFICATE OF DEATH

94-2

1. PLACE OF DEATH Sinai Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 46-8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Schultz — If U. S. Veteran specify WAR .....

(a) Residence: No. 3736 Yough St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Elizabeth Schultz

6. DATE OF BIRTH (month, day, year) Oct 15 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	4	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer 00 57
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER
13. NAME Benjamin Schultz
14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER
15. MAIDEN NAME Mc Cann
16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Elizabeth Schultz
(Address) 3736 Yough St

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Mem Date 4/5/36 19

19. UNDERTAKER Philip Herring Sons
(Address) 2016 Orleans St

FILED APR 3 - 1936 Huntington Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 2 , 19 36

22. I HEREBY CERTIFY, That I attended deceased from 3-31- , 19 36 to 4-2 , 19 36.
I last saw him alive on 4-2 , 19 36 Death is said to have occurred on the date stated above, at 5:40 A m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Coronary thrombosis
Congestive heart failure

Other contributory causes of importance:

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation — Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... , 19 ....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Daniel J Schwartz M. D.
(Address) Sinai Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

22534

HEALTH DEPARTMENT—CITY OF BALTIMORE

22534

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 N. Milton Ave St. 8-3 W.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... ds.

2. FULL NAME Joseph Leschefsky

If U. S. Veteran specify WAR .....

(a) Residence: No. 1215 N. Milton Ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Leschefsky

6. DATE OF BIRTH (month, day, year) Nov 29 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	4	34	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Leschefsky

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary — —

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Mary Leschefsky

(Address) 1215 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date 4/6/35 19

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Orleans St

20. FILED APR 3 - 1936 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2. 1936

22. I HEREBY CERTIFY, That I attended deceased from August 14. 35 to April 2 1936

I last saw h[illegible] alive on April 1 1936 Death is said to have occurred on the date stated above, at 3 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1 yr.
Arterial Hypertension	6 yrs.

Other contributory causes of importance:

Uraemia and Cardiac Dilatation

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Abrams M. D.

(Address) 302 E. Madison St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

22535

HEALTH DEPARTMENT—CITY OF BALTIMORE

22535

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 Asquith St. St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Baker

If U. S. Veteran specify WAR

(a) Residence: No. 1407 Asquith St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late James Baker

6. DATE OF BIRTH (month, day, year) Feb. 20 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Albert A. Baker

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Jeanette Stewart
(Address) 1407 Asquith st.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date April 3 1936

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Eutaw st

APR 3 - 1936 [illegible] Washington Boulevard

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 31 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/17 1936 to 3/31 1936

I last saw her alive on 3/31 1936. Death is said to have occurred on the date stated above, at 1.50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3/17/36
Other contributory causes of importance:	
Cardiac insufficiency.	3/30/36

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leo A. Bondi M. D.

(Address) 1517 E Monument

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

22536

HEALTH DEPARTMENT—CITY OF BALTIMORE

22536

CERTIFICATE OF DEATH

9H-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 Eastern Ave. St., 3-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Milton C. Crutchfield if U. S. Veteran specify WAR .....

(a) Residence: No. 1425 Eastern Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret R

6. DATE OF BIRTH (month, day, year) July 24 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mission

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New Mexico

FATHER

13. NAME James Allen Crutchfield

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Martha (?)

16. BIRTHPLACE (city or town) (State or country) Montana

17. INFORMANT Mrs Margaret Crutchfield

(Address) 1425 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date April 4 36

19. UNDERTAKER Hulse Herwig Sons

(Address) 2416 Calhoun St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Coronary Embolism	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) 1013 S. Edmondson Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P53 1936

D 22537 F 22537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94 2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 N Fulton St., 23rd Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Strasser

If U. S. Veteran specify WAR ...

(a) Residence: No. 322 N. Fulton Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or)-WIFE of Carl A Strasser

6. DATE OF BIRTH (month, day, year) Jan 17-1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME David Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry Strasser

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Apr 3 19 36

19. UNDERTAKER Franklin W Selby

(Address) 709 N 33 St

20. FILED ... Huntington Phillips Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1936

22. I HEREBY CERTIFY, That I last visited the above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Sudden death	

Other contributory causes of importance: —

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Thos H Phillips M. D. Coroner

(Address) 1733 Hanover

APR 3 - 1936

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1265-9

22538

✓ F 22538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md. General Hospital 14-2 167 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Mainhaster Harnick If U. S. Veteran specify WAR

(a) Residence: No. 1614 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Frank Harnick

6. DATE OF BIRTH (month, day, year) Jan. 31. 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfg. & Other Clothing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Lerner

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Katherine Lerner

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Lena Zukerl Granid Ellis

(Address) 1100 S. Caroline

18. BURIAL, CREMATION, OR REMOVAL

Place Zion Cem. Date April 3. 1936

19. UNDERTAKER George W. Zurkler

(Address) 757 E Eager St

20. FILED [illegible] Registrar

APR 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said I (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, 9.45 a.m.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Suicide	
By pistol shot wound	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 3/31. 1936

Where did injury occur? Baltimore City.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Gun shot wound in liver left kidney & stomach, left gun, entered left

Nature of injury part of abdomen

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hann, M. D. Coroner

(Address) 1215 Hanover

F 22539 HEALTH DEPARTMENT—CITY OF BALTIMORE F 22539

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 Richwood ave St., 27 Ward.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida Della Green

(a) Residence: No. 514 Richwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. Color or Race white

5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of widow

6. DATE OF BIRTH (month, day, year) Nov 27 1873

7. AGE: Years 62 63 | Months 4 | Days 3. | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME Jn H Kinsley

14. BIRTHPLACE (city or town) (State or country) New York State

MOTHER

15. MAIDEN NAME Mary Mahaney

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Kenneth Green
(Address) Hamilton Md

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Country Date April 4 1936

19. UNDERTAKER Le Roy L Hedges
(Address) 6209 Harford Rd

FILED APR 3 - 1936 Huntington Ave. Clerk.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Mch 23 1936 to Apr 1 1936

I last saw her alive on Apr 1 1936 Death is said to have occurred on the date stated above, at 3 40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	3/23/36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H W Wheaton M. D.

(Address) 4309 Hk Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22540

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22540

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 n Bond St., 6-5 Ward)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Esther Price

(a) Residence: No. 125 n Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 28-16

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	5	4 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Geo Price

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Parker

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mattie Quickley

(Address) 125 n. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4-6 1936

19. UNDERTAKER Edward Bryan

(Address) 1452 Eden St

20. FILED 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-2 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Mar 31
	34

Other contributory causes of importance: —

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation. — Date of .....

What test confirmed diagnosis? Pathologically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George S. Allen M. D.
Coroner

(Address) 58 Lexington St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V86

M. D. R. 1268-9

F 22541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1602 Druid Hill Ave St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Roberson
(a) Residence: No. 1602 Druid Hill Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed or divorced WIFE of (or) HUSBAND of Annie Roberson

6. DATE OF BIRTH (month, day, year) Jan 24 [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	2	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER
13. NAME William Roberson
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Mary
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Louis Robinson
(Address) 1602 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 4/4/36

19. UNDERTAKER Cuchsbaum & Geddis
(Address) 2108 Mc Culloh St

20. FILED APR 3 - 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1936 to April 2 1936.
I last saw him alive on April 2, 1936. Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

Senility	

Name of operation ... Date of ...
What test confirmed diagnosis? Autopsy findings Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place ...
Manner of Injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) A G Stamphens M. D.
(Address) 501 N Stricker St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

F 22542

F 22542 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 235 N. Arlington Ave 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Butler

If U. S. Veteran specify WAR .....

(a) Residence: No. 235 N. Arlington Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Butler

6. DATE OF BIRTH (month, day, year) 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Syndell Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 22 yrs

12. BIRTHPLACE (city or town) (State or country) St Marys Co. Md

FATHER

13. NAME Cornelius Butler

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emma Washington

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Josephine Butler

(Address) 235 N. Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Cem Date Apr 4 1936

19. UNDERTAKER Byron & Jamie K. Wright

(Address) 1200 McElderry St

20. FILED ..... 19 ..... Arlington Williams, Registrar

PR 3-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1936 to March 31 1936

I last saw him alive on March 31 1936 Death is said to have occurred on the date stated above, at 11 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Was an operation performed? No Date of -

For what disease or injury? -

Name of operation - Date of No

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Frank Ebaugh M. D.

(Address) 627 Cathedral

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22543 F 22543

31178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 8-E St., 8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Annie E Mansfield If U. S. Veteran specify WAR

(a) Residence: No. 1806 N. Montford ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 2-22-69

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Wm Potts

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Potts

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cemetery Date April 6' 36

19. UNDERTAKER Henry Theobald Sons, Inc
(Address) 1301 E Eager St

Huntington, West Virginia

FILED APR 3 - 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936 to April 3, 1936

I last saw her alive on April 3, 1936 Death is said to have occurred on the date stated above, at 4.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Probable Cerebral hemorrhage	April 3, '36
Appendicitis	March 7, '36
Other contributory causes of importance:	

Was an operation performed? Yes Date of April 4, 1936

For what disease or injury? Ruptured appendix

Name of operation Appendectomy Date of April 4, 36

What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Relfe, M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 3-1936

F 22544 ✓ F 22544

311454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William H. Johnston

(a) Residence: No. 2210 McElderry St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) 1/28/76

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Brick Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.B.?

FATHER

13. NAME James Johnston

14. BIRTHPLACE (city or town) (State or country) N.S.

MOTHER

15. MAIDEN NAME Julia Hewlin?

16. BIRTHPLACE (city or town) (State or country) N.B.?

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 4-5 1936

19. UNDERTAKER Robert L. Young
(Address) 804 N. Caroline St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1936, to April 1, 1936

I last saw him alive on April 1, 1936. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Tuberculous peritonitis	3-10-36
	over

Other contributory causes of importance:

Arteriosclerosis	
Arteriosclerotic nephritis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? → Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. B. Allen M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 3-1936

22545

F 22545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1930 Laurella ave 20-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 7 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick H. Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 1930 Laurella ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

c. DATE OF BIRTH (month, day, year) 8/26/35

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant. none

10. Date deceased last worked at this occupation (month and year) Infant

11. Total time (years) spent in this occupation Infant

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edgar F. Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Thelma Ridgley

16. BIRTHPLACE (city or town) (State or country) Carrollton Md.

17. INFORMANT Edgar F. Smith

(Address) 1930 Laurella ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4/3/ 1936

19. UNDERTAKER Isaac L Brown Sons

(Address) 108 W Monument St Balto

Huntington Williams, Registrar.

20. FILED ..... 19.....

RS - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/6 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23 1936 to April 6 1936

I last saw him alive on April 1st 1936. Death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	3/25/36
following Intestinal Influenza.	
Other contributory causes of importance:	
Intestinal Influenza	2/23/36

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. T. Gunn M. D.

(Address) 622 N. Arlington ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22546

F 22546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-D

Registered No. 23-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Andrew Folkes.

(a) Residence: No. 1009 Ledenhall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of wife Folkes

6. DATE OF BIRTH (month, day, year) may 22, 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	11 10	22 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore maryland

FATHER

13. NAME Henry Folkes.

14. BIRTHPLACE (city or town) (State or country) & Virginia

MOTHER

15. MAIDEN NAME Lurinia Jamco

16. BIRTHPLACE (city or town) (State or country) antiniwa md.

17. INFORMANT Marie Folkes
(Address) 1009 Ledenhall St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt Calvary Date 4/5/ 1936

19. UNDERTAKER Isaiah L Brown Son
(Address) 108 W Mosher corner Huntington Ave Williams, M.D.

20. [illegible] 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) april 1st 1936

22. I HEREBY CERTIFY, That I attended deceased from jan. 14 1936 to april 1st 1936

I last saw him alive on april 1st 1936. Death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive cardiac failure	4/1/36
rheumatic cardiac disease	Unknown

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

Signed Milton L. Jacobs, M. D.

(Address) Mercy Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 3-1936

F 22547

311644

✓ F 22547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 145-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel Elizabeth Beckman

If U. S. Veteran specify WAR

(a) Residence: No. Avondale St., Ward. Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harold Beckman

6. DATE OF BIRTH (month, day, year) 10-3-13

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Poe anderson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ethel Rodgers

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 4 1936

19. UNDERTAKER John Merrick

(Address) 2604 Eutaw Pl.

Huntington Williams, N.D.

FILED 19

Registrar.

R 3-1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1936 to April 2, 1936

I last saw her alive on April 2, 1936. Death is said to have occurred on the date stated above, at 2.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-uterine infection	3-19
Peritonitis	
Septicemia - streptococcal	
	avn

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Blood culture Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) John Whitridge, Jr. M. D.

(Address) Johns Hopkins Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 22548

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave St., 10-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret C. Kelly

(a) Residence: No. 39 S. Culver St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Nov. 2nd 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	+ 1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward Kelly

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Lillian Barnett

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Father

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 4-4-36 19

19. UNDERTAKER Wendell E. Humphreys

(Address) 1001 N. Broadway Huntingdon Williamsport, Md.

FILED APR 3 - 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-3-36 19

22. I HEREBY CERTIFY, That I attended deceased from 3/26 1936 to 4/3 1936

I last saw her alive on 4/2 1936 Death is said to have occurred on the date stated above, at 12 2/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	10 days ago

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Lumbar puncture Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C. J. Williamson M. D.

(Address) St. Agnes Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2340 Entaw Pl. (22549)

F 22549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 94-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3235 E. Balto St., 76-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Lipman

(a) Residence: No. 3235 E. Balto St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jewelry Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Moses

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Yetta Cohen

16. BIRTHPLACE (City or town) (State or country) Russia

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL Holem 2d Pt. & Germany Hill Rd - 4/3/36

19. UNDERTAKER Jas. L. Levy & Bro.

(Address) 1439 E. Balto St.

19a. FILED ..... 19 .....

APR 7 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-2-36, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 1933 to April 2, 1936

I last saw him alive on April 1, 1936. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3 yrs ago
Other contributory causes of importance: Multiple Emboli (Pulmonary)	6 hours

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Electrocardiogram Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. A. Thomas M. D.

(Address) 2040 Entaw Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22550

F 22550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 Parish St. Ward) 16-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. C. Evans

1a) Residence: No. 911 Parrish St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 12, 1920

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Arthur Evans

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Virgil Hudson

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Arthur Evans

(Address) 911 Parrish Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date April 6th 1936

19. UNDERTAKER Joseph A. Lovely

(Address) 1402 N. Broad Street

FILED Pimlico, Baltimore, Md.

PR 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 36

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1935 to March 31, 1936

I last saw him alive on March 31, 1936 Death is said to have occurred on the date stated above, at 12.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation — Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Evans

(Address) 627 Lexington St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22551

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22551

CERTIFICATE OF DEATH

X 34-78

Registered No. .....

1. PLACE OF DEATH University Hospital 4-2
CITY OF BALTIMORE: (No. ..... St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Price

(a) Residence: No. 19 Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: RUSBAND of (or) WIFE of Harrison

6. DATE OF BIRTH (month, day, year): Jan 1905

7. AGE: Years 31 | Months 3 | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER
13. NAME:
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Harrison Price 19 Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Brewer's Hill Date: April 1936

19. UNDERTAKER (Address): Chas E. Fuller Jr 34 Northumberland St Huntington Williams, N.Y.

20. FILED: APR 3 - 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year): April 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1936 to April 1, 1936
I last saw h-e alive on April 1, 1936 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Encephalitis	3/13/36
Circulatory Failure	4/1/36
Other contributory causes of importance: Bilateral Broncho-Pneumonia	3/30/36
Syphilis	Unknown

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Charles L. Goodhand M. D.
(Address) University Hospital, Balto.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22552

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22552

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH Baltimore City Hospitals U-13065

CITY OF BALTIMORE: (No. Tuberculosis Division St., 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Oscar Jenkins

(a) Residence: No. 700 W. Saratoga st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude

6. DATE OF BIRTH (month, day, year): Feb. 26, 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Oklahoma

FATHER

13. NAME: William Jenkins

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Annie ?

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place National Mem. Date Apr. 4, 36

19. UNDERTAKER: Mrs Kate R. Williams

(Address) 327 N Schroeder St.

FILED 19

R 3-1936 Arlington Nathanael, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1936, to March 31, 1936

I last saw him alive on March 31, 1936. Death is said to have occurred on the date stated above, at 9 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Oct. 1935
Tuberculous meningitis	Dec. 1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Karsner, M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22553

Leland Lewis

F 22553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 5-1 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lelena Lewis

(a) Residence: No. 422 N Carolina St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Melissa Lewis

6. DATE OF BIRTH (month, day, year) Feb 10-1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Kent Co Va

FATHER

13. NAME Albert Jones

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Jane Lewis

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Apr. 3, 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 3220 Edmondson Ave

20. FILED [illegible] Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-30-1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	3/28/1936

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George S. Allen M. D.
Coroner

(Address) 50 Augusta St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22554

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22554

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1801 West Pratt St., 19-4 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Thigpen

If U. S. Veteran specify WAR

(a) Residence: No. 1801 West Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Annie Thigpen

6. DATE OF BIRTH (month, day, year) Nov. 3-1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet metal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME W. J. Thigpen

14. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER

15. MAIDEN NAME Francis Avery

16. BIRTHPLACE (city or town) (State or country) Alabama

17. INFORMANT Lester Thigpen.

(Address) 1801 W. Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Cem. Date 4/6 1936

19. UNDERTAKER John F. Cowan & Son

(Address) 401 Stollens St.

20. FILED APR 3-1936 Lington Fullwood, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-2 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Chronic Myocarditis

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. H. Phillips Coroner, M. D.

(Address) 1939 Edmondson Ave

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3 0

M. D. F. 22555

F 22555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 N. High St., 5-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James H. Gardner

If U. S. Veteran specify WAR .....

(a) Residence: No. 227 N. High St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lola L. Gardner

6. DATE OF BIRTH (month, day, year) ? ? 1841

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James H. Gardner

14. BIRTHPLACE (city or town) (State or country) Providence Md

MOTHER

15. MAIDEN NAME Maurer E.

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lola Gardner

(Address) 227 N High St

18. BURIAL, CREMATION, OR REMOVAL

Place St Almost Date 4/4 1936

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Mulberry sts

20. FILED 19 [illegible]

APR 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilitation	

Other contributory causes of importance:

Chronic Myocarditis

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Erwin B. Wallace M. D.

(Address) 1021 St Paul St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F

V S 6

22556

F 22556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 26-7 Ward

Registered No. 93-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles E. Koontz

(a) Residence: No. 318 S. Oldham St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie

6. DATE OF BIRTH (month, day, year) 12-19-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watch-man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Apr. 4 . 1936

19. UNDERTAKER Chas. E. Isaac
(Address) 802 Madison Ave

19a. Huntington Pittsburgh

4-3-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/1 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/31 . 1936 to 4/1 . 1936.

I last saw him alive on 4/1 . 1936 Death is said to have occurred on the date stated above, at 11:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	?
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Robert A. Reitz . M. D.

(Address) Balto City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22557

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22557

CERTIFICATE OF DEATH

√ 131

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Pennsylvania Ave St., 14 Ward)

Registered No. 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Tucker

(a) Residence: No. 2127 Madison Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) ? 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middle River Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Edna Rogers

(Address) 2127 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Aug. 3 1936

19. UNDERTAKER Mrs. Geo. R. Holland

(Address) 1631 Druid Hill Ave.

20. FILED Aug 3 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-31 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-6 1934 to 8-31 1936.

I last saw h. alive on 8-31 1936 Death is said to have occurred on the date stated above, at 2:4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension - Cardio Vascular Renal disease	
Chronic nephritis	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) R Stevens M. D.

(Address) President Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Aug 3 - 1936 Ready for Interment

F 22558

F 22558 544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 29 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John E Kehl

(a) Residence: No. 47 Lynwood Rd St., ... Ward. Asheville N.C.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Corrine

6. DATE OF BIRTH (month, day, year) 10-10-70

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	65	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME John Kehl

14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER

15. MAIDEN NAME Louise Buhler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Corinne Kehl

(Address) Asheville N. C.

18. BURIAL, CREMATION, OR REMOVAL

Place Cincinnati Ohio Date April 5 - 1936

19. UNDERTAKER John C. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED ..... Registrar.

4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1936 to April 2, 1936

I last saw h.im alive on April 2, 1936. Death is said to have occurred on the date stated above, at 1145 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach	4 mo
Other contributory causes of importance: Terminal lobular pneumonia	24 hrs

Was an operation performed? Yes Date of March 10

For what disease or injury? (above)

Name of operation Resection - stomach Date of .....

What test confirmed diagnosis? rheumatism Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M B Wardlaw, M. D.

(Address) J. H. Hospital

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 22559

F 22559 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 2003 Boone St. St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JAMES PATRICK O'DONNELL — If U. S. Veteran specify WAR NO

(a) Residence: No. 2003 Boone St. (Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 9th. 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineering Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Maryland Ry.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas P. O'Donnell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Catherine R. Boylan

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Thomas P. O'Donnell

(Address) 2003 Boone St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date April 4th. 1936

19. UNDERTAKER Chas. R. Daniel & Son

(Address) 118 W. Mt. Royal Ave.

20. FILED APR 5 - 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1st. 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1935 to April 1 1936

I last saw him alive on April 1, 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Pulmonary Tuberculosis	Sept 1928
Other contributory causes of importance: Chr Hypertension with Decompensation	1935

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William P Geraghty M. D.

(Address) 10 E Biddle St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 22560

F 22560 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1159 Washington Blvd St. 21-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry A. Faulk

(a) Residence: No. 1159 Washington Blvd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Faulk

6. DATE OF BIRTH (month, day, year) Dec. 22, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	4	9 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME Paul Faulk

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Lahmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lulla Weaver,
(Address) 1531 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date April 4th 1936

19. UNDERTAKER C. Schlaudecker & Son
(Address) 1039 Hanover st

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon, and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry found that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above. 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
April 2 36	
Chronic Tuberculosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos. H. Phillips, M. D.
Coroner

(Address) 1939 Edmondson Ave.

Use information shown on this certificate, supplied, only to properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be OCCUPATION is very important. See instructions on back of certificate.

R-1936

F 22561

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22561

CERTIFICATE OF DEATH

V45-D

11844 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 24th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? ? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Wood

(a) Residence: No. 1635 Jackson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) 10-3-1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Enamel Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME William Wood

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Sophie Nobel

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date 4/6 1936

19. UNDERTAKER L. Fun Mc Leully
(Address) 1900 E Fort Ave

4-3-1936 Huntington Williams, M.D. 14th

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-3, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-12, 1936 to 4-3, 1936

I last saw him alive on 4-3, 1936 Death is said to have occurred on the date stated above, at 4:20 A.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Jaw — Date of onset ?

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson M.D.

(Address) Balto. City Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 22562

22562 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

46-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2632 Maryland Ave St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William W. Gray

(a) Residence: No. 2632 Maryland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida S. Gray

6. DATE OF BIRTH (month, day, year) Aug 24 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Basil B. Gray

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah H. Brown

16. BIRTHPLACE (city or town) (State or country) Prince George Co Maryland

17. INFORMANT Mrs S. S. Millman

(Address) 2632 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 4 1936

19. UNDERTAKER Albert W Gregory

(Address) 4402 North Ave

[illegible] Huntington Pittsburgh Pa

R 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1 1936

22. I HEREBY CERTIFY, That I attended deceased from March 12 1936 to April 1 1936

I last saw him alive on Mar 31 1936. Death is said to have occurred on the date stated above, at 11,15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	5 Yrs

Other contributory causes of importance:

None	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. K. Pettelson , M. D.

(Address) 817 Hamilton Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 22563

F 22563 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2012 N Fayette St., 70-1 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Jenkins

(a) Residence: No. 2012 N Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Fountain Jenkins

6. DATE OF BIRTH (month, day, year) 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston Mass

FATHER

13. NAME John Johnson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Whalen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thos. J. Jenkins
(Address) 2012 N. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 4/4, 1936

19. UNDERTAKER John F. Kelly & Sons
(Address) 3 E. Lexington St.

20. FILED [illegible] Registrar.

R 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1927 to Apr 2, 1936

I last saw her alive on March 20, 1936. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?
Other contributory causes of importance:	
Hypostasis	?
Arteriosclerosis	?
Asthenia	1 mo

Name of operation None Date of

What test confirmed diagnosis? Symp. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. O. Carter, M. D.

(Address) 1114 Eutaw Pl.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

O.K. Paul Mundy

+V F 22564

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital (St.) 9-26 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Loflin (LOFLIN) If U. S. Veteran specify WAR .....

(a) Residence: No. Ellicott City St., Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia Loflin

6. DATE OF BIRTH (month, day, year) Apr 10, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME Daniel Loflin

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Harford Co.

17. INFORMANT Patient

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date Apr. 4 1936

19. UNDERTAKER Easton Sons

(Address) Ellicott City

(Filed) APR 2 1936 Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) April 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1936, to April 2, 1936

I last saw h.. alive on April 2, 1936 Death is said to have occurred on the date stated above, at 6 55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture right radius	2-4-36
Erysipelas	3-21-36
Bronchopneumonia	4-1-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3-14, 1936

Where did injury occur? Ellicott City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of Injury Fall on ice

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis D. Schwentker M. D.

(Address) Sydenham Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 22563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22563 ✓ 89-13

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 30-2 Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR? No Record

2. FULL NAME Louis LeHardy

(a) Residence: No. 2136 Pennsylvania Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/13/20

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	15	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at School

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) MD —

FATHER

13. NAME Louis LeHardy

14. BIRTHPLACE (city or town) (State or country) MD —

MOTHER

15. MAIDEN NAME Edna Arnold

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date April 6th 1936

19. UNDERTAKER Wm Cook (Address) 127 St Paul St.

20. FILED April 6 1936 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1 1936 to April 2 1936

I last saw him alive on April 2 1936 Death is said to have occurred on the date stated above, at 2:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Mastoiditis, Right	1923
Lateral and Cavernous Sinus Thrombosis	Mar. 12
Septicemia	Mar. 18
Meningitis (non-epidemic)	Apr. 1

Other contributory causes of importance:

Was an operation performed? yes Date of March 20, 1936

For what disease or injury? Chronic Mastoiditis

Name of operation Mastoidectomy Date of Mar. 20

What test confirmed diagnosis? Oper Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dorothy C. Babb M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 22566

22566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 N. Register St. 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Laura V. Schaeffer

(a) Residence: No. 1827 N. Register St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Female~~	White	Widowed

6a. If ~~Married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Howard J. Schaeffer

c. DATE OF BIRTH (month, day, year) Aug 13 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Eakles Mills Md.

FATHER

13. NAME Martin Eakle

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Catherine Swaseley

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Anna Gilbert

(Address) 1827 N. Register St

18. BURIAL, CREMATION, OR REMOVAL

Place Boonsboro Md Date April 6th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 E Paul St

20. FILED Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3rd, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-19 1931 to 4-3 1936

I last saw her alive on 4-3 1936 Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Stenosis	1930
Other contributory causes of importance:	
Myocardial degeneration	4/1/36

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No Date of No

What test confirmed diagnosis Almost Sure Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Daniel Miller M. D.

(Address) 1201 N Broadway

OCCUPATION is very important. See instructions on back of certificate.

V S 3

4 - 1936

M. D. B 1268-9

F 22567

HEALTH DEPARTMENT—CITY OF BALTIMORE

22567

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3333 N. Charles St., 7th Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sara C. Cowles If U. S. Vet. specify WAR No Record

(a) Residence: No. 3333 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Rheinhart P. Cowles

6. DATE OF BIRTH (month, day, year) 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Data deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Hugh McConville

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Rheinhart P. Cowles

(Address) 3333 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date April 4th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1936 Hunter for Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an (Inquest, Autopsy or Inquiry) on and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Diabetes Heart Disease	?
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. H. Didusch Coroner M. D.

(Address) Coroner

Information should be carefully supplied. Any space that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

22568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22568

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 S. Conkling St., 26-9 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emelie Emma Ehoff

If U. S. Veteran specify WAR .....

(a) Residence: No. 716 S. conkling St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of August E. Ehoff

6. DATE OF BIRTH (month, day, year) Aug. 6-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Carl Schutzig

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. Anna Keller

(Address) 716 S. Conkling St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Mem. Date April 6 1936

19. UNDERTAKER George W. Zirkler

(Address) 1737 E Eager St.

20. FILED Huntington Phillips, Registrar

4-1936 MW

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/19/36, 19 to 4/2/36, 19

I last saw her alive on 4/1/36, 19. Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fatal Carcinoma & Chronic Pulmonary Congestion	

Other contributory causes of importance:

Cardiac dilatation

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, ...

(Signed) [illegible] M. D.

(Address) 633 S. Conkling

OCCUPATION is very important. See instructions on back of certificate.

vs 3

22560 ✓ F 22569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-13

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No.) 1568 Carswell St. 9-7 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Peter J. Smith — If U. S. Veteran specify WAR .....

(a) Residence: No. 1568 Carswell St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Mary C. Smith

6. DATE OF BIRTH (month, day, year) Nov 22 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brass finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for 10

10. Date deceased last worked at this occupation (month and year) March 1936

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME George Smith

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Katherine Mayland

16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMANT Mrs Mary C. Smith
(Address) 1568 Carswell St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Apr. 6 1936

19. UNDERTAKER Henry Hoeck Sons, Inc.
(Address) 1301 E. Eager St.

20. FILED APR 4 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 1936

22. I HEREBY CERTIFY, That I attended deceased from March 20 1936 to April 2 1936.

I last saw him alive on April 2 1936. Death is said to have occurred on the date stated above, at 10.5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	April 1

Other contributory causes of importance:

Organic heart disease

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —

(Signed) Frits S. Schnurer M. D.

(Address) 2700 Hoffman Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

22570

✓ F 22570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis A. Rebbert Jr.

If U. S. Veteran specify WAR .....

(a) Residence: No. 868 W. Baltimore St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 15 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	8	17 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto repairs

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto
(State or country) Md

FATHER

13. NAME Louis A. Rebbert

14. BIRTHPLACE (city or town) Balto
(State or country) Md

MOTHER

15. MAIDEN NAME Annie A. Bethel

16. BIRTHPLACE (city or town) Balto
(State or country) Md

17. INFORMANT Mrs. Annie A. Rebbert

(Address) 1901 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date April 4 1936

19. UNDERTAKER Howard J. Blight Jr

(Address) 1418 W. Gay St.

20. FILED ..... 19 ..... Registrar.

4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar	

Other contributory causes of importance:

Pneumonia, chronic myocarditis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 1605 E. Eldwood Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

Spec.—I 12-23—M&T—500 Blks.

F 22571

F 22571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

48

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1304 Mc Cullh ST., 11-4 WARD)

2-FULL NAME Bertha Henson

(a) RESIDENCE NO. 1304 Mc Cullh ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Married Nelson Henson

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	—	—	

8 OCCUPATION OF DECEASED: wife

0037

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Wm Underdue

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Carrie Pinckney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Nelson Henson 1304 Mc Cullh St

15 Apr 4 1936, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 1 - 1936

17 I HEREBY CERTIFY that I attended deceased from March 1 - 1936, to Apr. 1 - 1936, 19

that I last saw her alive on Apr 1 - 1936

and that death occurred, on the date stated above, at 9 P m

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus ?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A B Stripling M. D.

(Address) 1423 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Cathedral Cemetery

DATE OF BURIAL: Apr 6, 1936

20 UNDERTAKER: Mrs. Kate R. Williams

ADDRESS: 3220 Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

M. D. B 1268-9

✓ F 22572

22572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 17-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Griffin

If U. S. Veteran specify WAR .....

(a) Residence: No. 526 W Preston St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alma Griffin

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Alma Griffin

(Address) 526 W Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Apr 6 1936

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322-A Schroeder Ste.

FILED Apr 4 1936 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-3 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis Glomerulis?	4/3/36

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation no Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George L. Allen Coroner M. D.

(Address) 501 Aisquith St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 22573

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General Hosp. St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 7 mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Daniel Kratz

(a) Residence: No. 4010 Penhurst Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Aug. 11, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65 yrs.	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bendix Driver Co.

10. Date deceased last worked at this occupation (month and year) Feb. 1936

11. Total time (years) spent in this occupation 000

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Johan Kratz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Schwartz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Anna M Kratz

(Address) 4010 Penhurst Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Apr. 6 36

19. UNDERTAKER Wm Wise Yeiter Sons

(Address) Road & Hawes

20. FILED 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1936, to April 2, 1936

I last saw h[illegible] alive on April 2, 1936. Death is said to have occurred on the date stated above, at 11.8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	April,
Other contributory causes of importance: Hypertrophied Prostate	over

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George Schwartz, M. D.

(Address) West Balto. General Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 22574

F 22574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 114-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 7-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. 17 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR

2. FULL NAME Pasquale Natale

(a) Residence: No. 1018 Gay St., Ward. Cumberland Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine

6. DATE OF BIRTH (month, day, year) 1-23-87

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	49	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Genard Natale

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Jinie Haraone

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cumberland Md Date April 3 1936

19. UNDERTAKER Louis Stein Inc. Cumberland Md

(Address)

20. FILED Huntington Mills Reg. [illegible]

APR 4 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1936 to April 2, 1936

I last saw him alive on April 2, 1936. Death is said to have occurred on the date stated above, at 140 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abcess Lung Rt	Aug '36
	about

Other contributory causes of importance:

Was an operation performed? Yes Date of Mar. 28, 1936

For what disease or injury? Lung Abcess

Name of operation Drainage of Abcess Date of 3-28-36

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul A Klemm M. D.

(Address) The Johns Hopkins Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

1939 Edmondson Ave ✓ F 22575

F 22575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 Parkesley St. St. 30-6 Ward

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Paul C. Warner

(a) Residence: No. 522 Parkesley St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 17, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME James Warner

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Lorraine Spencer

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Lorraine Warner

(Address) 522 Parkesley St.

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Hampden Date April 4, 1936

19. UNDERTAKER Edmondson Ave

(Address) 3615 Edmondson Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Mar. 29. 36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos. H. Phillips M. D. Coroner

(Address) 1939 Edmondson

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

22576 ✓ F 22576

HEALTH DEPARTMENT—CITY OF BALTIMORE

#13247

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 4 2 131

CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Ellison

(a) Residence: No. 685 Mulberry St. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Hester Ellison

6. DATE OF BIRTH (month, day, year) 4-14-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Georgia

FATHER

13. NAME: David Ellison

14. BIRTHPLACE (city or town) (State or country): Georgia

MOTHER

15. MAIDEN NAME: Sarah

16. BIRTHPLACE (city or town) (State or country): Georgia

17. INFORMANT: Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL — Place: Mount Auburn Cem. Date: April 1936

19. UNDERTAKER: Adolphus Gabriel (Address): 919 E. Lanvale Ave.

20. FILED: Huntington Williams, Registrar

R 4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 3/26, 1936 to 3/30, 1936

I last saw him alive on 3/30, 1936 Death is said to have occurred on the date stated above, at 3 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular renal disease	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-0

22577 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 22577

CERTIFICATE OF DEATH

Registered No. 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 O Linstead St., 25 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John L Matuszewski

(a) Residence: No. 1508 O Linstead St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 9, 1935

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
—	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto
(State or country)

FATHER

13. NAME Michael Matuszewski

14. BIRTHPLACE (city or town) Balto Md.
(State or country)

MOTHER

15. MAIDEN NAME Margaret Sadler

16. BIRTHPLACE (city or town) Balto Md
(State or country)

17. INFORMANT Michael Matuszewski
(Address) 1508 O Linstead

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Cem Date April 4 19 36

19. UNDERTAKER W. S. Fialkowski
(Address) 2007 Eastern Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936 to Mar 2, 1936

I last saw him alive on Mar 2, 1936 Death is said to have occurred on the date stated above, at 5:2a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Enteritis	Jan 31, 36
Other contributory causes of importance:	
Toxemia and convulsions	Feb 36
	Mar 2 36
	1

Name of operation ... Date of ...

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm L Stifler M. D.

(Address) 1301 Light St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 4 - 1556

M. D. B. 1268-B

F 22578

22578 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4224 Stanwood St.) (Ward) 26-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Syssanaha Kelly

(a) Residence: No. 4227 Stanwood ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Wilkins Kelly

6. DATE OF BIRTH (month, day, year) Sept 1 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) 6 mos

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila P-a.

FATHER

13. NAME John Matlack

14. BIRTHPLACE (city or town) (State or country) Phila Pa

MOTHER

15. MAIDEN NAME Cecelia Rider

16. BIRTHPLACE (city or town) (State or country) Carlisle Pa

17. INFORMANT Daughter Mrs Reeves
(Address) 4227 Stanwood ave

18. BURIAL, CREMATION, OR REMOVAL
Place York Pa Date 4/6 1936

19. UNDERTAKER Wm Cook
(Address) 1217 E Fayette

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3 1936

22. I HEREBY CERTIFY, That I attended deceased from March 23 1935 to April 3 1936
I last saw her alive on April 3 1936 Death is said to have occurred on the date stated above, at 10:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	July 7/35
Other contributory causes of importance: Metastatic bronchial pneumonia	April 1/36

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Wm Baum Gardner M. D.

(Address) Forestdale Md

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

22579 V F 22579

22579

CERTIFICATE OF DEATH

823

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2501 Aisquith Ave St. 27-3 Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin M. Brooks

(a) Residence: No. 2501 Aisquith Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mollie Bond Brooks

6. DATE OF BIRTH (month, day, year) Mar. 17, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	—	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 108

10. Date deceased last worked at this occupation (month and year) Dec. 1922

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sparks Balto. Co., Md

FATHER

13. NAME Charles Brooks

14. BIRTHPLACE (city or town) (State or country) Sparks Balto. Co., Md

MOTHER

15. MAIDEN NAME Mary Goodwin

16. BIRTHPLACE (city or town) (State or country) Westminster Carroll Co., Md

17. INFORMANT Miss Rachel Brooks
(Address) 2501 Aisquith Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Apr. 6, 1936

19. UNDERTAKER Wm. C. Brooks & Son
(Address) Sparks, Md.

20. Filed 1936, 19 Registrar 4/3/36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1936 to April 3, 1936

I last saw h[illegible] alive on April 2, 1936 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	

Other contributory causes of importance:

Arteriosclerosis & Myocardial Failure

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) [signature], M. D.

4/3/36 (Address) 47 & Hospital

CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

F 22580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH #13237 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(or Ellis)

If U. S. Veteran specify WAR

2. FULL NAME Leola Ganton

(a) Residence: No. 49 E. Hughes St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	~~White~~ Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sam

Mar 5-1904

6. DATE OF BIRTH (month, day, year) 5-2-1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~42~~ 31	10	26.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Emma Smith

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ~~Mt~~ Calvary Date 4/6 1936

19. UNDERTAKER Isaac C Brown Sons

(Address) 1056 Myrtle Ave Washington Blvd

FILED 4-1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/1 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/26 1936 to 4/1 1936

I last saw h~~e~~r alive on 4/1 1936 Death is said to have occurred on the date stated above, at 8~~4~~ p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of no

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

22581 F 22581

CERTIFICATE OF DEATH

1280 108 Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-2 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR

2. FULL NAME Clarence Conway

(a) Residence: No. 711 Calhoun St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-16-1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Robert

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Annie Tomlin

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Apr. 6. 1936

19. UNDERTAKER V. A. Crooks
(Address) 1463 N. Carey St

20. FILED APR 7 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/2/1936

22. I HEREBY CERTIFY, That I attended deceased from 3/28/1936 to 4/2/1936

I last saw him alive on 4/2/1936 Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset ?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 22582 Curtis Jones etc V F 22582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 441 W. Lanvale St. Ward) 7-1

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Curtis Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. 441 Lanvale Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 26-1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Robt P. Jones

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Carrie Martin

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Carrie Jones
(Address) 441 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place H. Peters Date Apr 6 1936

19. UNDERTAKER James A. Hayes
(Address) 1142 W. Lanvale St
Huntington Williams, Fd

20. FILED ..... 19 ..... Registrar.

R 4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 26. 1936 to April 2. 1936

I last saw him alive on April 1 1936 Death is said to have occurred on the date stated above, at 12.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonary	

Other contributory causes of importance: —

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Frank E. Wagner M.D.
(Address) 627 Schroeder

OCCUPATION is very important. See instructions on back of certificate.

V S 3

22583 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 22583

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Provident Hospital St. 7 ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary White

(a) Residence: No. 613 N. Pace St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Walter White

6. DATE OF BIRTH (month, day, year) Nov. 13, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Lewis Bailey

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Maria Mapp

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Pearl Gittings -
(Address) Cottage Ave - Dundalk, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Daughertys Va Date 4/6/36 19

19. UNDERTAKER Johnson & Jones
(Address) 1200 Pennsylvania Ave

Huntington Williams & Co
Eph

20. FILED APR 4 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4. 2 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1 1936 to 4. 2 1936

I last saw her alive on 4. 2 1936. Death is said to have occurred on the date stated above, at 11 o'clock A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3. 31. 36
Hypertensive Cardio-renal Disease	1 yr ago
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Had Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) J. A. Jackson M. D.

(Address) 630 N. Arlington

OCCUPATION is very important. See instructions on back of certificate.

v s 3

22584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93 Fc 22584

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 N. Lakewood Ave St., 6-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Louise H. Wilson

If U. S. Veteran specify WAR

(a) Residence: No. 12 N. Lakewood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm R. Wilson

6. DATE OF BIRTH (month, day, year) June 1 - 1871

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	64	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Simon Goldbrand

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Stines

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Wm R. Wilson

(Address) 12 N Lakewood

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date April 4 1936

19. UNDERTAKER Leo S Cook

(Address) 1703 N Patterson Park Ave

FILED APR 4 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR 2 - 1936 . 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 . 1935 to APR 2 - 1936 . 19

I last saw her alive on APR 2 - 1936 . 19 . Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 yr.
Other contributory causes of importance: Cerebral Hemorrhage	1 Day

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Edward J Lovatt M. D.

(Address) 1637 Washington

OCCUPATION is very important. See instructions on back of certificate.

AF 22585

22585 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

152

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 9-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Patricia Lacey (baby) 3607 Parkview Rd

(a) Residence: No. Mercy Hospital St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 16, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME James L. Lacey
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER
15. MAIDEN NAME N. E. Ammannhauser
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. J. L. Lacey
(Address) 3607 Parkview Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Cemetery Date Apr. 6, 1936
Lakewood Chapel
19. UNDERTAKER 315 Lenox St.
(Address)

20. FILED Apr 4 - 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-17-36, 19..., to 4-4-36, 19...
I last saw her alive on 4-4-36, 19... Death is said to have occurred on the date stated above, at 6:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Respiratory failure	4/4/36

Other contributory causes of importance:
Infected wound

Was an operation performed? Yes Date of 4-3-36
For what disease or injury? abscess of hand
Name of operation Incision & Drainage Date of 4-3-36
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Lawrence H. Mills, M. D.
(Address) Mercy Hospital Baltimore, Md

OCCUPATION is very important. See instructions on back of certificate.

F 22586

F 22586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

193-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St., 25-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 79 yrs. — mos. — ds.

2. FULL NAME Mary L. Meany

(a) Residence: No. Mount Hope Retreat St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F. | 4. Color or Race: W. | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 1856

7. AGE: Years 79 | Months 7 | Days — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Louis Mo.

FATHER

13. NAME Judge Edward J. Meany

14. BIRTHPLACE (city or town) (State or country) Cork Ireland

MOTHER

15. MAIDEN NAME Mary Shannon

16. BIRTHPLACE (city or town) (State or country) Limerick Ireland

17. INFORMANT Mt Hope Retreat
(Address) City

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Apr 7 19 36

19. UNDERTAKER Stewart & Co.
(Address) 28 W. Mulberry St.

FILED Huntington Pittman, 19 Registrar.

APR 4 - 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1934 19 to April 2, 1936

I last saw her alive on April 2, 1936 Death is said to have occurred on the date stated above, at 11:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	7
Manic depressive psychosis	18 yrs.

Other contributory causes of importance:

Exhaustion	1 wk.
Myocardial degeneration	1 wk.
& decompensation	1 wk.

Name of operation ..... Date of .....

What test confirmed diagnosis? Findings Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thomas P. Glynn M.D.

(Address) 3326 Fordham Rd.

F 22587

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22587

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 877 Park Ave St. 11-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 3 mos. 15 ds. How long in U. S. If of foreign birth 69 yrs. 3 mos. 15 ds.
If U. S. Veteran specify WAR NONE.

2. FULL NAME William Emanuel Middlekauff

(a) Residence: No. 877 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Middlekauff

6. DATE OF BIRTH (month, day, year) Dec 18 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stat Mfr
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stats
10. Date deceased last worked at this occupation (month and year) Sept 1935
11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland.

FATHER
13. NAME Emanuel Middlekauff
14. BIRTHPLACE (city or town) (State or country) Stoyerstown — Maryland

MOTHER
15. MAIDEN NAME Margaretta V. Kemp
16. BIRTHPLACE (City or town) (State or country) Muncy Mills Co Maryland

17. INFORMANT Mrs W. E. Middlekauff (wife)
(Address) 877 Park Ave - Balto

18. BURIAL, CREMATION, OR REMOVAL
Place Lindenwood Park Date April 4 1936

19. UNDERTAKER Stewart Morris Co.
(Address) 10 E Lexington St

Date PR 4 1936 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Arterio Sclerosis	
Other contributory causes of importance:	
Arterio Sclerosis	Long

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? Symptoms Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of Injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. E. Russell M. D.
(Address) 1 E. Lexington St

OCCUPATION is very important. See instructions on back of certificate.

F 22588 F 22588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-a

1. PLACE OF DEATH Maryland General Hospital Registered No.

CITY OF BALTIMORE: (No. St., 12-6 Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 6 mos. 8 ds. How long in U. S. If of foreign birth 72 yrs. 6 mos. 8 ds.

2. FULL NAME Mrs Mary Tuell Davis If U. S. Veteran specify WAR none

(a) Residence: No. 2624 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of W. W. Davis D.D.

7. DATE OF BIRTH (month, day, year) Sept 26, 1863

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	8	

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

11. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Thomas Tuell

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary E James

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Leadenhall Date April 6 1936

19. UNDERTAKER Stewart Morgan Co.
(Address) Huntington Millwood, W. Va.

20. FILED APR 4 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-3 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-10 1936 to 4-3 1936

I last saw her alive on 4-3 1936 Death is said to have occurred on the date stated above, at 3:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	
Broncho pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. P. Taylor M. D.

(Address) Med. Sec. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Rev 3

PR 4-1936

F 22589

F 22589

HEALTH DEPARTMENT—CITY OF BALTIMORE

112

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 W. University Parkway St. 27-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 56 yrs. 4 mos. 16 ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran specify WAR None

2. FULL NAME William Bryant Hill

(a) Residence: No. 922 W. University Pkwy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jane R. Hill

6. DATE OF BIRTH (month, day, year) Nov. 17 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. Ins.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc U. S. F. G. Coast

10. Date deceased last worked at this occupation (month and year) Mar. 27 1936

11. Total time (years) spent in this occupation 26 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wm. J. B. Hill

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Frances Quarles

16. BIRTHPLACE (city or town) (State or country) Harford Co Md.

17. INFORMANT Mrs Grace M. Hill (wife)
(Address) 922 W University Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Apr 4 1936

19. UNDERTAKER Stewart Mortuary Company
(Address) 138 W. Lafayette Ave. Baltimore, Md.

19 Registrar.

R 4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 3 1936

22. I HEREBY CERTIFY, That I attended deceased from August 2 1932 to April 3 1936

I last saw him alive on April 3 1936 Death is said to have occurred on the date stated above, at 10:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	4/1/36
	over
Other contributory causes of importance:	
Bronchial asthma	1928
Emphysema	1928

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Holmes Boyd M. D.

(Address) 104 W. Madison St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1208-9

F 22590

22590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. 25-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 39 yrs. 11 mos. 15 ds.

2. FULL NAME Joseph Thomas Rice Jr

(a) Residence: No. Mt. Vernon, N.Y. St., ... Ward. Mt. Vernon. NY

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Apr. 18-1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosp

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Providence Rhode Island

FATHER

13. NAME Jos. Thos. Rice, Sr

14. BIRTHPLACE (city or town) (State or country) Milwaukee Wisconsin

MOTHER

15. MAIDEN NAME Mary Frances O'Neill

16. BIRTHPLACE (city or town) (State or country) Paterson N.J.

17. INFORMANT (Address) 1 Rice St Mt Vernon - NY

18. BURIAL, CREMATION, OR REMOVAL Place Gate of Heaven Cem. Date Apr-4 19 36

Westchester Co. New York

19. UNDERTAKER (Address) Edward P. Kenny Co. 108 Lexington Ave.

4-1936 Huntington Pettingell Registrar

BPD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1934 to apr. 3, 1936

I last saw him alive on apr. 3 1936 Death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Catatonic Psychosis	5/24/30

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Duncan P. Hazzard M. D.

(Address) 23 W. Fairmount Ave. Balto Md.

OCCUPATIONS is very important. See instructions on back of certificate.

F 22591 Insley

22591 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

✓ 131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2939 E. Balto. St. 6-1 Ward)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Floyd E. Covey

(a) Residence: No. 2932 E. Balto. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Covey

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 20

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Veterinary 20

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 15 yrs.

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Byron Covey

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Elizebeth Bennet

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Minnie Covey (Address) 2932 E. Balto St.

18. BURIAL, CREMATION, OR REMOVAL New York State Date 4/5/36 19

19. UNDERTAKER Jos. Lenz Inc. (Address) 1439 E. Balto St.

20. FILED 4-6-1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-1-36 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 20 19 36 to April 19 36

I last saw h... alive on April 1 19 .. Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertension — Chronic Interstitial nephritis — Hemiplegia

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation no Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Kent Insley, M. D.

(Address) 2936 E Balto

OCCUPATION is very important. See instructions on back of certificate.

F 22592

22592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

146-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... ds.

2. FULL NAME Anna Goldberg

If U. S. Veteran specify WAR .....

(a) Residence: No. 3414 Woodhaven Lane St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Isaac Goldberg

6. DATE OF BIRTH (month, day, year) 2-18-1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Hankin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mildred Ginsberg

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Mem. Pk. Date 4/6/36

19. UNDERTAKER Jack Levin Inc.

(Address) 1439 E. Baltimore St.

20. FILED 4-6-1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/3/36

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1936, to April 3, 1936.

I last saw h. alive on April 3, 1936. Death is said to have occurred on the date stated above, at 9:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of sigmoid colon	
Other contributory causes of importance: Peritonitis	

Was an operation performed? Yes Date of March 31, 1936

For what disease or injury? Carcinoma of sigmoid

Name of operation Colostomy Date of March 31

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. Schaffer, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 22593

22593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

8-6

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1535 N. Bond St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie Hester White

If U. S. Veteran specify WAR

(a) Residence: No. 1535 N. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frederick White

6. DATE OF BIRTH (month, day, year) Sept 2, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) 3/25/36

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Edward Noble

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Leah Campbell Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Frederick White

(Address) 1535 N Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date April 4 1936

19. UNDERTAKER Philip Hewitt Sons

(Address) 20 E Orleans St

20. FILED April 4 1936 Huntington Pritchard, Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1936 to April 2, 1936

I last saw h[illegible] alive on April 2, 1936 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	9 d.
Lobar Pneumonia	9d
Other contributory causes of importance:	
Influenza	3d

Was an operation performed? No. Date of

For what disease or injury? No.

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F A Hirons M. D.

(Address) 2878 Harford Rd

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 22594

22594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 115-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leonard Joseph Keller

If U. S. Veteran specify WAR

(a) Residence: No. Waldorf, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 14 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10 months	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waldorf, Md

FATHER

13. NAME Leonard Keller

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Julia Shagle

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT ~~Waldorf Md~~ Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Waldorf Md Date 4/4/36

19. UNDERTAKER Hunter & Ryan
(Address) Waldorf Md

20. FILED Huntington Pittsville Reg. Dist. 12th 17

4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/4/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3/31/36 . 19 . to 4/4/36 . 19

I last saw him alive on 4/4/36 19 Death is said to have occurred on the date stated above, at 3-20 a m.

The principal cause of death and related causes of importance were as follows:

Septic Sore Throat

Date of onset

Other contributory causes of importance:

Septicemia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Theodore A. Schwartz . M. D.

(Address) c/o Mercy Hospital

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

F 22593 F 22593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. 253

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13019 Baltimore City Hospital St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Lee Beach

(a) Residence: No. 2320 Annapolis Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-8-1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Blanche Sayler

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Alexandria, Va. 4/7/ 1936

19. UNDERTAKER Moore Sylvester
(Address) 1608 E. North Ave.

FILED APR 5-1936 Registrar of Vital Statistics

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-14, 1936, to 4-4, 1936.

I last saw h[illegible] alive on 4-4, 1936. Death is said to have occurred on the date stated above, at 12:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, Left	3-14-36
Empyema, Left	3-23-36
Paralytic Ileus	3-20-36

Other contributory causes of importance

Was an operation performed? Yes Date of 3-24-36

For what disease or injury? Empyema, Left.

Name of operation Open Thoracotomy, Left Date of 3-24-36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hank Wilson Jr. M. D.

(Address) Balto. City Hospitals

13117 F 22596

F 22596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 3-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie Carmel

If U. S. Veteran specify WAR .....

(a) Residence: No. 1429 Gough St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Harry

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71 70				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Israel ? Keufman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME ? Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Hooping Ben Date April 5 1936

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Balto St

FILED APR 5 1936 19 ..

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-3 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-19 1936 to 4-3 1936

I last saw h[illegible] alive on 4-3 1936. Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstraction due to Volvulus Descending Colon	3-19-36
Other contributory causes of importance: Pulmonary Embolus	4-3-36

Was an operation performed? Yes Date of 3-21-36

For what disease or injury Intestinal Obstraction

Name of operation Resean of Volvulus Date of 3-21-36

What test confirmed diagnosis? Obstraction Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1218-9

F 22597

F 22597

HEALTH DEPARTMENT—CITY OF BALTIMORE

108

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. C. H. & F. St. 5-1 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Jennie Kalin

(a) Residence: No. 1014 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female.	Jewish	widowed.

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Benjamin Kalin

6. DATE OF BIRTH (month, day, year) May 1, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11	25 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 1037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Charles Segal

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bessie Cohen

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT self.
(Address)

18. BURIAL, CREMATION, REMOVAL Date April 5 1936

Hebrew Rest

19. UNDERTAKER Sol Levinson & Bros
(Address) 1127 E Baltimore st

R 5-1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1936. to April 5, 1936.

I last saw her alive on April 5, 1936. Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 4/2/36

Other contributory causes of importance:

Pituitary disturbance with obesity

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Carlton N. Edwards M. D.

(Address) Church Home & Hosp.

F 22598

Spec.—5-17-26—A Co.—200 Bks.

F 22598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 881 Lemon St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Kreamer

(a) RESIDENCE NO. 881 Lemon St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Peter Kreamer

6 DATE OF BIRTH (month, day, and year): Oct 3rd 1845

7 AGE: Years 90 Months 11 Days 6 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New York

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Mrs. Kreamer 881 Lemon St

15 Filed ..... 19 ..... Registrar

APR 5 - 1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 3rd 1936.

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1936 to April 3, 1936;

that I last saw h alive on April 3. 1936.

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Int. Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): none

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Some clinical symptoms.

(Signed) Chas Horton, Jr. M. D.

4/3. 1936. (Address) 888 N. Lemon St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem — Date of Burial 4/6 1936

20 UNDERTAKER: Robert Brooks & Son — ADDRESS Baltimore

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 22599

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22599

CERTIFICATE OF DEATH

93-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-S Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Barbara Geiglein

If U. S. Veteran specify WAR .....

(a) Residence: No. 31 S. Highland Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of Sebastian

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
87			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Sanhardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT John S. Geiglein (son)

(Address) 31 S. Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 4/6/36 19

19. UNDERTAKER Francis J. Kuch.

(Address) 5201 Eastern Ave.

20. FILED 19 ..... Registrar

APR 6 - 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by Autopsy find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. W. Wright Coroner, M. D.

(Address) 1019 S. Edward Ave

F 22600

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22600

CERTIFICATE OF DEATH

89-W

1. PLACE OF DEATH Annadale Apts. 13-1

CITY OF BALTIMORE: (No. Lake Drive near Edmondson Ave.) Ward.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Malcolm H. Lauchheimer

(a) Residence: No. Annadale Apts St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 14, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney 0042

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jacob M. Lauchheimer

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Kindie Frank

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. S. H. Lauchheimer
(Address) Riviera Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Balto. Hebrew Cem. Date Nov. 6 1936

19. UNDERTAKER David Goodman & Son
(Address) 1902 Eutaw Place

20. FILED Nov 7 1936

R 5 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1936 to April 4, 1936

I last saw him alive on April 4, 1936 Death is said to have occurred on the date stated above, at 8:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia Pneumococcus	
Meningitis "	2 days

Other contributory causes of importance:

Otitis Media, Acute & Pneumococcus.

Name of operation Paracentesis R ear Date 3/14/36 4/1/36

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Eugene Heasolet M. D.

(Address) 200 N. Lafayette Ave.

F 22601

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22601

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Maryland General Hospital 3 Registered No.

CITY OF BALTIMORE: (No.) St., 14 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JAMES T. GREEN Daniel Green

If U. S. Veteran specify WAR

(a) Residence: No. 331 Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 28, 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	6 8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired Works

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. cotton goods merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt

FATHER

13. NAME Amas Green

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary A HANEY

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records.

(Address) Md General hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date April 6th 1936

19. UNDERTAKER George F. Smith

(Address) 1900 Eutaw Place

20. FILED APR 5 - 1936 [illegible]

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4 - 1, 1936, to 4 - 2, 1936

I last saw him alive on 4 - 2, 1936. Death is said to have occurred on the date stated above, at 11.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy	
Bronchopneumonia	about
Uraemia	
Cerebral Embolism	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. P. Stephens, M. D.

(Address) Md. Gen Hosp.

F 22602

F 22602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V/31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Willard alexander Milburn

If U. S. Veteran specify WAR .....

(a) Residence: No. 3402 Canterbury Rd. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 9, 1892.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Solicitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8071

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Maryland.

FATHER

13. NAME Willard Eastland Milburn

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

MOTHER

15. MAIDEN NAME Carrie Burgess

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Claude R. Milburn

(Address) 3716 Natoma Road

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date April 6, 1936

19. UNDERTAKER John C. Mitchell & Sons

(Address) 1710 Eutaw Place

20a. FILED APR 6 1936

Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1936, to April 4, 1936

I last saw him alive on April 4, 1936 Death is said to have occurred on the date stated above, at 4 25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure	?
Enterocolitis	?

Other contributory causes of importance:

Chronic Nephritis

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Robert H. Olwer, M. D.

(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V 9 3

F 22603

31175

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22603

CERTIFICATE OF DEATH

X 51-B

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-5 St., Ward)

Length of residence in city or town where death occurred 65 yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dr Nathan A Springer

(a) Residence: No. Catonsville Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vesta

6. DATE OF BIRTH (month, day, year) 4/12/70

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 005.4

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles Springer

14. BIRTHPLACE (city or town) (State or country) Mass

MOTHER

15. MAIDEN NAME Rebecca Aspen

16. BIRTHPLACE (city or town) (State or country) Mass

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date April 6, 1936

19. UNDERTAKER John O. Mitchell Sons
(Address) 1700 Eutaw Place

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1936 to April 3, 1936

I last saw him alive on April 3, 1936 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder	
anuria (post operative)	

Other contributory causes of importance:

Was an operation performed? yes Date of 7-1-36

For what disease or injury? Ca of bladder

Name of operation Resection of Bladder Date of 7-1-36

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Sclerosis

(Signed) Carl P. Schmitt M. D.

(Address) Johns Hopkins Hospital

Cor.—10-10-29—A Co.—100 Bks.

F 22604

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22604

22604

CERTIFICATE OF DEATH

93-C

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. East Falls Ave. & Granby St. 9-6 Ward)

2-FULL NAME Charles. J. Stissel

(a) RESIDENCE NO. 1823 E. 31st St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise C. Stissel

6 DATE OF BIRTH (month, day, and year) June 11 1879

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
56	9	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cashier + Treasurer 086
(b) General nature of industry, business, or establishment in which employed (or employer) Balto Wholesale Grocery Co.
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto Md.

PARENTS

10 NAME OF FATHER Frederick Stissel

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany.

12 MAIDEN NAME OF MOTHER Katherine Fenz.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto Md.

14 Informant Louise C. Stissel
(Address) 1823 E. 31st St.

15 Filed 19

R 5-1930 Huntington Williamsburg

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3rd 1936

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably Coronary embolism

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. F. Maguire, M. D.

4/3/1936 (Address) 1010 S. Wolfe St. Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood	4-6 1936

20 UNDERTAKER Mrs. Chas A G Roloff ADDRESS 2327 Edmondson Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22605

22605 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital (Name)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 4 mos. 23 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S Veteran specify WAR .....

2. FULL NAME Howard Hamilton

(a) Residence: No. 3013 Bayonne Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella M. Hamilton

6. DATE OF BIRTH (month, day, year) Nov. 11, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
68	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Designer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0002

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James B. Hamilton

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Marjorie J. Reiley.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Deceased.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery Date April 7 1936

19. UNDERTAKER Chas. G. Blacka

(Address) 742 W. Fayette ave

20. FILED ..... 19 .....

PR 5-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/3 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/19/36 19..., to 4/3/36 19...

I last saw him alive on 4/3/36 19... Death is said to have occurred on the date stated above, at 3.45 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Umbilical hernia (Rt)	3/16/36

Other contributory causes of importance:

Hypertensive C-V disease	—
Pulmonary Embolus.	4/3/36

Was an operation performed? Yes Date of 3/19/36

For what disease or injury? Strangulated Inguinal Hernia

Name of operation Rt. Inguinal Herniotomy Date of 3/19/36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Josiah A. Hunt M. D.

(Address) Maryland General Hosp.

22606 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 22606

93-c

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 S Kenwood Ave 1-3 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catharine Naumann

(a) Residence: No. 616 S Kenwood Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Naumann

6. DATE OF BIRTH (month, day, year) Feb 11 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	1	25 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Andrew Hellenbeus

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Friedel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry Naumann

(Address) 616 S Kenwood

18. BURIAL, CREMATION, OR REMOVAL

Place St Matthews Date April 6 1936

19. UNDERTAKER John Ulrich

(Address) 2008 Orleans St

FILED ..... 19 ..... Registrar

PR 5-1936 Washington Millward, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3 1936.

22. I HEREBY CERTIFY, That I attended deceased from March 25 1936 to April 2 1936

I last saw h[illegible] alive on April 2 1936 Death is said to have occurred on the date stated above, at 5 25 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	11 yrs ago.

Other contributory causes of importance:

Ulcers (Ovarian)	last about 2 yrs.

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ~ Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ~

(Signed) Henry B Fahey, M. D.

(Address) 2504 St Paul St.

F 22607 Eugene F Joyce ✓ F 22607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 186-a

Registered No.

1. PLACE OF DEATH Union Memorial Hospital 2-7 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran, (Give war or dates of service)

2. FULL NAME Mrs Hazelton Austin Joyce Sr. (Married)

(a) Residence: No. 300 Maryland Ave St., Ward. Cambridge Maryland
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hazelton Austin Joyce Sr.

6. DATE OF BIRTH (month, day, year) June 8, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset Co. Maryland

FATHER

13. NAME Mr. Albert Tull

14. BIRTHPLACE (city or town) (State or country) Somerset Co Maryland

MOTHER

15. MAIDEN NAME Miss Susan Fitzgerald

16. BIRTHPLACE (city or town) (State or country) Somerset Co. Maryland.

17. INFORMANT Hosp. records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge Md Date Apr 6 . 1936

19. UNDERTAKER John Melnick
(Address) 200 Orleans

20. FILED 4-6-1936 Hettington for Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 29 . 1936 to April 4 . 1936

I last saw her alive on April 4 . 1936 Death is said to have occurred on the date stated above at 4:10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Not determined.	
Other contributory causes of importance: Fracture neck femur, right,	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2-25 . 1936

Where did injury occur? Baltimore Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Fell off sidewalk

Nature of injury Fracture neck femur, right.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert H Oliver M. D.

(Address) Union Memorial Hosp.

F 22608

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22608

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 E Randall St. 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles L. Kauffman

If U. S. Veteran specify WAR

(a) Residence: No. 24 E. Randall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth S. Kauffman

6. DATE OF BIRTH (month, day, year): June 28, 1867

7. AGE: Years 68 | Months 9 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired B&O Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 607

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hallstown W. Va

FATHER

13. NAME: Louis Kauffman

14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER

15. MAIDEN NAME: Jane A. Murphy

16. BIRTHPLACE (city or town) (State or country): Barnesville O.

17. INFORMANT: Elizabeth S. Kauffman

(Address) 24 E. Randall St

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Pk Date: April 6 1936

19. UNDERTAKER: A. Boutet Evans

(Address) 1400-02 N. Charles St

Filed: APR 5 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1936 to April 3, 1936; that I last saw him alive on April 3, 1936. Death is said to have occurred on the date stated above, at 12:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	2 mos
Chronic Nephritis	
Other contributory causes of importance: Exhaustion	1 dy

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If [illegible]

(Signed) R. H. Campbell M. D.

(Address) 1644 Hanover St

APR 5 1936

F 22609

F 22609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 Battery ave St. 24-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine E Connolly

(a) Residence: No. 1211 Battery Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J Connolly

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md

FATHER

13. NAME Bernard Cunningham

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Mullen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Regina Connee
(Address) 1211 Battery ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 4/6 36

19. UNDERTAKER J. J. Feeley Son
(Address) 1318 Eight St

20. FILED ..... 19 ..... Registrar

R 5-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3rd 1936

22. I HEREBY CERTIFY, That I attended deceased from March 23 1936, to April 3rd 1936,

I last saw her alive on April 3 1936. Death is said to have occurred on the date stated above, at 4 Hosp m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Intracranial Hemorrhage	
Other contributory causes of importance: Coronary sclerosis X Hypertension	

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Schwenk M. D.

(Address) 1337 S. Charles St.

F 22610 ✓ F 22610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53E

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3300 Regester Lane (Ward) 26-3

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

2. FULL NAME Sebastian B. Regester — If U. S. Veteran specify WAR .....

(a) Residence: No. 3300 Regester Lane St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bertha G. Regester

6. DATE OF BIRTH (month, day, year) Jan. 20th 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grain Farm 1086

10. Date deceased last worked at this occupation (month and year) Mch. 16th 1936

11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

FATHER

13. NAME John Regester

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

MOTHER

15. MAIDEN NAME Amanda Hardey

16. BIRTHPLACE (city or town) (State or country) Howard Co Maryland

17. INFORMANT Mrs Bertha G. Regester
(Address) 3300 Regester Lane

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 6th 1936

19. UNDERTAKER Frederick Lissom and Son
(Address) 7401 Belair Road

FILED APR 5 1936, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 - 1936, to April 3 - 1936.

I last saw him alive on April 3 - 1936 Death is said to have occurred on the date stated above, at 3 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Melanoma Left Axilla	Nov 2-36
Other contributory causes of importance: Metastasis in Lungs	Mch-3-36

Was an operation performed? Yes Date of Nov-12-36

For what disease or injury? Melanoma

Name of operation Excision Date of Nov. 12-36

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Gill Hall, M. D.

(Address) 1631 E North Av

F 22611

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22611

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1628 E. Chase St. 8-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Mohr

(a) Residence: No. 1628 E. Chase St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec. 16 1859

7. AGE: Years 76 | Months 3 | Days 17 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 0015 Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: George A. Frost

(Address) 2324 E. Federal St.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Cem. Date: April 6 1936

19. UNDERTAKER: John E. Kelly

(Address) 2435 E. Oliver St.

FILED: APR 5 - 1936 1943 Lexington, Williams, 19

104

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April - 3 . 1936

22. I HEREBY CERTIFY, That I attended deceased from March 29 1936 to April 3 1936.

I last saw him alive on April 3 1936. Death is said to have occurred on the date stated above, at 5-15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hypertension	
Hemiplegia	
Other contributory causes of importance: Bronchial Pneumonia	

Was an operation performed? no Date of .....

For what disease or injury? no.

Name of operation no. Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no. Date of injury ..... 19 ..

Where did injury occur? no. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no.

Manner of injury no.

Nature of injury no.

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Virgil L. Littman M. D.

(Address) 1304 E. Chase

22612 ✓ F 22612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 N. Port St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida K. Spangler

(a) Residence: No. 1620 N. Port St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter S. Spangler

6. DATE OF BIRTH (month, day, year) Nov 17 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) York Pa.

FATHER

13. NAME Alex Swickler

14. BIRTHPLACE (city or town) (State or country) York Pa

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) York Pa.

17. INFORMANT Walter S. Spangler
(Address) 1620 N. Port St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date April 6 1936

19. UNDERTAKER John C. Miller
(Address) 2035 E. Baltimore St.

20. FILED APR 5 1936 Arlington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11 1936, to April 4 1936

I last saw h.. alive on April 3 1936. Death is said to have occurred on the date stated above, at 2.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Valvular Disease (Mitral Insufficiency)	1934
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If answered "Yes" (Signed) W. R. Johnson M. D.

(Address) Med arts Bldg.

OCCUPATION IS VERY important. Be particular. Do not write "Laborer," "Housewife," "Clerk," "Manufacturer," "Merchant," "Agent," "Engineer," "Student," "Retired," "Farmer," "Widow," "Widower," "Boy," "Girl," "Child," "Infant," "Baby," "Man," "Woman," "Unknown," "None," "Nothing," "Dead," "Deceased," "Died," "Died of," "Died from," "Died of disease," "Died of injury," "Died of accident," "Died of suicide," "Died of homicide," "Died of natural causes," "Died of old age," "Died of unknown cause," "Died of unknown disease," "Died of unknown injury," "Died of unknown accident," "Died of unknown suicide," "Died of unknown homicide," "Died of unknown natural causes," "Died of unknown

F 22613 ✓ F 22613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18 Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sydenham Hospital St., 7-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John William Folderauer

(a) Residence: No. 803 N. Luzerne Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 1, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1		3 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Folderauer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Anna Klimazak

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Apr 6 1936

19. UNDERTAKER Martin H. Offpel

(Address) 37 S Amity St.

20. FILED Apr 7 19 36

R 5 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4 1936

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1936 to Apr 4, 1936

I last saw h.m alive on Apr 4, 1936. Death is said to have occurred on the date stated above, at 8 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus septicemia	4-4-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D Schwentker M. D.

(Address) Sydenham Hospital

F 22614 ✓ F 22614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 E. Biddle St., 8-7 Ward)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edith Gentry

(a) Residence: No. 1818 E. Biddle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Gentry

6. DATE OF BIRTH (month, day, year) Jan. 27, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Loxboro N.C.

FATHER

13. NAME James Nyboer

14. BIRTHPLACE (city or town) (State or country) Loxboro N.C.

MOTHER

15. MAIDEN NAME Mattie Humphries

16. BIRTHPLACE (city or town) (State or country) Loxboro N.C.

17. INFORMANT James Gentry
(Address) 1818 E. Biddle

18. BURIAL, CREMATION, OR REMOVAL
Place Roxboro NC Date 4/6/36 19..

19. UNDERTAKER Robert Williams
(Address) 1515 McElderry St

5-1936 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 29, 1936 to Apr. 3, 1936

I last saw he alive on Apr. 3, 1936. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Mar 31

Other contributory causes of importance:

Acute Dilatation of Heart	Apr 3

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lumbar Punc. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm. L. Berry, M. D.

(Address) 1420 E. Chase

Cor.—12-9-25—A Co.—200 Bks.

22615

Heid

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22615

82-W

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Richardson Brass Foundry St. (Ward) 2-2
Warren & Monument St.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Casper Heid Jr.

(a) RESIDENCE NO. 2437 E. Monument St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 12-1872

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	63	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Melter 0086

(b) General nature of industry, business, or establishment in which employed (or employer) Richardson Brass Foundry

(c) Name of employer

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER Casper Heid

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Heid

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant August L. Heid

(Address) 5412 Rennell Ave

Filed 1936 Undertaker for Funeral Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3 1936

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, au- find that said deceased came to death (topsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Hypertension

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy

(duration) yrs. mos. ds.

(Signed) Paul Rittenhouse M. D.
(Coroner)

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. Date of Burial April 6 19 3

20 UNDERTAKER C. Miller & Son ADDRESS 2234 Jeffe

PR 5-1936

very important. See instructions on back of certificate.

F 22616 ✓ F 22616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8226 114-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 4-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Smith

(a) Residence: No. 700 W. Saratoga St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-5-1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katie ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dacard Crypt Date 4/6 '36

19. UNDERTAKER J. J. Gahey Son
(Address) 1218 Eight St.

20. FILED Huntington Williams, Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/2 1936

22. I HEREBY CERTIFY, That I attended deceased from 1934, 19 ..., to 4/2 1936.

I last saw him alive on 4/2 1936 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary abscess. non-tuberculous.	2 yrs.
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reite M. D.

(Address) Balto City Hosp.

F 22617

✓ 13248 22617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frances Jackson

(a) Residence: No. 513 McMechen St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0637

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Vacant Heart Date 4/6 36

19. UNDERTAKER J. J. Fraher Son
(Address) 1315 Eutaw St

FILED 1936 Registrar of Vital Statistics

R 5-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/26, 1936 to 3/31, 1936

I last saw her alive on 3/31, 1936 Death is said to have occurred on the date stated above, at 9:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular renal disease	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Baltimore City Hosp

F 22618 ✓ F 22618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 121

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen'l Hosp 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elgin Lippy

(a) Residence: No. ..... West Minster, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Jane Libby

6. DATE OF BIRTH (month, day, year) Feb 22 - 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur Trucking 0023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME Emanuel Libby

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Elgin

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hosp records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Date April 5 1936

19. UNDERTAKER H Barnard & Son

(Address) Westminster Md

20. FILED 19 ..... [redacted]

5-18

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 19

22. I HEREBY CERTIFY, That I attended deceased from 4-2, 1936, to 4-5, 1936

I last saw h. alive on 4-5, 1936. Death is said to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema gall bladder	
Acute appendicitis	
Other contributory causes of importance:	
Cardiac failure	

Was an operation performed? Yes Date of 4-3-36

For what disease or injury? Empyema gall bladder

Name of operation drainage tube Date of 4-3-36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Philip A. Dooley M. D.

(Address) Maryland Gen. Hosp.

M. D. B. 1268-9

F 22619

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22619

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 N Eden St 10-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Crawford

(a) Residence: No. 714 N Eden Ave St., Ward. Washington D.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julian Crawford

6. DATE OF BIRTH (month, day, year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leesburg Va

FATHER

13. NAME Charles Smith

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Susan Smith

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Julia Jones

(Address) 714 N Eden St

18. BURIAL, CREMATION, OR REMOVAL Washington D.C. Date 4/5 1936

19. UNDERTAKER Barnard C. Hennighy

(Address) 818 Rhode Island Ave

20. FILED 4/6 1936 Washington Pittsburgh

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-5 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-3 1936 to 4-5 1936

I last saw h.e alive on 4-5 1936 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	4/3/36
Contributory	
Other contributory causes of importance:	
Influenza Asphyxia	1934

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so specify

(Signed) George L. Allen M. D.

(Address) 50 Marquette St

OCCUPATION is very important. See instructions on back of certificate.

22620 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 22620

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 131

CITY OF BALTIMORE: (No. 1625 W. Fayette St., 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F. Sibley — If U. S. Veteran specify WAR No Record

(a) Residence: No. 1625 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~wife of~~ Sadie J. Sibley

6. DATE OF BIRTH (month, day, year) June 29th 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Picture Framer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furst Bros

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Eli Sibley

14. BIRTHPLACE (city or town) (State or country) Woodlawn Md

MOTHER

15. MAIDEN NAME Elizabeth Younger

16. BIRTHPLACE (city or town) (State or country) Woodlawn Md.

17. INFORMANT Sadie J. Sibley
(Address) 1625 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date April 7th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 E Paul St

20. FILED 19

R6-1986

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1936 to April 4 1936

I last saw him alive on April 4, 1936 Death is said to have occurred on the date stated above, 12:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	6 days
Nephritis	1 yr

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Hecate M. D.

(Address) 529 Scott St

AaCo. 5-11 2508

22621 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 22621

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Franklin Sqr. Hospital — Registered No. 27-16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward.)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... da. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Ronald Sawyer — No War Record

(a) Residence: No. 4636 Park Heights St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of ... (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) July 25th 1936

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
		8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Walter M. Sawyer

14. BIRTHPLACE (city or town) Norfolk (State or country) Va.

MOTHER

15. MAIDEN NAME Hilda Soles

16. BIRTHPLACE (city or town) ... (State or country) Va

17. INFORMANT Hilda Sawyer
(Address) 4636 Park Hghts ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date April 7th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED ... [illegible]

APR 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 4/5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/28, 1936, to 4/5, 1936

I last saw him alive on 4/5, 1936, death is said to have occurred on the date stated above, at 7.14 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	3/28/36
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) D. T. Battaglia M. D.

(Address) Franklin Square Hospital

22622 F 22622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108

Registered No. F-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 Scott St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME John Fay Barrick

(a) Residence: No. 119 Scott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

3a. If married, ~~widowed or divorced~~ WIFE of ~~HUSBAND of~~ Sarah Jane Barrick

6. DATE OF BIRTH (month, day, year) Aug 24th 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	63	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Feb 1936

11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (city or town) (State or country) Barrickville W. Va

FATHER

13. NAME John Barrick

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Mary Snyder

16. BIRTHPLACE (city or town) (State or country) Barrickville W. Va

17. INFORMANT Mrs Ethel Bayles

(Address) Clarksburg W. Va

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 4/6 36

19. UNDERTAKER J M Cook

(Address) 1214 Eutaw Pl

20. FILED APR 6 1936 [illegible]

RC-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3rd 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1936, to April 3, 1936

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	[illegible]
Other contributory causes of importance: Cardiac Dilitation (acute) Pulmonary Edema	April 2

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Glassman M. D.

(Address) 753 Dr Fayette St

F 22623

22623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 124-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World

2. FULL NAME Mr Charles E. Jenkins

(a) Residence: No. 4728 York Road. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~ ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ——— ——— ———

6. DATE OF BIRTH (month, day, year) Jan 1st 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance 6086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Alexander & Alexander

10. Date deceased last worked at this occupation (month and year) Mar 1936

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles E. Jenkins

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Lottie Krebs

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Lottie Jenkins
(Address) 4728 York Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date April 8th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

FILED 19 ..... Registrar

R 6-1936 ~~Arlington Cemetery, Va~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 . 1936

22. I HEREBY CERTIFY, That I attended deceased from April 2 . 1936 to April 5 . 1936

I last saw him alive on April 5 . 1936 Death is said to have occurred on the date stated above, at 9:05 a.m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of liver — Date of onset 10 2 35

Other contributory causes of importance:

Was an operation performed? yes Date of April 4-36

For what disease or injury? Paracentesis

Name of operation Paracentesis Date of 4-43

What test confirmed diagnosis? Sight Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Clagett Beck M. D.
(Address) Union Memorial Hosp

F 22624 F 22624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 W. Lanvale St. 17-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Tate

If U. S. Veteran specify WAR .....

(a) Residence: No. 705 W. Lanvale St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C.	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Gertrude Tate

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto. Sales Rooms

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Westmoreland Va.

FATHER

13. NAME William Tate

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Gertrude Tate

(Address) 705 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Lawn. Date 4/6/ 1936

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St.

20. FILED ..... 1936 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 3 1936

22. I HEREBY CERTIFY, That I attended deceased from May 8 1936 to Apr 3 1936

I last saw him alive on May 29 1936 Death is said to have occurred on the date stated above, at 3304 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	?
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William Frey M. D.

(Address) 1928 Penna Ave.

F 22625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13318 F 22625

82-W

Registered No. 16-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alice Jackson

(a) Residence: No. 616 N. Arlington Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob

6. DATE OF BIRTH (month, day, year) 3-11-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Worker 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ? Williams

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT B.C.H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 4-6 1936

19. UNDERTAKER Geo. A. Leitch & Son (Address) 1733 Druid Hill Ave

Filed 19 Registrar.

Huntington Williams, Md.

APR 6-19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/30, 1936 to 4/2, 1936

I last saw her alive on 4/2 1936 Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 days
Hypertension	5 yrs

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reis, M. D.

(Address) Balto City Hosp.

F 22626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 22626

93-3

Registered No. 12684

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George P. Meixner

(a) Residence: No. 42 York St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 7-9-1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Martin

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date April 6th 1936

19. UNDERTAKER Leo G. Cook

(Address) 1703 N. Patterson Park Ave

20. FILED APR 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/6, 1935 to 4/4, 1936

I last saw him alive on 4/4, 1936 Death is said to have occurred on the date stated above, at 12 45 m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency

Arteriosclerosis

Date of onset ? 5 1

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter. M. D.

(Address)

F 22627 F 22627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

13316

Registered No. 17-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Emma Davis

(a) Residence: No. 2612 Huntington Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin

6. DATE OF BIRTH (month, day, year) 1-6-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles Miller

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Pine Grove, Balto Co. Date April 6, 1936

19. UNDERTAKER Chenowith Son.
(Address) 3615-17 Chestnut Ave.

20. FILED 19 Huntington Williams Registrar.

6-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/30, 1936 to 4/4, 1936

I last saw her alive on 4/4, 1936 Death is said to have occurred on the date stated above, at 5-45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 days.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If denth was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22628 — CERTIFICATE OF DEATH — ✓ 92-a — F 22628

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1754 Clarkson St. 73-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William E. Rites

(a) Residence: No. 1754 Clarkson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, widowed, or divnrced WIFE of ~~(or HUSBAND of)~~ ~~(last)~~ Florence T Rites

6. DATE OF BIRTH (month, day, year) July 19-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	73	8	14	15.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1932

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O Watchman

10. Date deceased last worked at this occupation (month and year) 4/2/36

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Springfield Delaware

FATHER

13. NAME Thomas E Rites

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Katherine Harrison

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT (Address) Mrs. Florence Rites 1754 Clarkson St.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Cem Date April 7 1936

19. UNDERTAKER (Address) Jos Joerg Sr & Son 2417 E Pratt st.

LD

R 6-1936

MEDICAL CERTIFICATE OF DEATH 33 Ph

21. DATE OF DEATH (month, day, year) April 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 5 1936 to April 3 1936

I last saw him alive on April 3 1936 Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	Indefinite
Other contributory causes of importance: Acute Dilatation of heart	4/2/36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R E Campbell M. D.

4/4/36 (Address) 1644 Hanover St

329) F 22629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2909 Boarman Ave 15-13 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary R. Munder

(a) Residence: No. 2909 Boarman Ave St. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day, year): Aug. 22, 1860

7. AGE: Years 75 | Months 8 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Washington D.C.

FATHER
13. NAME: Dill Munder
14. BIRTHPLACE (city or town) (State or country): Washington D.C.

MOTHER
15. MAIDEN NAME: Mary C. Doberer
16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mr Wm H. Kennard
(Address) 2909 Boarman Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Cem. Date: Apr 6, 1936

19. UNDERTAKER: Wm H. Schnebel & Sons
(Address) North & Paines

20. FILED ... 19 ... [illegible]

APR 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1936 to Apr 4, 1936
I last saw h[illegible] alive on Apr 4, 1936 Death is said to have occurred on the date stated above, at 1.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/3/36
Other contributory causes of importance: Angina Pectoris - Arteriosclerosis	1/3/36

Was an operation performed? — Date of ...
For what disease or injury? ...
Name of operation — Date of ...
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John D Bubert M. D.
(Address) 4803 Park Heights Ave

M. D. B. 1268-9

F 22630

22630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 316 Tumbridge Rd. St., (Ward) 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 88 yrs. 5 mos. 24 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME LAURA V. WHITE

(a) Residence: No. 316 TUMBRIDGE Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE

4. Color or Race: WHITE

5. ~~Single, Married, Widowed, or Divorced~~ (write the word): WIDOWER

5a. If ~~married, widowed, or divorced~~ (or) WIFE of: THE LATE ROBT WHITE

6. DATE OF BIRTH (month, day, year): SEPT-9-1847

7. AGE: Years 88 | Months 5 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): BALTO MD.

FATHER

13. NAME: NOT KNOWN

14. BIRTHPLACE (city or town) (State or country): BALTO MD.

MOTHER

15. MAIDEN NAME: NOT KNOWN

16. BIRTHPLACE (city or town) (State or country): BALTO MD.

17. INFORMANT: MRS MARY MALONEY

(Address) 316 TUMBRIDGE

18. BURIAL, CREMATION, OR REMOVAL: BALTO CEMETERY Date 4/6/36

19. UNDERTAKER: Geo. H. Zeimbach

(Address) 525 N. Eutaw St

20. 4-6-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1936, to Apr 2, 1936.

I last saw h.. x.. alive on Apr 2, 1936. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis.	1930

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. J. Jones M. D.

(Address) 720 N. North Ave

M. D. B 1269-9

F 22631

22631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 27-16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William F Bauer

If U. S. Veteran specify WAR .....

(a) Residence: No. 4722 Delaware Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma L Bauer

6. DATE OF BIRTH (month, day, year) Oct 6 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Meat Packing Co

10. Date deceased last worked at this occupation (month and year) 2/1936

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME F F Bauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amanda Zibel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emma L Bauer

(Address) 4722 Delaware

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 4/7 1936

19. UNDERTAKER Herman Lenyman

(Address) 4611 Pk Hts

20. FILED 6-1936 [illegible]

over

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/4/36 10:40 P.M.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest and from the evidence

(Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came

(Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Hemorrhage	
Origin unknown	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ....., 19.....

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Herbert Greeley Cole M. D.
Coroner

(Address) 707 N. Charles

F 22632

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22632

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 S. Collington Ave. 1st Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Katherine Schap

If U. S. Veteran specify WAR .....

(a) Residence: No. 314 S. Collington Ave., 2nd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced WIFE of Joseph Schap

6. DATE OF BIRTH (month, day, year) Nov. 25-1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	4	12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph Bigda

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Victoria ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Joseph Schap

(Address) 314 S Collington ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date April 6 1936

19. UNDERTAKER George A. Weber

(Address) 705 S Conkling

FILED ..... 19 ..... Registrar

R6-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6th 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 16 1933 to Apr. 6 1936

I last saw h er alive on Apr. 4 1936. Death is said to have occurred on the date stated above, at 6a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	3 yrs
Myocardial Degeneration	2 yrs
Other contributory causes of importance: Mitral Insufficiency	1 yr

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 ....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) A. P. Ries M. D.

(Address) 24 S. Bway

M. D. B. 1268-9

22633

F 22633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 S. Spring St., 3-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Taylor

(a) Residence: No. 315 S. Spring St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adele Taylor

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... old

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Unknown (State or country)

FATHER

13. NAME "

14. BIRTHPLACE (city or town) " (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) " (State or country) "

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date April 6 19 36

19. UNDERTAKER .....

(Address)

20. FILED APR 6 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. W. Wright Coroner, M. D.

(Address) 1010 S. Hilton Ave.

2268

22634 # 10375 F 22634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Hughes

If U. S. Veteran specify WAR .....

(a) Residence: No. 1635 N. Vincent St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-14-1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Columbus Hughes

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Minerva Prescot

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date April 6 1936

19. UNDERTAKER .....

(Address)

20. FILED ..... Huntington Williams Registrar.

1936

224

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-2 1936

22. I HEREBY CERTIFY That I attended deceased from 6-12 1936 to 4-2 1936

I last saw him alive on 4-2 1936 Death is said to have occurred on the date stated above, at 11:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bil. Hydronephrosis	?
Benign Prostatic Hypertrophy	?
Other contributory cause of importance: Bronchopneumonia	4-1-36

Was an operation performed? Yes Date of 3-13-36

For what disease or injury? Benign Hypertrophy of Prostate

Name of operation Suprapubic Prostatectomy Date of 3-13-36

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hospital

2635

F 22635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., 1-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Ratajeczak

(a) Residence: No. 3126 Elliott St., St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	N.B.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 4-1-36

6. DATE OF BIRTH (month, day, year) 4-1-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 26 min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) B C H

FATHER

13. NAME Pete Iwanciw

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Emily Ratajczak

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Records of Balto City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date April 6, 1936

19. UNDERTAKER Geo. Messenger Dvalle.

(Address) [illegible]

20. FILED [illegible] Huntington Wallace, M.D. Registrar

1936

2242

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1936, to March 4, 1936

I last saw him alive on 4/1/36 7:35 PM, 1936. Death is said to have occurred on the date stated above, at 8:01 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (6½ months)	

Other contributory causes of importance:

Hemorrhage of bowels from peptic ulcer 4-1-36

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Samuel Todor, M. D.

(Address) Baltimore, Md.

13107

F 22636

2636

HEALTH DEPARTMENT—CITY OF BALTIMORE

34-a-23

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mazie Lee Jones

(a) Residence: No. 1442 Morton St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-21-1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
3 months	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Robert Jones

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mazie Irvin

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md. Date April 6 . 1936

19. UNDERTAKER Geo. Wiesener Estate.

(Address)

APR 6 1936 Registrar

2243

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-30 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-18, 1936, to 3-30, 1936

I last saw her alive on 3-30, 1936. Death is said to have occurred on the date stated above, at 945 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	3-1-36
Other contributory causes of importance: Congenital Syphilis	12-21-35

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Tuberculin there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) R. B. Jones M. D.

(Address) Baltimore City Hospital

Spec.—8-16-29—L. F. S.—100 Bks.

✓ F 22637

22637

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-a

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 Saratoga ST., 19-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Harris

(a) RESIDENCE NO. 1415 Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 10 mos. 27 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Susie Harris

6 DATE OF BIRTH (month, day, and year) May 7, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lab

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER James Harris

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Susie Harris

(Address) 1411 Saratoga St

15 Filed ~~Huntington Williams, M.D.~~ 4-6-1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3, 1936

17 I HEREBY CERTIFY, That I attended deceased from March 24, 1936, to April 3, 1936

that I last saw h[illegible] alive on March 30, 1936

and that death occurred, on the date stated above, at 8:10 p.m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

Mitral Regurgitation

(duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs....mos....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. Douglas Stebbins M. D.

4-5-1936 (Address) 1063 Myrtle Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL April 7, 1936

20 UNDERTAKER Mrs Kate R. Williams — ADDRESS 322 N Schroeder St

22638 ✓ F 22638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. Provident Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arthur Davis — If U. S. Veteran specify WAR .....

(a) Residence: No. 9 N. Mount St., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Rosie Davis

6. DATE OF BIRTH (month, day, year) Nov 7, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	29	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Anne arundel md

FATHER

13. NAME Arthur Davis

14. BIRTHPLACE (city or town) (State or country) Anne arundel md

MOTHER

15. MAIDEN NAME Rosie Brown

16. BIRTHPLACE (city or town) (State or country) Anne Arundel md

17. INFORMANT Rosie Davis
(Address) 290 N mount St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date April 7, 1936

19. UNDERTAKER Mrs Kate R. Williams
(Address) 3220 Edmondson St.

FILED Huntington Williams, M.D.

6-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-3, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-31, 19..., to 4-3, 1936

I last saw him alive on 4-3, 1936 Death is said to have occurred on the date stated above, at 1040 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3-23-36
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) K. N. Jackson, M. D.

(Address) 628 N. Arlington Ave

M. D. F. 1368-9

22639 ✓ F 22639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-E Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for Women of Md. St. 27-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Civish

(a) Residence: No. 2718 Inglewood Av., Balt. St., Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph W. Civish

6. DATE OF BIRTH (month, day, year) July 28, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prague

FATHER

13. NAME Karel Svejdo

14. BIRTHPLACE (city or town) (State or country) Klatovy

MOTHER

15. MAIDEN NAME Barbara Sykora

16. BIRTHPLACE (city or town) (State or country) Klatovy.

17. INFORMANT Mr. John C. Civish
(Address) 3006 North Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date April 7, 1936

19. UNDERTAKER Chas. F. Rauchfuss
(Address) 118 W. Mt. Royal Ave

6-1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 4-7, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1936, to April 7, 1936.

I last saw her alive on April 4, 1936. Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis Lethargica	3/1/36
Subdural Hematoma	5

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Henry M. Hansen M. D.

(Address) Hospital for The Women of Maryland.

22640 ✓ F 22640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL Registered No. 7-19159

CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Stephenson If U. S. Veteran specify WAR .....

(a) Residence: No. 302 Kenvale Drive St., Ward. St. James

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/2/36

7. AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or 0 min.
If hours	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Clarence Stephenson

14. BIRTHPLACE (city or town) (State or country) Butterworth Virginia

MOTHER

15. MAIDEN NAME Elsie Leitch

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Cem Date April 6 1936

19. UNDERTAKER

(Address)

20. FILED 4-6-1936 Registrar.

6245

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-2-36, 19..., to 4-2-36, 19...

I last saw her alive on 4/2/36, 19... Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Inevitable Abortion	
Prematurity - 8 months	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) F. M. Magenselli, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

✓ F 22641

22641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 N. Robinson St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nora Cook

(a) Residence: No. 417 N. Robinson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 21 / 35

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	✓	8	12/13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frederick Cook

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Lillian Foos

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Frederick Cook
(Address) 417 N. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Matthews Date 4/6/36 19

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Eutaw St

21[illegible] [illegible]

6 1986

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936 to April 4, 1936

I last saw h[illegible] alive on April 2, 1936 Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Bronchitis	3 days

Other contributory causes of importance:

Foster Pneumonia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date

What test confirmed diagnosis? Findings there an autopsy?

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. Fred Berry M. D.

(Address) 417 N. Robinson St

22642 F 22642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-5 93-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3117 Chestnut Ave St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George E. Arise.

(a) Residence: No. 3117 Chestnut Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Arise.

6. DATE OF BIRTH (month, day, year) Jan 4, 1904.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Goucher College

10. Date deceased last worked at this occupation (month and year) 4 36

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Eva Arise.

(Address) 3117 Chestnut Ave

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn. Date April 8, 1936

19. UNDERTAKER Chenoweth Son.

(Address) 3615-17 Chestnut Ave.

6-1936

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 5 1936 to April 6 1936

I last saw him alive on April 5 1936 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Dilatation and Decompensation	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. P. Johnson M. D.

(Address) Med Arts Bg

22643

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22643

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2434 Ashland Av St., 7-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maria Luisa Petrella
If U. S. Veteran specify WAR .....

(a) Residence: No. 2434 Ashland Av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Giuseppe Petrella

6. DATE OF BIRTH (month, day, year) March 9-1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Francesco Bernazza

14. BIRTHPLACE (city or town) (State or country) Pinerno Roma Italy

MOTHER

15. MAIDEN NAME Eugenia Bonanni

16. BIRTHPLACE (city or town) (State or country) Pinerno Italy

17. INFORMANT Giuseppe Petrella
(Address) 2434 Ashland av

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem Date April 7 . 1936

19. UNDERTAKER Frank Della Rose
(Address) 52 N Morley St

(Filed) Huntington Williams, M.D. Registrar.

APR 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 . 1936 to April 4 . 1936
I last saw her alive on April 3 1936 Death is said to have occurred on the date stated above, at 7:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	

Other contributory causes of importance:
Exhaustion

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Luigi D Di Stefano M. D.
(Address) 407 N. Exeter St

✓ F 22644

22644

HEALTH DEPARTMENT—CITY OF BALTIMORE

46-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 926 Druid Hill Ave St., 17-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Etta Carr.

(a) Residence: No. 926 Druid Hill Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John J. Carr

6. DATE OF BIRTH (month, day, year) Feb 13. 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	1	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private home
10. Date deceased last worked at this occupation (month, day, year) about 6 months ago
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER FATHER
13. NAME Solomon King
14. BIRTHPLACE (city or town) (State or country) not known
15. MAIDEN NAME not known
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) John F. Carr 926 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem Date 7/7/ 1936

19. UNDERTAKER Frances A. Hemsley (Address) 578 W. Biddle St

20. FILED ... 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2nd 1936

22. I HEREBY CERTIFY, That I attended deceased from May 26th 1936 to July 2nd 1936
I last saw h[illegible] alive on July 2nd 1936. Death is said to have occurred on the date stated above, at 9.15 [illegible] P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach - (Pyloric Kind)	Nov 15. 1935
Other contributory causes of importance:	

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Harvey F. Brown M. D.
(Address) 1835 Madison Ave

6-1936

M. D. B 1268-9

✓ F 22645

2645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 Harlem Ave. 17 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John B Burley Jr

If U. S. Veteran specify WAR .....

(a) Residence: No. 1514 Harlem Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Daisy Burley

6. DATE OF BIRTH (month, day, year) Jan - 1 - 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pvt

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John J Burley Sr

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rosanella W Ulmer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John J Burley
(Address) 1514 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Harmon Md. Date 4/7/ 1936

19. UNDERTAKER Frances A Hemsley
(Address) 576 W Biddle St

20. Filed ... 1936 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	April 3 1936

Other contributory causes of importance:

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Geo. S. Miller M. D.
Coroner

(Address) 20 E Lexington St.

- 1936

Washington Printing Co., Inc.

NPA

✓ F 22646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 54-D

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-5 St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary C Cross

(a) Residence: No. 84 Gans ave St., Ward. Morgantown W Va
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-11-72

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER FATHER

13. NAME Joseph Lutz

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place Forest Hill Date April 9 1936

19. UNDERTAKER Moses Boggs
(Address) 1439 E Balto St.

... 19... Registrar.

RAH

6 -1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 6. 1936. to April 6. 1936

I last saw her alive on April 6, 1936. Death is said to have occurred on the date stated above, at 445 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, benign	1934
Meningitis, Staphylococcus aureus	4/4/36

Other contributory causes of importance:

Was an operation performed? Yes Date of 3/7/36

For what disease or injury?

Name of operation Left craniotomy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) Edward S. Stafford M. D.

(Address) The Johns Hopkins Hospital

2647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97M 22647

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 26-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Bozaraki

If U. S. Veteran specify WAR

(a) Residence: No. Balto City Hospital St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-10-1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Peter

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Katie

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place St. Stanislaus Date April 7, 1936

19. UNDERTAKER M. Sadowski & Sons
(Address) 1804 Eastern ave

No. 1936 , 19 at , Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1935 to April 5, 1936

I last saw him alive on April 5, 1936. Death is said to have occurred on the date stated above, at 12:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	one week ago

Other contributory causes of importance:

Emphysema and Chronic Bronchitis	unknown

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) H. de Santelle M. D.

(Address) Baltimore City Hospitals

Spec.—1-10-21—M&T—1500 Bks.

22648

HEALTH DEPARTMENT—CITY OF BALTIMORE F 22648

CERTIFICATE OF DEATH.

46-B

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1233 DARLEY Av (St.) (WARD) 49-X

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary C Hamke

(a) RESIDENCE NO. 1233 DARLEY Av (Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced (~~HUSBAND~~ of (or) WIFE of JOHN Hamke

6 DATE OF BIRTH (month, day, and year) OCT 9 1860

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
75	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Edward Benoskey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Michael

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Florine C. Black 1233 Darley ave

15 Filed [illegible]

6-1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) APR 6 1936

17 I HEREBY CERTIFY, That I attended deceased from DEC 3 1935 to APRIL 5 1936

that I last saw her alive on APRIL 5 1936

and that death occurred, on the date stated above, at 2.30 AM

The CAUSE OF DEATH* was as follows:

General Toxemia

Comatose

(duration) 4 yrs. X mos 3 ds.

CONTRIBUTORY (Secondary) Carcinoma of Stomach (duration) yrs. X mos. X ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical evidence

(Signed) Otto Bucky M. D.

, 19 (Address) 928 E. North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore cem April 8 1936

DATE OF BURIAL

20 UNDERTAKER John C. Miller

ADDRESS 2435 E. Oliver

F 22649

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22649

CERTIFICATE OF DEATH

x 110

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 4-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hazel Taylor

(a) Residence: No. Madison Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Hazel Taylor

6. DATE OF BIRTH (month, day, year) 1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME David Taylor

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Bertha Allen

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Record

(Address) University Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Washington Cem. April 9, 1936

19. UNDERTAKER George Schmidt

(Address) 2101 Eastern Ave.

APR 7 - 1936 ~~H. E. Taylor, M.D.~~ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-6-36 19

22. I HEREBY CERTIFY, That I attended deceased from 4-3, 19 36, to 4-6, 19 36

I last saw h alive on 4-1, 19 36 Death is said to have occurred on the date stated above, at 1:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-3-36
Cardiac Collapse	
1	
Other contributory causes of importance:	
Chronic Endocarditis, Aortic	1931
Arteriosclerosis	Over

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) William G. Kelpius M.D.

(Address) Univ. Hospital

M. D. B. 1268-9

22650

F 22650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St., 12-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Bennett Barr

If U. S. Veteran specify WAR .....

(a) Residence: No. 8123 Harford Road St., ... Ward. Balto Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace L Barr

6. DATE OF BIRTH (month, day, year) June 9-1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Felanto Barr

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Mary A Bennett

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Louis Hax

(Address) 8123 Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 4-7, 1930

19. UNDERTAKER Henry Lutz

(Address) 1203 N Broadway

20. FILED Huntington Mitchell

APR 7 1930

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 3, 1930

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	?

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Oliver Owen Kruh M. D.

Coroner

(Address) Coroner

M. D. R. 1268-9

22651

HEALTH DEPARTMENT—CITY OF BALTIMORE

22651

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 535 E. Gittings St. St., 24-2 Ward)

Length of residence in city or town where death occurred 34 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George H. White.

(a) Residence: No. 535 E. Gittings St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) August 4, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	8	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. Col

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Samuel J. White.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Mary C. Sollers.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Samuel J. White. (father)
(Address) Bar Harbor, A.A.Co.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date Apr 7 ..., 1936

19. UNDERTAKER Fred. A. Thurnes & Son
(Address) 1210 Eutaw St

FILED APR 7 - 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Other contributory causes of importance:	

Name of operation None Date of ...

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Otto Steinhardt, M. D.
Coroner

4/6/36 (Address) 1017 E. Charles St.

22652

F 22652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 128

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) So. Balto Gen. Hosp. St. 24-2 Ward

Length of residence in city or town where death occurred 34 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edwin Ruark

(a) Residence: No. 532 E. Clement St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	W

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy M. Ruark

6. DATE OF BIRTH (month, day, year) 1900 Aug 17

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Edwin F. T. Ruark

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Lillie May Thomas

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Sis.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Apr 7 1936

19. UNDERTAKER Fred. L. Hearne & Son
(Address) 12 N. Charles St.

R 7 - 1936 Huntington, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-4- 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-2-36, 19..., to 4-4-36, 19...

I last saw h. alive on 4-4-36, 19... Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pancreatitis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 4-3-36

For what disease or injury? Acute Pancreatitis

Name of operation Appendectomy Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Francis N. Taylor, M. D.

(Address) So. Balto Gen Hosp.

22653 If 22653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 2nd Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 25 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME Florian W. Allen

(a) Residence: No. 504 W. Montgomery St. St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Fritz Allen

6. DATE OF BIRTH (month, day, year) January 2, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	50	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. [illegible]

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Presswitz Bohemia

FATHER

13. NAME William C. Allen

14. BIRTHPLACE (city or town) (State or country) New York N.Y.

MOTHER

15. MAIDEN NAME Francis Evresh

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Cem. Date Apr. 8 1936

19. UNDERTAKER Fred. A. Krause & Son (Address) 12[illegible] Huntington, Indiana

FILED 4-7-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1936, to April 5, 1936

I last saw him alive on April 5, 1936. Death is said to have occurred on the date stated above, at 6:34 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic far advanced	2 yrs.
Other contributory causes of importance: Laryngitis, tuberculous	2 yrs.

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clin. find. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T. M. N. Anderson, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

F 22654

22654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-2-W

Registered No. .....

1. PLACE OF DEATH Mercy Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 12-4 Ward)

Length of residence in city or town where death occurred 7/ yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mrs Sadie McCartney

(a) Residence: No. 2242 Guilford Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Mr Courtney

6. DATE OF BIRTH (month, day, year) Feb 10 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Wm. Kirby

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Annie Rebecca Booth

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Daughter (Address) 827 Hamilton Terrace

18. BURIAL, CREMATION, OR REMOVAL Place Western Date April 8th 1936

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED 4-7-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-6 1936

22. I HEREBY CERTIFY, That I attended deceased from April 3 1936 to April 6th 1936

I last saw her alive on April 6th 1936 Death is said to have occurred on the date stated above, at 4 45 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset April 3 1936

Other contributory causes of importance:

Hypertension

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Kane M. D.

(Address) Mercy Hosp.

F 22655

F 22655 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 244 N. Fulton Ave Ward 20-1)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eliza B. Dunkerley

If U. S. Veteran specify WAR No Record

(a) Residence: No. 244 N. Fulton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word): Married

5a. If married, ~~widowed or divorced~~ (or) WIFE of: William R. Dunkerley

6. DATE OF BIRTH (month, day, year): Dec 14th 1858

7. AGE: Years: 77 | Months: 3 | Days: 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: 1935

12. BIRTHPLACE (city or town) (State or country): Md

MOTHER FATHER

13. NAME: David F. Brady

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Henrietta Cashell

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Wm R. Dunkerley

(Address) 244 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL: Rock Creek Cem. Balto Md Date April 8th 1936

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

Huntington Williams Mgr

4-7-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 5th 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/18 1934 to apr. 5 1936

I last saw h[illegible] alive on apr. 5 1936 Death is said to have occurred on the date stated above, at 11.05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1924
Other contributory causes of importance: Diabetic Gangrene	1935

Was an operation performed? Yes Date of Dec 1935

For what disease or injury? Gangrene rt. foot

Name of operation amputation Date of Dec 1935

What test confirmed diagnosis? Symptoms & Coma Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. V. Driscoll M. D.

(Address) 1326 W. Lombard St.

F 22656

22656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton ave St. ..... Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Nellie Ennis

(a) Residence: No. 1905 Annapolis ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of George Ennis

6. DATE OF BIRTH (month, day, year) June 3rd 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John A. Keil

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Bracha Stordla

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George W. Ennis
(Address) 1420 Bolton St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date April 9th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 7-1936 Eugene Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6. 1936

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1935 to April 6. 1936

I last saw her alive on April 6 1936 Death is said to have occurred on the date stated above, at 9 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Carcinoma of the bladder with probable metastases to long bones (left femur + Spine) (inoperable)	Sept. 1934
(2)	
(3)	

Other contributory causes of importance:

(1) Arteriosclerotic Heart disease

(2) Chronic Bronchitis

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Robert F. Healy M. D.

(Address) St. Agnes' Hosp.

22657

F 22657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. 96-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3003 Pelham Ave. St., 96 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Bertha B. Walker

(a) Residence: No. 3003 Pelham Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, ~~Divorced~~ (write the word)
Female	White	Married

6a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Ernest N. Walker

6. DATE OF BIRTH (month, day, year) Nov 5th 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Sampson Hart

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Rolle

16. BIRTHPLACE (city or town) (State or country) Talbot Co Md

17. INFORMANT Ernest Walker

(Address) 3006 Pelham Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date April 9th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 1936 (Registrar)

R 7-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1936 to April 6 1936

I last saw her alive on April 5 1936 Death is said to have occurred on the date stated above, at 2:45 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis — Date of onset

Angina Pectoris

Hypertension

Other contributory causes of importance:

Obesity

Was an operation performed? No Date of

For what disease or injury? None

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L Vader Lindeman M. D.

(Address) 3001 Guilford Ave

F 22658

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22658

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1769 East North St., 8-6 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran give WAR Record

2. FULL NAME Mary D. Hubbard

(a) Residence: No. 1768 East North Ave St., ... Ward.

(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced (or) WIFE of: Joseph Hubbard

6. DATE OF BIRTH (month, day, year): Feb 19 1883

7. AGE: Years 53; Months 1; Days 16; If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: William C. Moore

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Joanna Williams

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Joseph Hubbard

(Address) 1769 East North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: April 8 1936

19. UNDERTAKER: William Cook

(Address) 117 St Paul Street

FILED ..... 1936 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April - 6 1936

22. I HEREBY CERTIFY, That I attended deceased from April 5 - 1936, to April 6 - 1936

I last saw h[illegible] alive on April 5 1936. Death is said to have occurred on the date stated above, at 4 15A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 4/5/36.

Other contributory causes of importance: Edema of Lungs — Date of onset 4.6.36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19 ..

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Gill Hall, M. D.

(Address) 1631 E. North Ave

F 22659

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22659

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2201 Maryland Ave St., 7-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel W. Hill

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2201 Maryland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word): Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~not WIFE of~~ Mary Matilda Hill

6. DATE OF BIRTH (month, day, year) Feb 24th 1880

7. AGE: Years 66 | Months 1 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas F. Hill

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary E. Reed

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT LeRoy K. Hill

(Address) 2201 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date April 8th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED APR 7 - 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1935 to Apr 5, 1936

I last saw him alive on Apr 5, 1936 Death is said to have occurred on the date stated above, at 8:45 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Duration 4:30 P.M.

Apr. 5

(Repo. hemiplegia)

Other contributory causes of importance:

Cerebral arteriosclerosis

Chronic Art. Hypertension

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Carroll Lockard M. D.

(Address) 4 E. Preston St

F 22660

F 22660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH: Home for the Aged M E Church — Registered No. 7-15

CITY OF BALTIMORE: (No.) 2211 Rogers Ave (Street) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Ellen Patten

(a) Residence: No. 2211 Rogers Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed or Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 25th 1837

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	98	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Patten

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Harriett Edwards

16. BIRTHPLACE (city or town) (State or country) Mass

17. INFORMANT Records (Address) Home for Aged of M. E. Church

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date April 7th 1936

19. UNDERTAKER Wm Burk (Address) 217 E Baal St

Lexington Pulaski, Md

APR 7 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5th, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 5th, 1936. to April 5th, 1936

I last saw her alive on April 5th 1936. Death is said to have occurred on the date stated above, at 5:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Old Age	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas L Shearer, M. D.

(Address) 3801 N Charles St

F 22661

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22661

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 N. Pine St., 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Frances James

(a) Residence: No. 422 N. Pine St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene James

6. DATE OF BIRTH (month, day, year) 7/27/1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	7 8	7 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Steele

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Harriett Brooks

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT William James (Son)

(Address) 422 N. Pine St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 4/7/36.

19. UNDERTAKER Charles H. Cooper

(Address) 514 N. Eutaw St.

20. FILED 19 ..... Registrar

R 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3rd, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 14th 36 to April 3rd 36

I last saw her alive on April 3rd 36. Death is said to have occurred on the date stated above, at 11.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	April 1935

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Nature of operation ..... Date of .....

What test confirmed diagnosis? Microscopical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas Jefferson Miller M. D.

(Address) 401 E. 25th St.

3 H 52 22668 F 22662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

6-12-72-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Emma Lindsay

(a) Residence: No. 104 N. Lakewood Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Jas Lindsay

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Emma Brunner

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 8, 1936

19. UNDERTAKER John A. Inhan
(Address) 3000 E. Balto St

FILED APR 7 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1936, to April 4, 1936.

I last saw h-- alive on April 4, 1936 Death is said to have occurred on the date stated above, at 12-3-15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lymphoid Leukemia	2 months

Other contributory causes of importance:

anemia

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of 4-4-36

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) Warren Allan, M. D.

(Address) Johns Hopkins Hospital

M. D. R. 1935-A

F 22663

F 22663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 565 W^st HOFFMAN St., 17-26 Ward)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME VICTOR F WARD

(a) Residence: No. 565 W^st HOFFMAN St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	COL.	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of JANET WARD

6. DATE OF BIRTH (month, day, year) unknown 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. LABORER

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BRUNSWICK GA.

MOTHER FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT ESTELLE DAWSON

(Address) 565 W^st HOFFMAN ST

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4/8 19 36

19. UNDERTAKER Wm F. Hudson

(Address) ...

FILED APR 7 - 1936 Harrington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4 . 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1 . 1936 to April 4 . 1936.

I last saw him alive on April 1 . 1936 Death is said to have occurred on the date stated above, at 10A m.

The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease — Date of onset ...

Other contributory causes of importance:

Bronchial Asthma

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J. Douglas Sheppard M. D.

(Address) 1063 Myrtle Ave

13365

F 22664

F 22664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16-2 ✓ 122-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Pearl Hawkins

(a) Residence: No. 1005 Parrish St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert

6. DATE OF BIRTH (month, day, year) 8-14-1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wm. Downs

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Simms

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date 19

19. UNDERTAKER

(Address)

20. FILED 4-7-1936 Huntington Williams, M.D.

(Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/5 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/1 1936, to 4/5 1936

I last saw her alive on 4/5 1936 Death is said to have occurred on the date stated above, at 6 40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3
Paralytic ileus	2
	1

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reis, M. D.

(Address) Balto City Hosp.

F 22665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Wilson

(a) Residence: No. 926 Ensor St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 2/1/35

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		7	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Charles Wilson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Ada Fritchett

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Relative

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem. Date 4-7-36

19. UNDERTAKER Bernard P. Dempsey

(Address) 818 Druid Hill Ave

20. FILED 4-7-1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1936 to April 3, 1936

I last saw him alive on April 3, 1936 Death is said to have occurred on the date stated above, at 5:15-A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - primary - Lobar	about March 25th
Emphysema	about March 23

Other contributory causes of importance:

Was an operation performed? Diagnosis & Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Lydia B Edwards M. D.

(Address) Johns Hopkins Hospital

22666 F 22668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1334 Dellwood Ave St., 13-8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma Ryan

(a) Residence: No. 1334 Dellwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Daniel A. Ryan
6. DATE OF BIRTH (month, day, year): March 18-1860
7. AGE: Years 76 Months — Days 17 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Maryland

FATHER
13. NAME: James A. Francis
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER
15. MAIDEN NAME: Sarah A. Blakeley
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Charles A. Pearce 1115 E. 37th St.

18. BURIAL, CREMATION, OR REMOVAL: Place: Mt. Mayo Cemetery April 7 1936

19. UNDERTAKER (Address): Horace G. Burgie 3631 Falls Road

FILED APR 7 - 1936 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 3rd 1936 to Apr 5 1936

I last saw h[illegible] alive on Apr 5 1936 Death is said to have occurred on the date stated above, at 7.05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	?
Renal Disease	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edward Lee Didgen M. D.

(Address) 880 W. 36th St. Baltimore

M. D. B. 1263-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22667 F 22667

CERTIFICATE OF DEATH

94-B

Registered No. 22-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 S. Charles St. St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Adelaide Harris Threat.(C)

(a) Residence: No. 626 S. Charles St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, ~~XXXXXXXXXX~~ (or) WIFE of Moses.

7. DATE OF BIRTH (month, day, year) Do not know.

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	------	--	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Petersburg, Va.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Waverly Harris.(C) son.
(Address) 25 E. Hughes St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Apr 7 1936

19. UNDERTAKER James Stayes
(Address) 1420 W. Mul

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
(If so, specify) ...

(Signed) O. H. Steinhardt, M. D.
Coroner

4/6/36 (Address) 1017 E. Charles St.

F 22668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 22668

82-W

1. PLACE OF DEATH Sinai Hospital — Registered No. 13-1

CITY OF BALTIMORE: (No. Belvidere St. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Mrs. Geo Cotton — If U. S. Veteran specify WAR

(a) Residence: No. Temple Gardens Apt. St., Clarence Ter. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rita G. Cotton

6. DATE OF BIRTH (month, day, year) Dec. 25, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	3	10 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pants Mnfgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. G. Cotton

(Address) Temple Garden Apts.

18. BURIAL, CREMATION OR REMOVAL

Place Heb. Friendship Date Apr. 9 1936

19. UNDERTAKER Hurd Goodman - Low

(Address) 1902 Eutaw Place

FILED 19 Registrar

PR 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/6 19 36

22. I HEREBY CERTIFY, That I attended deceased from March 20 1936 to April 6 1936

I last saw him alive on April 6 1936. Death is said to have occurred on the date stated above, at 3:35 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 2 mos.

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dawe J. Schwartz, M. D.

(Address) Sinai Hospital

F 22669

F 22669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108

Registered No. .....

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Stanley

(a) Residence: No. 1326 Broadway St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 2/2/29

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph Stanley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catherine Elyson

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 4/7 1936

19. UNDERTAKER Thomas C. Nelson

(Address) 1303 Pennsylvania Ave.

20. FILED APR 7 - 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3 1936

22. I HEREBY CERTIFY, That I attended deceased from March 24 1936 to April 3 1936

I last saw him alive on April 3 1936 Death is said to have occurred on the date stated above, at 11.40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	3/23
(Coma)	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? E.E. + X-Ray. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Lydia B. Edwards M. D.

(Address) Johns Hopkins Hospital

F 22670 F 22670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL St., 1521 Ward) BALTIMORE, MD.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fusman S. Page

If U. S. Veteran specify WAR .....

(a) Residence: No. 1816 N. Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar 17, 1925

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	11		18.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school-boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. school

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME George C. Page

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Marcella Jones

16. BIRTHPLACE (city or town) (State or country) Wash. D. C

17. INFORMANT George C. Page

(Address) 1816 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 4/5 ..... 19..

19. UNDERTAKER Thomas C. Kelson

(Address) 1313 Constitution St.

20. FILED 4-7-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6 1936

22. I HEREBY CERTIFY, That I attended deceased from March 25 ..... 1936 to April 6 1936

I last saw him alive on April 6 ..... 1936 Death is said to have occurred on the date stated above, at 1.40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Acute appendicitis	
2. Peritonitis.	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 3-25-36

For what disease or injury? Acute appendicitis

Name of operation Appendectomy Date of 3-25-36

What test confirmed diagnosis? Op Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. M. Magenheller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

22671 F 22671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1320 Ensor Street St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Helen Coffey

(a) Residence: No. 1320 Ensor St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Coffey

7. DATE OF BIRTH (month, day, year) Nov. 4, 1853

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dead

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Thomas Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Quinn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mary Molloy

(Address) 1320 Ensor Street

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date April 8, 19 36

19. UNDERTAKER Rita Wiedefeld

(Address) 914 Greenmount Ave.

20. FILED ..... 19 ..... Registrar. Huntington Williams, M.D.

4-7-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to April 6, 1936

Last saw h[illegible] alive on April 6, 1936 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	3/3/36
Senility - Cerebral Softening	

Other contributory causes of importance:

Arteriosclerosis, chronic Int. nephritis -

Was an operation performed? No Date of -

For what disease or injury? -

Name of operation None Date of -

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury - , 19 ..

Where did injury occur? -

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury None

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No If so specify -

(Signed) Vernon J. Kelly M.D.

(Address) 60 E. Somerset Ave.

22672

F 22672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ + 159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 hrs. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Guerre.

(a) Residence: No. University Hospital Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 6, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, 7 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Colto Md.

MOTHER FATHER

13. NAME Edward A. Guerre.

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Mary Hodges

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mother
(Address) Parkton, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Falls Rd. Chapel Date April 7 1936

19. UNDERTAKER P. Markline Son
(Address) White Hall Huntington Pikesville, Md.

FILED 7-1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1936 to April 6, 1936.

I last saw her alive on April 6, 1936 Death is said to have occurred on the date stated above, at 5 P.m.

The principal cause of death and related causes of importance were as follows:

Prematurity (34 Wks)

Date of onset

Other contributory causes of importance:

Atelectasis
Maternal Toxemia Eclampsia

Was an operation performed? No Date of —

For what disease or injury? No —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) E. H. DeLucy M. D.

(Address) Univ. Hosp.

F 22673

F 22673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ X 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Leonard Gaylor

If U. S. Veteran specify WAR

(a) Residence: No. Jessup Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Sallie R Gaylor

6. DATE OF BIRTH (month, day, year) Aug 17 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	76	7	20	19

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 0 0 6

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

FATHER

13. NAME Wm J Gaylor

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md

MOTHER

15. MAIDEN NAME Miranda M Boyer

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

17. INFORMANT Mrs. Daisy Small

(Address) 2711 Elburn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Friendship Cem. Date Apr 9 1936

19. UNDERTAKER Wm J Tuckner & Son

(Address) North & Ca Ave

FILED APR 7 - 1936 1936 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 6 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/20 1936 to 4/6 1936

I last saw h alive on 4/5 1936 Death is said to have occurred on the date stated above, at 4 49/9 m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 6 hrs
Edema of epiglottis — 3 wks
— over
— 3 days

Other contributory causes of importance:

Cystitis
Urinary retention & enuresis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. J. Williamson M. D.

(Address) St. Agnes Hosp.

F 22674

F 22674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Aged - Men - Home

CITY OF BALTIMORE: (No. 1400 W. Lexington St., 19 - W Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Fountain

(a) Residence: No. 1400 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

3a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 4, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	74	6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Austin
(State or country) Texas

13. NAME John W. Fountain

14. BIRTHPLACE (city or town) Talbot Co.
(State or country) Md.

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) Queen Anne Co.
(State or country) Md.

17. INFORMANT Records of Aged Men's Home
(Address) 1400 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Apr 7 19 36

19. UNDERTAKER Wm J Fickenscher & Son
(Address) Woodlawn Md

Filed PR 7 - 1936 19 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1926, to April 5, 1936

I last saw h. alive on April 4 1936 death is said to have occurred on the date stated above, at 12:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular-renal disease	? yr.
Other contributory causes of importance: Senescence?	

Name of operation — Date of —

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm J Fickenscher & Son
(Address) 1115 St. Paul St. City.

F 22675

F 22675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 W Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. 2 mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Roland L. Johnston

(a) Residence: No. Lanham Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanor Anna Johnston

6. DATE OF BIRTH (month, day, year) Oct 14 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	45	4	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Rozell Johnston

14. BIRTHPLACE (city or town) (State or country) N Y.

15. MAIDEN NAME Lizetta May Matthews

16. BIRTHPLACE (city or town) (State or country) Hampstead Md

17. INFORMANT Mrs J Harvey Mobs

(Address) 1717 Columbia ave Wash. DC.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date ... 7 ... 1936

19. UNDERTAKER Wm J Tucker & Sons

(Address) North & Pa ave.

FILED ... 1936 Huntington White Registrar

R 7 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 1936

22. I HEREBY CERTIFY, That I attended deceased from January 16 1936 to april 5 1936

I last saw him alive on april 5 1936 Death is said to have occurred on the date stated above, at 6:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Potts disease. Psoas abscess arthritis, Right Knee	embarrassment
	"

Was an operation performed? yes Date of Jan 19, 1936. Jan 18, 1936

For what disease or injury? Potts abscess. arthritis Rt Knee

Name of operation Incision & drainage Date of Jan 19, 1936

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. L. Howard M. D.

(Address) University Hospital

22676 F 22676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 301 E. Hamburg St. 24-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Albert Lauver

If U. S. Veteran specify WAR .....

(a) Residence: No. 301 E. Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gladys L. Lauver

6. DATE OF BIRTH (month, day, year) Aug. 18, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	7	16 15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Promotion Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Phila. Daily News

10. Date deceased last worked at this occupation (month and year) Dec 27 1935

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William H. Lauver

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME May Bowling

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Gladys L. Lauver (Wife)
(Address) 301 E. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Apr. 7, 1936

19. UNDERTAKER John J. Gregory
(Address) 715 Light St.

20. FILED 7-1936, 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1936, to April 3, 1936

I last saw him alive on April 3, 1936. Death is said to have occurred on the date stated above, at 7.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Carditis	Nov 1935

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Isaac Miller M. D.

(Address) 122 E. Chase St.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

22677

CERTIFICATE OF DEATH

F 22677

178-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 Pleasent St. St., 4-1 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wong Bing Joe

(a) Residence: No. 200 W. Pleasent St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Yellow	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of UnKnown

6. DATE OF BIRTH (month, day, year) About 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canton China

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Canton China

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) China

17. INFORMANT James Wong
(Address) 207 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date Apr 8 36 19

19. UNDERTAKER Stewart & Mowen Company
(Address) 108 W. North Avenue

20. FILED APR 7 1936 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas Poison (Illuminating)	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury April 4, 1936 19

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Bad Gas Hose

Nature of injury Asphyxiate

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. H. Adkins M. D.
Coroner

(Address) 737 W. North Ave.

22678

HEALTH DEPARTMENT—CITY OF BALTIMORE

22678

CERTIFICATE OF DEATH

12-7 46-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2638 Maryland Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ? mos. ? ds. How long in U. S. If of foreign birth 65 yrs. 11 mos. 13 ds.

If U. S. Veteran specify WAR NO SERVICE

2. FULL NAME Mary Elizabeth Berry

(a) Residence: No. 2638 Maryland Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry C.Berry

6. DATE OF BIRTH (month, day, year) April-23-1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co. Maryland

FATHER

13. NAME Solomon E.Smith

14. BIRTHPLACE (city or town) (State or country) Dorchester Co. Maryland

MOTHER

15. MAIDEN NAME Mary E.Bryan

16. BIRTHPLACE (city or town) (State or country) Dorchester Co. Maryland

17. INFORMANT Mr.Harry C.Berry (husband)
(Address) 2638 Maryland Avenue, City.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Ceme. Date Apr-7 1936

19. UNDERTAKER Llewellyn Mortuary Co.
(Address) 108 W.Mt.Ave.

APR 7 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1936 to April 5 1936

I last saw h alive on April 5 1936 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Duration
Myocardial Insufficiency	1 mo.

Other contributory causes of importance:

Carcinoma Colon	2 Yrs.
Arteriosclerosis	5 Yrs.

Was an operation performed? Yes Date of 2/4/36

For what disease or injury? Carcinoma Colon

Name of operation Colostomy Date of 2/4/36

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jack R. Mogg M. D.

(Address) 6-E-Read St.

22670 F 22679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH University Hospital — Registered No.

CITY OF BALTIMORE: (No. ... St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME LeRoy Frisby

(a) Residence: No. 1821 E. Spring St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Child

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 12, 1934

7. AGE: Years 1 | Months 6 | Days or | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Bernard Frisby

14. BIRTHPLACE (city or town) (State or country): Balto Md.

15. MAIDEN NAME: Bernice Howard

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Bernard Frisby

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date April 6, 1936

19. UNDERTAKER: Joseph G. Locke Jr

(Address) 1302 Jefferson St

4-7-1936 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1936 to April 4, 1936

I last saw him alive on April 4, 1936 Death is said to have occurred on the date stated above, at 7 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia — Date of onset 3/13

Other contributory causes of importance:

Empyema — 3/26

Septicemia — 3/28

Was an operation performed? Yes Date of 3/27

For what disease or injury? Empyema

Name of operation Thoracotomy Date of 3/27

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William G. Helfrich M.D.

(Address) Univ. Hosp.

F 22680 ✓ F 22680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH United States Marine Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 12-6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 55 yrs. ..... mos. ..... ds.

2. FULL NAME Daniel M. FitzGibbon — If U. S. Veteran specify WAR ..... --

(a) Residence: No. U.S. Marine Hospital St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 29, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	72	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year) 1-[illegible]-31

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wales

MOTHER FATHER

13. NAME Patrick FitzGibbons

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Connors

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records, U.S. Marine Hospital
(Address)

18. BURIAL/CREMATION/REMOVAL Place Mount Carmel Cemetery Date April 8, 1936

19. UNDERTAKER Chas. E. Grace & Son
(Address) 1811 W. Mt. Royal Ave

20. FILED 4-10-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 28, 1931 to April 6 1936

I last saw him alive on April 6, 1936 Death is said to have occurred on the date stated above, at 10:20A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease, combined lesions	1931
Other contributory causes of importance: Coronary Thrombosis	4 yrs

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Find. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) T. B. N. a dresen, M. D.

(Address) U.S. Marine Hospital

22681 Gueydan ✓ F 22681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Mercy Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 10-1 Ward)

Length of residence in city or town where death occurred 35 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? 35 yrs. -- mos. -- ds.

2. FULL NAME Mrs Elise V. Gueydan (Gueydan) — If U. S. Veteran specify WAR .....

(a) Residence: No. 1116 Brentwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph J. Gueydan

7. DATE OF BIRTH (month, day, year) Sept. 14, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	6	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) France

FATHER
13. NAME Vincent D. Vincent
14. BIRTHPLACE (city or town) (State or country) France

MOTHER
15. MAIDEN NAME Zenaide Bontoux
16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Joseph J. Gueydan
(Address) 1116 Brentwood Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 4/9 1936

19. UNDERTAKER Henry A. Breaux & Son
(Address) 805 N. Calvert St.

20. FILED 1936 [illegible]

T-1506 Clayton Fillhouse, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 6 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 4 - 6 4 30 P M 1936 to 4 - 6 5 15 P M 1936

I last saw h-- alive on 4 - 6 , 1936 Death is said to have occurred on the date stated above, at 5 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	4-6-36

Other contributory causes of importance:
Hypertension

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Kane M. D.

(Address) Mercy Hosp.

F 22682 ✓ F 22682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Murphy

(a) Residence: No. Levering House St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 4/7 '36

19. UNDERTAKER J. J. Fahey Son
(Address) 1315 Lexington

R 7 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/21, 1936 to 4/5, 1936

I last saw him alive on 4/5, 1936 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	?
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Baltimore City Hosp.

F 22683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 12834

Registered No. 3-134 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Louis Smith

(a) Residence: No. 226 S. Caroline St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

6. DATE OF BIRTH (month, day, year) 3-4-1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Lizzie Sears

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Hebron Date 4/7 1936

19. UNDERTAKER D. J. Starkey & Son
(Address) 1218 Light St.

Huntington Williams, M.D.
Registrar

FILED 4-7-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/2 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/4 1936 to 4/2 1936.

I last saw h~~im~~ alive on 4/2 1936 Death is said to have occurred on the date stated above, at 4:37 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary tuberculosis pulmonary	?

Other contributory causes of importance: Other

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A. Ratter M. D.

(Address) Balto City Hosp.

F 22684

22684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 W. Lombard St., 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sara Emma Webb

(a) Residence: No. 1715 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 24, 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	8 9	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier-Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationery Store

10. Date deceased last worked at this occupation (month and year) Dec. 10, 1935

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

13. NAME James F. Webb

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Emma R. Brown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Charles F. Webb

(Address) 80 Carville Ave., Halethorpe

18. BURIAL, CREMATION OR REMOVAL

Place Loudon Park Cemet. Date April 8, 1936

19. UNDERTAKER Geo. M. Cook

(Address) 1003 W. Baltimore St.

FILED Dec. 19

7-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1935 to April 6, 1936

I last saw her alive on April 6, 1936 Death is said to have occurred on the date stated above, at 5.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Jan 1935
Chronic Myocarditis	
Cardiac Mitral Insufficiency	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Seagmiller M. D.

(Address) 1729 W. Lombard St.

Spec.—1-10-21—M&T—1500 Blks.

22685

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 22685

CERTIFICATE OF DEATH.

16-3-93-C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2413 Calverton Heights Ave St. (WARD) 16

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nicholas H.Green,

(a) RESIDENCE No. 2413 Calverton Heights Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 87 yrs. 4 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Kate E.Green,

6 DATE OF BIRTH (month, day, and year) November 30.1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	4	6	

8 OCCUPATION OF DECEASED Retired 0030

(a) Trade, profession or particular kind of work: Stationery Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): 4th Regt Armory

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Henry W.Green,

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Elizabeth Hoover,

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant: Mrs Grace F. Green

(Address) 2413 Calverton Heights Ave

15 - 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 1936

17 I HEREBY CERTIFY, That I attended deceased from Mar. 28, 1936, to April 6, 1936.

that I last saw him alive on April 5, 1936.

and that death occurred, on the date stated above, at 8.55 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Dyspn.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Mitr Sclerosis & Myocarditis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. Bortau Keech, M. D.

4/6, 1936 (Address) 2502 Calvert Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: APR 9 1936

20 UNDERTAKER: Geo W Little

ADDRESS

F 22686

2686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital St., 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Beatrice Hurd Price

(a) Residence: No. 1604 Druid Hill Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) June 14, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

13. NAME Mrs. Price

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Anna E Boston

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Anna E. Price

(Address) 1613 Druid Hill Av.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date April 8 1936

19. UNDERTAKER Jesse M. Redden

(Address) 1436 N. Bradde St.

20. FILED APR 8 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) April 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1936 to April 6, 1936

I last saw h.. alive on April 6, 1936 Death is said to have occurred on the date stated above, at 11 3/4 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis Meningococcus	4/3/36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Myron G Price M. D.

(Address) Sydenham Hosp.

- 1936

M. D. B 1268-9

✓ F 22687

22687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital St., 7-4 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Madden

If U. S. Veteran specify WAR .....

(a) Residence: No. 908 N. Castle St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~wife~~) of Effie V. Madden

6. DATE OF BIRTH (month, day, year) November 12, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ..min.
	53	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Power Dept. 28

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Madden

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Hutchinson

16. BIRTHPLACE (city or town) (State or country) Hutchinson

17. INFORMANT Effie V. Madden (Address) 908 N. Castle St.

18. BURIAL, CREMATION, OR REMOVAL Place Balto Cem. Date April 9 1936

19. UNDERTAKER Philip Hennessy & Sons (Address) 2110 Eutaw St

20. FILED 4-9-1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? — If so specify .....

(Signed) Paul Mueller M. D. Coroner

(Address) 1919 E. North Ave

22688

F 22688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 S. Luzerne Ave. St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sophia. Stanton.

(a) Residence: No. 531 S. Luzerne. Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late. James. Stanton

6. DATE OF BIRTH (month, day, year): Aug. 25. 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	8 7	12 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: John Svoloda

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Magdalina Klima.

16. BIRTHPLACE (city or town) (State or country): Austria.

17. INFORMANT: James Stanton (Son

(Address) 107 S. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 4/8 1936

19. UNDERTAKER: Lilly & Zeiler Inc

(Address) 40 3 St ave belle st

20. FILED ..... Registrar

K 1 - 1966

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 5/36 19

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1936, to Apr. 5, 1936

I last saw h[illegible] alive on Apr. 4, 1936. Death is said to have occurred on the date stated above, at 5/40 Am.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis — Date of onset .....

Other contributory causes of importance:

Hypertension —

Arteriosclerosis —

Was an operation performed? no Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19 ..

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) J Joseph Toohey M. D.

(Address) 441 S. Ellwood Ave

F 22689 ✓ F 22689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No. 36-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3431 Hudson St., 26 Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary A. Fleury

(a) Residence: No. 3431 Hudson St. St., 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed or divorced HUSBAND of (or) WIFE of: Noble George Fleury

6. DATE OF BIRTH (month, day, year): Dec 14 1849

7. AGE: Years 86 | Months 3 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Mathias Fleury. Sons.

14. BIRTHPLACE (city or town) (State or country): Germany.

15. MAIDEN NAME: unknown.

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Mathias Fleury. Son

(Address) 3431 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Sacred Heart Date: Apr 8 36

19. UNDERTAKER: Lilly & Zeber Sons

(Address) 413 to 417 W. Lafayette St.

FILED APR 1 - 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 5 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1 1934 to April 5 1936

I last saw her alive on April 4 1936. Death is said to have occurred on the date stated above, at 2.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Gangrene of left leg	Jan 1936
Other contributory causes of importance:	
Acute Myocarditis	3/31/36

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Observation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Horace B. Tilton M. D.

(Address) 815 S. Highland Ave

22690

F 22690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE MD St., 2-3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Barbara Tresch

(a) Residence: No. 2020 Fountain St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 4/1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
161	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coffee Packer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Leverton Coffee Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Adam Tresch

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Anna M. Luben

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine Goldborough

(Address) 2023. Fleet St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Red emer. Date Apr 8 1936

19. UNDERTAKER Little & Zeiler

(Address) 1013 S. Wolfe St.

20. FILED APR 7 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1936, to April 6, 1936

I last saw her alive on April 6, 1936. Death is said to have occurred on the date stated above, at 9.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Diabetes mellitus	
Other contributory causes of importance:	

Was an operation performed? No Date of -

For what disease or injury? -

Name of operation - Date of -

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

F 22691

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22691

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 5-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S Veteran specify WAR

2. FULL NAME Henry Graff

(a) Residence: No. 209 N. High St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ? - 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	About 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City D. S.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Graff

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna Homber.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Graff (Brother)

(Address) 1222 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Apr. 9. 1936

19. UNDERTAKER Lilly & Zeller

(Address) [illegible]

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 5, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by autopsy find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral & Aortic Stenosis	

Other contributory causes of importance:

myocardial failure

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. R. Wright M. D.

Coroner

(Address) 1010 S. Ellwood Ave

F 22692 ✓ F 22692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. Ward) 17-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Smead

(a) Residence: No. 3226 Abell Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James B. Smead

7. DATE OF BIRTH (month, day, year) May 18 1865

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME James Wolfe

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. Bertha A. Mason

(Address) 3226 abell ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date April 8, 1936

19. UNDERTAKER George W. Zipfler

(Address) 1737 E. Eagle St.

20. 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-2, 1936, to 4-6, 1936

I last saw her alive on 4-6, 1936 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis	
Other contributory causes of importance: Bronchopneumonia	

Was an operation performed? yes Date of 4-4-36

For what disease or injury? Acute Cholecystitis

Name of operation Cholecystostomy Date of 4-4-36

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Philip P. Sunday, M. D.

(Address) Md. Gen. Hosp.

22693

F 22693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1717 E. 33d St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary C. Robinson

If U. S. Veteran specify WAR

(a) Residence: No. 1717 E. 33d St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John F. Robinson

7. DATE OF BIRTH (month, day, year) Nov. 5. 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown, Md.

13. NAME David Ridenour

14. BIRTHPLACE (city or town) (State or country) Hagerstown, Md.

15. MAIDEN NAME Rebecca Springer

16. BIRTHPLACE (city or town) (State or country) Hagerstown, Md.

17. INFORMANT Carrie D. Coleman

(Address) 1717 E. 33d St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date April 8, 1936

19. UNDERTAKER George W. Zirkle

(Address) 1707 E. Eager St

20. FILED [illegible]

4-7-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1935 to April 6, 1936

I last saw h[illegible] alive on April 5 1936 Death is said to have occurred on the date stated above, at 9.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	
Chronic Myocarditis	
Chronic Nephritis	
Bronchio-Pneumonia	

Other contributory causes of importance:

Senility

Was an operation performed? No Date of

For what disease or injury? none

Name of operation none Date of

What test confirmed diagnosis? Cessation of Heart Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter A Anderson M. D.

(Address) 2002 Shannon Drive

M. D. B. 1268-9

F 22694

2694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 12-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3937 Coorshill Rd St., 12 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fanny Leonard

(a) Residence: No. 3937 Coorshill Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Guy Leonard

6. DATE OF BIRTH (month, day, year): Mar 8 1859

7. AGE: Years 77 | Months | Days 28 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Overstrick Yorkshire England

13. NAME OF FATHER: Hugh Baxter

14. BIRTHPLACE (city or town) (State or country): Overstrick Yorkshire England

15. MAIDEN NAME OF MOTHER: Sunbrook

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Guy Leonard
(Address) 3937 Coorshill Road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date April 8 1936

19. UNDERTAKER: Lemmon Perkins Sons
(Address) Baltimore Md

Filed 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 5th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1930 to April 5th 1936

I last saw her alive on April 5th 1936. Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 5 1936
Other contributory causes of importance:	
Arterio Sclerosis	1930
Hypertension	1910

Name of operation: 0 Date of: —

What test confirmed diagnosis: Symptoms Was there an autopsy? 0

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify

(Signed) J. A. Chatard M. D.

(Address) 1304 Cathedral St

Spec.—1-12-23—M&T—500 Blks.

✓ F 22695

22695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3201 Annapolis Rd ST. 25 WARD)

2-FULL NAME Baby Boy Canby

(a) RESIDENCE NO. 3201 Annapolis Rd ST. ..... WARD ..

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr 2. 1936

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or 1 min.
—	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — Stud

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER Charles Wm Canby

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Julia Josephine Marie Dudd

13 BIRTHPLACE OF MOTHER (city or town) Bristol (State or country) Pa

14 Informant
(Address)

15 Filed ... 19 ... Registrar

1936 - 2247

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 2 1936

17 I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...,

that I last saw h/s alive on Apr 2, 1936,

and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Immaturity

(duration) — yrs. — mos. — ds.

CONTRIBUTORY
(Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) R. V. Gladmon, M. D.

, 19 (Address) 2708 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University of Md — DATE OF BURIAL: June 7 19 36

20 UNDERTAKER — ADDRESS

AACo. 5-31 250B

F 22696

2696

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5305 Wesley ave. St. 7-8 Ward)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice Louise Beattie

(a) Residence: No. 5305 Wesley ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: White.

5. Single, ~~Married, Widowed,~~ or ~~Divorced~~ (write the word): Single.

6a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Single.

6. DATE OF BIRTH (month, day, year): Jan 12, 1887

7. AGE: Years: 49 | Months: 2 | Days: 26 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

13. NAME: Geo. A. C. Beattie

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: Emma L. Wilson

16. BIRTHPLACE (city or town) (State or country): Tenn.

17. INFORMANT: Martha F. Beattie
(Address): Wade Spring Va.

18. BURIAL, CREMATION, OR REMOVAL
Place: Wade Spring Va. Date: April 7 1936

19. UNDERTAKER: Martin Tapp & Sons
(Address): 1220 N. Eutaw Ave.

Filed: 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4 7 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-13-1936 to 4-7-1936

I last saw her alive on 4-7-1936 death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Cerebral Hemorrhage	Days ago.
Arterio-sclerosis	Probably many yrs
Myocarditis.	Same

Other contributory causes of importance:

Name of operation: none Date of

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city, county, and State)
Specify whether injury occurred in industry, in home or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Merritt Lovell M.D.
(Address) 3705 Liberty Heights

F 22697

2697

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. U.S. Marine Hospital St. 19-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.
If U. S. Veteran specify WAR .....

2. FULL NAME John T. Burke

(a) Residence: No. 403 S Gilmor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced. (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan ? 1882

AGE	Years	Months	Days	If LESS than 1 day.... hrs. or ... min.
	54	3	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0279
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student Iron worker
10. Date deceased last worked at (this occupation) (month and year) 9 yrs ago
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William J. Burke
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.
15. MAIDEN NAME Sophie ?
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Records U.S. Marine Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date 4/8/ 1936

19. UNDERTAKER John J Cowan & Son
(Address) 1901 Fallsway

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/4/ 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936 to April 4 1936
I last saw him alive on April 4 1936 Death is said to have occurred on the date stated above, at 2:25 Pm.

The principal cause of death and related causes of importance were as follows:
Tuberculosis pulmonary and chronic Pneumonia advanced. — Date of onset Unknown

Other contributory causes of importance:
None

Was an operation performed? None Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) H F Wallenmeyer for medical officer in charge M. D.
(Address) U.S. Marine Hospital

22698 — Co.—1000 Blks.

✓ F 22698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: NO. 624 Colorado Ave ST. 27-43 WARD.

2-FULL NAME Geo. Upton McFadden

(a) RESIDENCE NO. 624 Colorado Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Elnora Packa McFadden

6 DATE OF BIRTH (month, day, and year) May 27 - 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fire Captain retired 1937
(b) General nature of industry, business, or establishment in which employed (or employer) Balto Fire Dept
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS
10 NAME OF FATHER Geo W. McFadden
11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.
12 MAIDEN NAME OF MOTHER Laura V Lambright
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Md

14 Informant Mrs Geo. U. McFadden, Jr
(Address) Monroe & Lafayette Sts Huntington Indiana

Filed 7-1936, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4, 1936

17 I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1936, to April 4, 1936, that I last saw h im alive on April 4, 1936, and that death occurred, on the date stated above, at 11:05 P. m.

The CAUSE OF DEATH* was as follows:
Chronic myocarditis,
Chronic endocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Hypertension arteriosclerosis (duration) unknown mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of None

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Frank N. Ogden, M. D.

, 19 (Address) 2701 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: April 8 1936

20 UNDERTAKER: Roland L. Zerkler — ADDRESS: 612 N. Monroe St.

M. D. R. 1268-9

F 22699

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22699

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Emory Sanitarium - Athol — Registered No. 22-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Fulton Ave St., (Ward)

Length of residence in city or town where death occurred 6 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary W. Gross

(a) Residence: No. Washington D.C. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 10 or 25

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y. State Auburn

MOTHER FATHER

13. NAME Albert Hedstrom

14. BIRTHPLACE (city or town) (State or country) — N.Y. State

15. MAIDEN NAME Mary Hunter Curtis

16. BIRTHPLACE (city or town) (State or country) — New York

17. INFORMANT Melville E. Curtis
(Address) Bala Cynwyd

18. BURIAL, CREMATION, OR REMOVAL
Place Auburn N.Y. Date April 9 1936

19. UNDERTAKER John E. Mitchell Sons
(Address) 1 E Eutaw St

20. FILED 7-1936 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15 1929 to April 6 1936

I last saw h.. alive on April 6 1936 Death is said to have occurred on the date stated above, at 8-15 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Hypertension Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No ..If so, specify

(Signed) Agnes J. Lunday M. D.

(Address) 3002 Fremont Rd City

M. D. B 1263-9

✓ F 22700

22700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 173

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-25 Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 da. How long in U. S. If of foreign birth 24 yrs. 0 mos. 0 da.

If U. S. Veteran specify WAR .....

2. FULL NAME Emily Biddle Fisher

(a) Residence: No. Perryville Md. St., ... Ward. Cecil Co-Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leroy Fisher

6. DATE OF BIRTH (month, day, year) About 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 24	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. 00 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Biddle

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Minnie Gallawal

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Jos. R. Frank

(Address) Nertheast Md.

18. BURIAL, CREMATION, OR REMOVAL Place Fair Hill Cemetery Cecil Co. Md. Date April 7 19 26

19. UNDERTAKER Stewart Mamm Co.

(Address) Elkton Md.

20. Filed 1926

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1930

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bullet Wound of Head involving Coronary Artery

Other contributory causes of importance Suicide

Was an operation performed? Yes Date of April 6

For what disease or injury? Gun Shot Wound.

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical. Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury April 6 1930

Where did injury occur? Perryville
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Pistol Shot Wound

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) T. K. Allen M. D.
Coroner

(Address) 2757 N. Howard

M. D. B 1268-9

22701

F 22701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 Schroeder St. 18-1 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joyce Carruthers

(a) Residence: No. 507 S Schroeder St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Color	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 24 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wilbert Carruthers

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Evelyn Dexter

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mother.
(Address) 507 Schroeder St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date April 7 1936

19. UNDERTAKER Mrs Kate R Williams
(Address) 322 S Schroeder St.

20. [illegible] Registrar

1936

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) April 6. 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] Coroner M. D.

(Address) 12 E Saratoga

✓ F 22702

22702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2920 E Madison St., 7-1 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 50 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Palsa

(a) Residence: No. 2920 E Madison St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Kathrina Gallagher

DATE OF BIRTH (month, day, year) April 27 1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	57	11	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Palsa

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Magdalena Pansol

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Kathrina Palsa

(Address) 2920 E Madison St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross, c.c.Co. Date 4/10/36

19. UNDERTAKER Chas L Ehrma

(Address) 1501 E. Fort Ave.

20. FILED ... by Registrar

Huntington Hillcrest

4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1934 to Apr. 6, 1936

I last saw him alive on Apr. 6, 1936 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver and Mitral Regurgitation (non alcoholic) Indef.	
Other contributory causes of importance:	
Acute Dilatation of Heart	4/5/36

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

4/7/36 (Signed) 1644 Hanover St M. D.

(Address) R.S.H. Campbell

M. D. B. 1268-9

22703 ✓ F 22703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 E. Fort Ave St. 24-4 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? 57 yrs. mos. ds.

2. FULL NAME Andrew Joseph Byrnes

(a) Residence: No. 823 E. Fort Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bridget Tiernan

6. DATE OF BIRTH (month, day, year) April 21 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0044

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lunch Room

10. Date deceased last worked at this occupation (month and year) 10 yrs

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Thos Byrnes

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann McCann

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Kathr Bridget Byrnes

(Address) 823, E. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date April 9, 1936

19. UNDERTAKER Charles J. Stevens

(Address) 150 E. Fort Ave.

APR 7 1936 Registrar. # 11,117

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1936, to April 6, 1936

I last saw him alive on April 6, 1936. Death is said to have occurred on the date stated above, at 1:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Nephritis	1930
Cerebral Hemorrhage	4-3-36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. Tolbert M. D.

(Address) 707 E. Fort Ave.

✓ F 22704 - 1936

2704

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave. St. 21-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. Henry J. Weber

(a) Residence: No. 1158 Sargeant St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If ~~married, widowed, or divorced~~ HUSBAND of (~~or WIFE of~~): the late Christina Weber

6. DATE OF BIRTH (month, day, year): June 28 1866

7. AGE: Years 69 | Months 9 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Baker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): ~~Germany~~ Germany.

MOTHER FATHER

13. NAME: Henry Weber

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs G. Innes 1152 Sargeant St

18. BURIAL, CREMATION, OR REMOVAL: Place Laurel Park Date 4/9/36

19. UNDERTAKER (Address): Geo. H. Lenhart 524 N. Eighteenth St.

20. 1936 - 30 - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4 - 6 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/3, 1936 to 4/6, 1936.

I last saw him alive on 4/5 1936 Death is said to have occurred on the date stated above, at 4 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic CV disease	
Cerebral hemorrhage	4 days

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. L. Llewellyn M. D.

(Address) St Agnes Hospital

2705 ✓ F 22705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-W

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens and Caton Ave. St., 19 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..yrs..mos..da. How long in U. S. If of foreign birth? ..yrs..mos..da.

2. FULL NAME Pauline E Walke
If U. S. Veteran specify WAR
(a) Residence: No. 105 S Eddisbead St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —
7. DATE OF BIRTH (month, day, year): June 14-1935
8. AGE: Years | Months: 9 mos. | Days: 23 | If LESS than 1 day, ..hrs. or ..min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Md
13. NAME OF FATHER: Paul W. Walke
14. BIRTHPLACE (city or town) (State or country): Balto. Md
15. MAIDEN NAME OF MOTHER: Mildred Mills
16. BIRTHPLACE (city or town) (State or country): W. Va.
17. INFORMANT: Mildred Mills
(Address) 105 S. Addison St
18. BURIAL, CREMATION, OR REMOVAL
Place: Western Cemetery Date: April 8, 1936
19. UNDERTAKER: George L. Schmidt.
(Address) 2101 Eutaw Pl.
20. Filed 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 6, 1936
22. I HEREBY CERTIFY, That I attended deceased from 4/5, 1936 to 4/6, 1936
I last saw her alive on 4/6, 1936 Death is said to have occurred on the date stated above, at 11 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 days

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury?
Name of operation Normal Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. G. Llewelyn, M. D.
(Address) St Agnes Hospital

22706 F 22706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-P

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2627 Aisquith St., 9-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrew B. Satterfield

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2627 Aisquith St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word): Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~Wife of~~: Carrie S. Satterfield

6. DATE OF BIRTH (month, day, year): Sept 21st 1876

7. AGE: Years 59 | Months 6 | Days 17 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto City

10. Date deceased last worked at this occupation (month, day, year): 4/4/36

11. Total time (years) spent in this occupation: 19

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Andrew B. Satterfield

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Joanna Mitchell

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Carrie S. Satterfield

(Address) 2627 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto Date: April 10th 1936

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

FILED ... Registrar

R 8 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 7th 1936

22. I HEREBY CERTIFY, That I attended deceased from April 4th 1936, to April 7th 1936

I last saw him alive on April 7th 1936 Death is said to have occurred on the date stated above, at 12 45 p m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Samuel Heinberg M. D.

(Address) 3735 Park Heights Ave

F 22707

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22707

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

Registered No. 5538

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 26-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME Christopher J. Lovell

(a) Residence: No. 3518 E. Fairmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie C Lovell

DATE OF BIRTH (month, day, year) June 31 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	9	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Tilghman

16. BIRTHPLACE (city or town) (State or country) St. Mary's County Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date April 9th 1936

19. UNDERTAKER Wm Cook
(Address) 7217 St Paul St

FILED 19 Register

4-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-5 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-16 1934 to 4-5 1936

I last saw him alive on 4-5 1936 Death is said to have occurred on the date stated above, at 9.43 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate Gland	?
Other contributory causes of importance: Diffuse Bronchopneumonia	4-3-36

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hospital

H. D. B 1268-9

22708 HEALTH DEPARTMENT—CITY OF BALTIMORE 22708

CERTIFICATE OF DEATH

Registered No. 112

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1517 Olmstead St. 25-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. --mos.-- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stevan Markovics

(a) Residence: No. 1517 Olmstead St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, BUSBAND of (XXXXXXXXX) Josephine Markovics

DATE OF BIRTH (month, day, year) October 11, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Yugoslavia.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

INFORMANT Josephine Markovics (wife)

(Address) 1517 Olmstead St.

BURIAL, CREMATION, OR REMOVAL

Holy Cross a a Co Md April 8 1936

UNDERTAKER John F. Deering

(Address) 716 Light St

Filed 19 Registered

R 8 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Asthma.	
Myocardial Insufficiency.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto Reinhardt M. D. Coroner

4/6/36 (Address) 1017 E. Charles St.

M. D. B. 1268-9

22709 E 22709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Pontiac St. St. 25-4 Ward)

Length of residence in city or town where death occurred 62 yrs. 8 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Zuschlag. S. A. W. VET.

(a) Residence: No. 611 Pontiac St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced
HUSBAND of Emma Zuschlag.

DATE OF BIRTH (month, day, year) July 28, 1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	8	7 6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired butcher.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Andrew Zuschlag.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Cecelia

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Emma Zuschlag. (wife)

(Address) 611 Pontiac St.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date April 8. 1936

UNDERTAKER John F. Denny

(Address) 716 Lisbon St.

FILED 4-8 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 12.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

4/6/35 (Signed) Abe Steinhardt, M. D. Coroner

(Address) 1017 N. Charles St.

22710

F 22710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 835 Lindsay Ave St. 11-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Claudy Sparks

(a) Residence: No. 835 Lindsay Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 7-1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER FATHER

13. NAME Alford Dorsey

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Anna Hayes

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Ann P. Hayes
(Address) 835 Lindsay Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson & Eon Date 4/8 1936

19. UNDERTAKER Rayner Sanders
(Address) 1443 E. Fulton St

20. FILED 4/8 1936 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described thereon and from the evidence above, held an Inquest (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic pulmonary Phthisis	1935

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm. P. Allen, M. D. Coroner

(Address) 10 N. Arlington Ave

22711 F 22711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#13366 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Irene Jackson

(a) Residence: No. 1038 Wilmore Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles (Dead)

DATE OF BIRTH (month, day, year) 2-14-1894

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	1	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward (Wife)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Robert Green

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Amelia (deceased)

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson & Sons Date 4/8 1936

19. UNDERTAKER Rayner & Sanders
(Address) 1445 E. Preston St

20. FILED 4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/4 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/1 1936 to 4/4 1936

I last saw h[illegible] alive on 4/4 1936 Death is said to have occurred on the date stated above, at 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular renal disease	2 yrs
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reite M. D.

(Address) Balto City Hosps.

2712

F 22712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 45B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 229 W. Lanvale St. St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Heibeck If U. S. Veteran specify WAR .....

(a) Residence: No. 229 W. Lanvale St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) Aug. 12, 1861.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	7	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horseshoer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0036

10. Date deceased last worked at this occupation (month and year) 1896

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Nicholas Heibeck

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Irma Barbara Krutzer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. John L. Heibeck (Address) 535 Wildwood Parkway

18. BURIAL, CREMATION, OR REMOVAL Place National Cemty. Date April 8, 19 36.

19. UNDERTAKER Harry H. Kutzler (Address) 4101 Edmondson Ave.

20. FILED 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-6-, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1934, 19..., to April 3, 1936

I last saw h.. alive on April 3, 19 36 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Tongue	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. A. Hornsleen, M. D.

(Address) 733 Arcgusth St

22713

F 22713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Katie Karbowsky

(a) Residence: No. 1716 W. Pratt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

DATE OF BIRTH (month, day, year) 9-30-1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

13. NAME Henry Mirkin

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lena Munbenger

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk. Date 4/8/36

19. UNDERTAKER Harry A. Whitlock
(Address) 1101 E. Edmondson Ave

20. FILED 4-8-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/2, 1936 to 4/5, 1936

I last saw her alive on 4/5, 1936 Death is said to have occurred on the date stated above, at 8:35 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp.

M. D. B. 1263-9

F 22714

22714 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 622 N. Fremont St., 21-1 Ward)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estella Gross Williams

(a) Residence: No. 622 N. Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Aaron Gross

DATE OF BIRTH (month, day, year) Apr 25 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Richard Williams

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Harriet ——?

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Florence Brown

(Address) 622 N Fremont

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Apr 10, 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St.

FILED 4-8-1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 2, 1936 to Apr. 6, 1936

I last saw her alive on Apr 5, 1936. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebro spinal Tuberculosis — Date of onset Sept 1935

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John W Barnes M. D.

(Address) 610 N. Caca St

AACo. S-H 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE F 22715

F 22715

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 N Carrollton Ave St., 18-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Waters

(a) Residence: No. 114 N Carrollton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

6. If married, widowed, or divorced (or) WIFE of Henry Waters

7. DATE OF BIRTH (month, day, year) ? ? 1907

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	?	1.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Winnsboro S.C.

13. NAME Henry Young

14. BIRTHPLACE (city or town) (State or country) Winnsboro S.C.

15. MAIDEN NAME Hattie Boyd

16. BIRTHPLACE (city or town) (State or country) Winnsboro S.C.

17. INFORMANT Henry Waters
(Address) 114 N Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Winnsboro, S.C. Date Apr. 8, 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 Schroeder St.

APR 8 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1936

20. I HEREBY CERTIFY, That I attended deceased from March 20, 1936 to April 6, 1936

I last saw her alive on April 5 1936 death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1935

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Reg. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. E. Howells M. D.

(Address) 114 N Carrollton Ave

Spec.—8-16-29—L. F. S.—100 Blks.

22716 F 22716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE 1105 Myrtle Ave ST., 17 WARD

2—FULL NAME Chaney Smith Thomas

(a) RESIDENCE NO. 1105 Myrtle Ave ST., 17 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR OR RACE Colored | 5 Single, Married, Widowed, Divorced, (write the word) [redacted] Married

If married, widowed, or divorced, (or) WIFE of [redacted] Thomas

DATE OF BIRTH (month, day, and year) Dec 4th 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75	75	4	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) General house duties

(c) Name of employer self.

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER James Spadey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Nellie Spadey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Charles Thomas

(Address) 1105 Myrtle Ave

APR 8 - 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-6-36

17 I HEREBY CERTIFY, That I attended deceased from March 31st, 1936 to April 6th, 1936, that I last saw her alive on April 5th, 1936 and that death occurred, on the date stated above, at 8:30 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) Age, Exposure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Jas C Carter, M. D.

19 (Address) 1433 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn | DATE OF BURIAL Apr 9, 1936

20 UNDERTAKER Mrs Katie R. Williams | ADDRESS 3221 Schroeder St.

F 22717

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22717

CERTIFICATE OF DEATH

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital Ward) 2

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Lola Colbert

(a) Residence: No. 656 Haw St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William A. Colbert

6. DATE OF BIRTH (month, day, year) Nov 13, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	4	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——
10. Date deceased last worked at this occupation (month and year) ——
11. Total time (years) spent in this occupation ——

12. BIRTHPLACE (city or town) (State or country) Ann Arundel Co. Md.

MOTHER FATHER
13. NAME James Green
14. BIRTHPLACE (city or town) (State or country) Prince George Co Md.
15. MAIDEN NAME Annie Hutton
16. BIRTHPLACE (city or town) (State or country) Boston Mass

17. INFORMANT (Address) James Colbert 655 Haw St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date April 8, 1936

19. UNDERTAKER Mrs. Katie R. Williams (Address) 322 E Lanvale St.

20. FILED ..... 19..... Registrar
R 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4.4 1936

22. I HEREBY CERTIFY, That I attended deceased from 4.1 1936 to 4.4 1936
I last saw her alive on 4.4 1936. Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	4.1.36
Malignant hypertension	15 mo ago

Other contributory causes of importance:

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Hab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ——
No If so, specify .....
(Signed) D. W. Jackson, M. D.
(Address) 220 N. Arlington Ave

F 22718

M. D. F. 1268-9

22718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours City Hospital St. 2-1 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bishop Rainey

(a) Residence: No. 617 S. Hanover St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice

6. DATE OF BIRTH (month, day, year) Nov 4 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	44	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N.B. Industrial Club

10. Date deceased last worked at this occupation (month and year) Feb 1936

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) born South Carolina

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) S. Carolina

MOTHER

15. MAIDEN NAME Elizabeth Hill

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Mrs. Bessie Rainey

(Address) 617 S. Hanover

18. BURIAL, CREMATION, OR REMOVAL

Place Gastonia N.C. Date Nov 11. 1936

19. UNDERTAKER James A. Hayes

(Address) 142 N. Stricker St.

20. FILED 19 ..... Reg. No. .....

2-1986 Clayton Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 6, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained, by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Sclerosis	

Other contributory causes of importance: Myocardial failure

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. W. Douglas, M. D.

Coroner

(Address) 1010 S. Gilmor St.

F 22719

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22719

46-E

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 W Fayette St. St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ethel B. May.

(a) Residence: No. 721 W Fayette St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ernest O. May.

7. DATE OF BIRTH (month, day, year) May 17-1890

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	10	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

13. NAME of father Isaac Entwistle.

14. BIRTHPLACE (city or town) (State or country) England.

15. MAIDEN NAME of mother Elizabeth Hurst.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Mrs Mary Creighton.

(Address) 721 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Leakin Park Date 4-9-36

19. UNDERTAKER Wendell E. Humphreys

(Address) 1-0 N. Broadway.

20. FILED ..... 19 ..... Registrar

8-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-7-36. 19

22. I HEREBY CERTIFY, That I attended deceased from Mch. 24 19 .. to Apl 7 19 36

I last saw h..... alive on April 7, 19 36 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	1 week
Other contributory causes of importance: Pulmonary edema	24 hrs

Was an operation performed? No Date of No

For what disease or injury? No

Name of operation No Date of

What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Geo. Forman M. D.

(Address) 709 W Fayette St

22720 F 22720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Mary Bell

(a) Residence: No. 21 Greenwood Ave Balto. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Bell

6. DATE OF BIRTH (month, day, year) 3/18/88

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48 yrs		21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Koerner

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary A. Ruth

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary Bell

(Address) 21 Greenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 11 1936

19. UNDERTAKER Frank Lanahan & Son

(Address) 7401 Belair Rd.

FILED 4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-8-36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3-31-36 . 19 .. to 4-8-36 . 19 ..

I last saw her alive on 4-8-36 . 19 .. Death is said to have occurred on the date stated above, at 7:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
	acute

Other contributory causes of importance:

Was an operation performed? yes Date of 4-2-36

For what disease or injury?

Name of operation Hysterectomy Date of 4-2-36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lawrence H. Wells . M. D.

(Address) Mary Lang

22721

HEALTH DEPARTMENT—CITY OF BALTIMORE

22721

CERTIFICATE OF DEATH

15-8 82-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3404 Duvall Avenue St., 15-8 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Helen Sweeny

(a) Residence: No. 3404 Duvall Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stephen Sweeny

DATE OF BIRTH (month, day, year) June 16th 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME? Milliron

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Lucinda J. Gosnell

16. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

17. INFORMANT Stephen Fitzgerald
(Address) 209 W. 29th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date April 9th 19 36

19. UNDERTAKER Wm Tickner & Sons
(Address) North & Ellamore Ave

PR 8 - 1936 Huntington Williams, M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1936, 19 , to April 7, 19 36

I last saw her alive on April 6, 19 36 Death is said to have occurred on the date stated above, at 9:55 A m.

The prinripal cause of death and related causes of importanre were as follows:

Cerebral apoplexy. — Date of onset 2.15.36

Other contributory causes of importance:

Arterior sclerosis. Hypertension.

Was an operation performed? no Date of --

For what disease or injury? --

Name of operation -- Date of --

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R B McElwain, M. D.

(Address) 31 E. Dorsey Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

22722 — F 22722

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Union Memorial Hosp. — Registered No. ____

CITY OF BALTIMORE: (No. ____ St., 29-4 Ward) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME: Mrs. Richard R. Harwood (Willy Hyde) — If U. S. Veteran specify WAR ____

(a) Residence: No. 4300 Roland Ave St., ____ Ward. ____ (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or WIFE of): Richard R. Harwood

6. DATE OF BIRTH (month, day, year): Jan. 23, 1885

7. AGE

Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
51	2	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): Jan 1936

11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Iowa

13. NAME: Arthur Wellington Hart

14. BIRTHPLACE (city or town) (State or country): St Louis, Mo.

15. MAIDEN NAME: Norah Bradford

16. BIRTHPLACE (city or town) (State or country): Memphis, Tenn.

17. INFORMANT (Address): Mr Richard R. Harwood 4300 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL — Place: Druid Ridge Cem. Date: April 9th 1936

19. UNDERTAKER (Address): J. Fletcher Hafer Co.

FILED: APR 9 - 1936 — Arthur Wellington Hart, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-7-36

22. I HEREBY CERTIFY, That I attended deceased from 1-22-36 to 4-7-36

I last saw h CR alive on 4-7-36 Death is said to have occurred on the date stated above, at 1 21 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma cervix uteri with carcinomatosis	1933?
Other contributory causes of importance: Intestinal obstruction	3-15-36

Was an operation performed? Yes Date of 1-24-36

For what disease or injury? Vaginal Bleeding

Name of Packing of vagina Date of 1-24-36

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ____ 19 ____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ____

(Signed) H. Leslie Fleming, M. D.

(Address) Union Mem. Hosp.

22723

HEALTH DEPARTMENT—CITY OF BALTIMORE

22723

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3707 Springdale Ave. (St.) ..... Ward) 54

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 1 mos. 15 dys. How long in U. S. if of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Eleonora B. Haupt

(a) Residence: No. 3707 Springdale Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

☐ U. S. Veteran

specify WAR .....

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Haupt

DATE OF BIRTH (month, day, year) Feb 19 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	73	1	15/16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife 807

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Louis Bouscein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Otto

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Miss Elsa C Haupt

(Address) 3707 Springdale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apr 8 1936

19. UNDERTAKER Wm J Ireton & Sons

(Address) North & Pa Aves

20. FILED APR 8 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 5 1936

22. I HEREBY CERTIFY That I attended deceased from Mar. 30 1936 to Apl. 5 1936

I last saw h alive on Apl. 5 1936 Death is said to have occurred on the date stated above, at 8:50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 da

Other contributory causes of importance

Diabetes several yrs

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm Lut C Blake, M. D.

(Address) Med. Arts Bldg.

22724 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 22724

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3906 Maine Ave St. (Ward) 15-10

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 0 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bessie Hartge

(a) Residence: No. 3906 Maine Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry J Hartge

6. DATE OF BIRTH (month, day, year) Mar 13 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Heath

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Eliza Rochester

16. BIRTHPLACE (city or town) (State or country) Church Hill Md

17. INFORMANT Mr Vernon Hartge

(Address) 3906 Maine Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Apr 8 1936

19. UNDERTAKER Wm J Fulton & Son

(Address) North & Penna Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5 1935 to April 5 1936

I last saw her alive on April 2 1936 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	4/7/36
Hypertension C.V. Disease	5 yrs
Arteriosclerosis	6 yrs.

Other contributory causes of importance:

Chron nephritis (Arteriosclerotic, secondary)	3 yrs

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J Wesley Edel M. D.

(Address) 3403 Gatewood Blvd

Spec. 1-30—M. & T.—250 Bks.

F 22725

F 22725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-a

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1002 Forest ST. 10-1 WARD)

2-FULL NAME Mary Cockrum

(a) RESIDENCE NO. 1002 Forest ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Roy Cockrum

7 DATE OF BIRTH (month, day, and year) Feby 7, 1902

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Frank Simacek

11 BIRTHPLACE OF FATHER (city or town) Prau (State or country) Czecho Slovakia

12 MAIDEN NAME OF MOTHER Sophia Gene

13 BIRTHPLACE OF MOTHER (city or town) Prau (State or country) Czecho Slovakia

Informant (Address) Husband Roy Cockrum 1002 Forest.

Filed 1936, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7-36

17 I HEREBY CERTIFY, That I attended deceased from Apr 2, 1936 to Apr 7, 1936,

that I last saw him alive on Apr 7, 1936,

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes Physical findings

What test confirmed diagnosis?

(Signed) H. MacWhorter M. D.

, 19 (Address) 1116 Greenmount Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL April 10 1936

20 UNDERTAKER Auguste Pasch Inc

ADDRESS 3 Block Oldtown

F 22726

F 22726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospt. (Ward) 9-4

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Stein

If U. S. Veteran specify WAR .....

(a) Residence: No. 521 E. 28th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Florence

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Fannie Stein

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Mt. Carmel Date 4/9/36 19

19. UNDERTAKER Jack & Levin Co. (Address) 1436 E. Balto St.

4-8-1936 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-7-36 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the date stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4/7/7

Other contributory causes of importance: Angina Pectoris

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation ..... Date of .....

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George S. Allen M. D.

(Address) 2509 Arsenal St

F 22727

F 22727

1914 E. Fall Line

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Sinai Hospital St., 15 12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Barney Hyatt
If U. S. Veteran specify WAR .....

(a) Residence: No. 2909 Rockrose Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Etty Hyatt

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bully Bros
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Louis Hyatt
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Durah
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sarah Hyatt
(Address) 1621 Edgar St.

18. BURIAL, CREMATION, OR REMOVAL Apr 4 1936
Hebrew Montefiore

19. UNDERTAKER Jos. Levin & Bro
(Address) 1439 E. Balto St.

FILED APR 8 - 1936, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-7-36, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Injury (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The prinripal cause of death and related causes of importanre were as follows:

	Date of onset
Burbicide ? Mercury poisoning	

Other contributory causes of importanre: Acute Nephritis

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external rauses (violenre) fill in also the following:
Arrident, suiride, or homicide: Suicide Date of injury April 3 1936
Where did injury occur? 2909 Rokrose Ave Balto Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Swallowed Burbicide ? Mercury
Nature of injury tablets

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schreiber Coroner, M. D.
(Address) 1912 E. Baltimore

F 22728 ✓ F 22728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1925 E. PRATT St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME ISAAC COHEN

(a) Residence: No. 1925 E. PRATT St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Ida Cohen

7. DATE OF BIRTH (month, day, year)

8. AGE: Years 56; Months; Days; If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mens Tailor

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country): Russia

14. NAME: Irvin —

15. BIRTHPLACE (city or town) (State or country): Russia

16. MAIDEN NAME: —

17. BIRTHPLACE (city or town) (State or country): Russia

18. INFORMANT: Ida Cohen (Wife)

(Address): 1925 E. Pratt St.

19. BURIAL, CREMATION, OR REMOVAL

Place: Hebrew Rodeph Date 4-9- 36

20. UNDERTAKER: Jack Levin Inc.

(Address): 1439 Eastern Ave.

20. FILED APR 9 1936, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-9-36, 19

22. I HEREBY CERTIFY, That I attended deceased from April 4, 19 36, to April 7, 19 36

I last saw him alive on April 7, 19 36 Death is said to have occurred on the date stated above, at 2 15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted]	
Acute Indigestion	

Other contributory causes of importance: angina Pectoris

Was an operation performed? Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

Signed M Eshrocaer, M. D.

(Address) 1 E B St W. Mord Ave.

22729 — 31148 — F 22729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — St., 15-2 Ward) — Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Morris Friedlander — If U. S. Veteran specify WAR .....

(a) Residence: No. 1507 Appleton St. St., ... Ward. ..... (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of Bessie

DATE OF BIRTH (month, day, year) 7/5/52

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83 & 5	9	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None old

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Maria Friedlander

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Minnie Morris

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records — JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rodef Date 4/8/36 19..

19. UNDERTAKER Jos. Levy & Bro. By

(Address) 1432 E. Baltimore St.

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 25 1936, to April 6 1936.

I last saw him alive on April 6 1936. Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolus	4/6/36
Benign Prostatic Hypertrophy	10/1/35

Other contcibutory causes of importance:

Arteriosclerosis 3-25-36

Was an operation performed? Yes Date of 4-6-36

For what disease or injury? Benign Prostatic Hypertrophy 3-25-36

Name of operation Supra-Pubic cystotomy Perineal Prostatectomy Date of 4-6-36

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh J. Jewett M. D.

(Address) J.H.H.

F 22730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 S. Woodyear St., 19-3 Ward)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Suzie Gertrude Mc Coy

(a) Residence: No. 300 S Woodyear St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 29-88

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	10	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME OF FATHER William Neary

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Ella Virtue

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Frederick Mc Coy

(Address) 300 Woodyear St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 4-7-36

19. UNDERTAKER H. B. Kephart & Son

(Address) 130 Eastern Ave Washington, D.C.

FILED 4-8-1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6 - 1936

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1936, to April 6, 1936

I last saw h. alive on April 5, 1936 Death is said to have occurred on the date stated above, at 10.20 A.M.

The principal cause of death and related causes of importance were as follows:

carcinoma of uterus with metastases to pelvic and abdominal viscera

Date of onset unknown

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Nathan Rowsil M. D.

(Address) 206 S. gilmor St.

F 22731

F.M. D. B. 1916 22731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 25-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lorraine C. Thiele

(a) Residence: No. 1612 Morrell Park Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 23 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Raymond A. Thiele

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Lillian C. Rauscher

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Fillian C. Thiele
(Address) 1612 Morrell Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date April 8. 1936

19. UNDERTAKER J. B. Kippert & Son
(Address) [redacted] Ft. Pumpton Pulaski, Md.

20. FILED 19 ... Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Paul Schreyer Coroner, M. D.

(Address) 1912 E. North Ave.

22732

HEALTH DEPARTMENT—CITY OF BALTIMORE

22732

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1254 Cliftview Avenue 9-8 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Marie Cecelia Janson

(a) Residence: No. 1254 Cliftview Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Roman P. Janson

DATE OF BIRTH (month, day, year) Feb. 5th, 1889.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John Bohnet

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Norweis

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Roman P. Janson (Husband)

(Address) 1254 Cliftview Avenue

BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem. Date 4/11/36

UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Ave.

APR 8 - 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 29, 1936 to April 7, 1936

I last saw her alive on April 6th 1936. Death is said to have occurred on the date stated above, at 3:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	1 week
Other contributory causes of importance: Hypertensive Cardiovascular Renal Disease	6 months

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel A. Woch, M. D.

(Address) 1331 E. Monument

22733

✓ F 22733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 51-a

1. PLACE OF DEATH Mercy Hosp.

CITY OF BALTIMORE: (No. ..... St., 4-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ralph Reed Jr. Parkersburg

If U. S. Veteran specify WAR .....

(a) Residence: No. Camden Ave & Elden St., W. Va Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 8. 1935

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

13. NAME Ralph Reed.

14. BIRTHPLACE (city or town) (State or country) W. Va.

15. MAIDEN NAME Mildred Cameron

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Father.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Parkersburg W Va 4/9 1936

19. UNDERTAKER Geo. A. Tenney Funeral Home

(Address) Fairmont, Huntington, Williamson, W. Va.

20. FILED 4-9 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

X

21. DATE OF DEATH (month, day, year) 4-8 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1936 to March 8 1936

I last saw him alive on March 8 1936 Death is said to have occurred on the date stated above, at 7 20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancema of kidney	
Other contributory causes of importance:	
Severe exhaustion	5 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. D. Jones, M. D.

(Address) Mercy Hosp.

D. B. 1936 22734

F 22734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1727 Linden Ave. St., 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Adler

(a) Residence: No. 1727 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of William Adler

DATE OF BIRTH (month, day, year) Sept. 10, 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	6	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Samuel Rosenblatt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sarah Weinberg

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Grace Rosenthal

(Address) Marlborough Apts.

BURIAL, ~~CREMATION, OR REMOVAL~~

Place Balto. Hebrew Cem. Date April 9, 1936

UNDERTAKER David Sondheim & Son

(Address) 1902 Eutaw Place

FILED 4-8-1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. Hamm, M. D.
Coroner

(Address) 1215 Hanover St.

F 22735 # ✓ F 22735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167 107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1873 Balto. City Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Jennie (Margaret) Swegart

(a) Residence: No. 2018 Presstman St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowedd

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John

DATE OF BIRTH (month, day, year) 4-25-1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78		11	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore, Va.

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Lucinda Parker

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date April 9. 1936

19. UNDERTAKER Josiah Lyter

(Address) 1000 W. Pratt St.

FILED 8 - 1936 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/6 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/4 1936 to 4/6 1936

I last saw her alive on 4/6 1936 Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Arteriosclerosis	?
Other contributory causes of importance:	
Hypertension	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

22736 ✓ F 22736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34B

Registered No. .....

1. PLACE OF DEATH University Hospital
CITY OF BALTIMORE: (No. ..... St., 17-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Richard Scott

(a) Residence: No. 522 Orchard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Col.
5. Single, Married, Widowed, or Divorced (write the word): Widower
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma Scott.
7. DATE OF BIRTH (month, day, year) ?
8. AGE: Years 49; Months; Days; If LESS than 1 day, hrs. or min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Boot
11. Date deceased last worked at this occupation (month and year)
12. Total time (years) spent in this occupation
13. BIRTHPLACE (city or town) (State or country): Norfolk Va.
14. NAME: Peter Scott
15. BIRTHPLACE (city or town) (State or country) ?
16. MAIDEN NAME: Delia.
17. BIRTHPLACE (city or town) (State or country) ?
18. INFORMANT: Lottie Scott. (Address) 522 Orchard St.
19. BURIAL, CREMATION, OR REMOVAL: Date 4/8/36 19
20. UNDERTAKER: M. Salvatore (Address) 818 Lemmon Hill Ave
21. FILED 19 Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-4 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-4-36 19..., to 4-4 1936

I last saw him alive on Apr. 4 1936 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic C.V. disease	
C Aortic aneurysm	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John McC. Carmen M. D.

(Address) Univ. Hosp.

H. D. P. 1268-9

✓ F 22737

2737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-E-131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Church Home & Inf.

CITY OF BALTIMORE: (No. Brdway & Fairmount St., 8-3 Ward)

Length of residence in city or town where death occurred 68 yrs. 2 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene Wooden

(a) Residence: No. 1219 North Linwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Iva Wooden

DATE OF BIRTH (month, day, year) Jan 17-1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank

10. Date deceased last worked at this occupation (month and year) Dec 15-1935

11. Total time (years) spent in this occupation 17 yrs

12. BIRTHPLACE (city or town) (State or country) Prussia

13. NAME John Lee Wooden

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Rebecca Bosley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Iva Wooden

(Address) 27 S. Caroline st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date April 10 1936

19. UNDERTAKER Henry Lutz

(Address) 1203 N. Broadway

Filed Apr 10 1936 Huntington Pittsburgh, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1936 to April 6 1936

I last saw him alive on April 6 1936 Death is said to have occurred on the date stated above, at 7 50 P m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Disease — Date of onset May 1936

Other contributory causes of importance:

Central Nervous System Syphilis
Vascular Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carlton H Adams M. D.

(Address) Church Home & Inf.

M. D. B 1268-9

22738 ✓ F 22738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

125-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 16-8 Ward)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Irene A. Cavanaugh

(a) Residence: No. 133 S. Eaton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 13-1923

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	13	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER'S FATHER

13. NAME Joseph Cavanaugh

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Amelia Neal

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Amelia Cavanaugh
(Address) 133 S. Eaton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date 4/8 1936

19. UNDERTAKER John F. Connelly
(Address) Essex Md.

20. FILED ..... 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by ..... and ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute hepatic atrophy	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) W. W. Wright Coroner, M. D.

(Address) 1610 S. Edmondson Ave.

- 1936

H. D. B. 1268-9

22739 ✓ F 22739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1225 BAYARD St., 21-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME MARIAH WILLIAMS

(a) Residence: No. 1225 BAYARD St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	COLORED	WIDOW

6. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1866

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOME

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) MUIRKIRK MARYLAND

13. NAME OF FATHER JOHN WELLS

14. BIRTHPLACE (city or town) (State or country) MUIRKIRK

15. MAIDEN NAME OF MOTHER DON'T KNOW

16. BIRTHPLACE (city or town) (State or country) —

INFORMANT MILDRED WILLIAMS

(Address) 1225 BAYARD ST.

BURIAL, CREMATION, OR REMOVAL

Place Johnson Cem. Date 4/8 . 1936

UNDERTAKER Walter B. Spriggs

(Address) 1394 W. Hamburg St.

FILED 1936 ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/4/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3/30/36 19 ... to 4/4/36 . 19

I last saw her alive on 4/4/36 19 Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/30/36

Other contributory causes of importance:

Arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury 19

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, (state) ...

(Signed) Clifford Dobbin, M. D.

(Address) 1227 Bayard St.

22740

E 22740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 s Macon St St., 26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Korn

(a) Residence: No. 318. S. Macon St St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Korn

7. DATE OF BIRTH (month, day, year) Jan. 23 1886

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	2	7 13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tavern Keeper 20 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Adam Korn

14. BIRTHPLACE (city or town) (State or country) pennsylvania

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Anna Korn (wife)
(Address) 318. S Macon St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date April 9 1936

19. UNDERTAKER Lilly & Zeiler Jr
(Address) 4035 Harford Rd

FILED [illegible] 8-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6 1936

22. I HEREBY CERTIFY, That I attended deceased from February 1936 to April 6 1936

I last saw h/M. alive on April 6 1936 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	
Chronic interstitial nephritis	
Cerebral Hemorrhage	
Other contributory causes of importance:	
Atrophy Kidneys Liver	over

Was an operation performed? no Date of

For what disease or injury? none

Name of operation none Date of

What test confirmed diagnosis? Cessation of Heart Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Walter A Anderson M. D.
(Address) 3001 Shannon Drive

22741 HEALTH DEPARTMENT—CITY OF BALTIMORE 22741

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 620. S Newkirk St., 26-7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Andrew A Lauer

If U. S. Veteran specify WAR .....

(a) Residence: No. 620. S. Newkirk St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Lauer

DATE OF BIRTH (month, day, year) June 12 1857

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	9	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. shoemaker

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Alexander Lauer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Phfister

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Lauer (wife).
(Address) 620. S. Newkirk St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 9 1936

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 403 Park Ave

FILED ..... 19 .....

RR 8-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1935 to April 6, 1936
I last saw him alive on April 6, 1936 Death is said to have occurred on the date stated above, at 11.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Chronic Myocarditis	about 3 yrs
Cardiac Decompensation	

Other contributory causes of importance:

No

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date .....

What test confirmed diagnosis? Was there an autopsy? Wassermann Ferdberg

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Louis J Glass M. D.

(Address) 412 Washington Blvd

F 22742 ✓ F 22742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH St. Agnes' Hospital
CITY OF BALTIMORE: (No. Wilkens + Caton ave St. 12-7 Ward) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Agnes Bryan
(a) Residence: No. 2704 Maryland ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Nov 20 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	4	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Farmer

13. NAME Ignatius G. Rockel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Milske

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hosp Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 7/14/36

19. UNDERTAKER Tilly & Zeiler
(Address) 402 S Monroe

20. FILED 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1936, to April 8, 1936.
I last saw her alive on April 8, 1936. Death is said to have occurred on the date stated above, at 8 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial asthma	
Emphysema	
Cardiac decompensation	over

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. J. Williamson, M. D.
(Address) St. Agnes Hosp

2743 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No. B 82213

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1029 Somerset St., 10th Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Katie Schroer

(a) Residence: No. 1029 Somerset St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Schroer

DATE OF BIRTH (month, day, year) Feb 14 1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 6000 At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Joseph Stocker

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Garbesell

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emilea Wendelken
(Address) 2818 Kennedy Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 10 1936

19. UNDERTAKER Martin H. E. Dippel
(Address) 37 S Carey St

20. 1936 Huntington Williams, Registrar.
April 11

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/14, 1936, to 4/6, 1936

I last saw her alive on 4/6, 1936 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronarin of Liver	?

Other contributory causes of importance:
Heart failure

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Henry D Ruthrauff, M. D.

(Address) 1623 Northern

✓ F 22744

3118 98
22744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 3-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis Caluzzi

(a) Residence: No. 810 Stiles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	white	—

3. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 10-31-34

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17 5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Angelo Caluzzi

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Russo

16. BIRTHPLACE (city or town) (State or country) Phila Penna

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 9 1936

19. UNDERTAKER Mat M & Dripel

(Address) 37 [illegible] St Washington Village, Md

20. [illegible] -1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1936, to April 7, 1936

I last saw him alive on April 7, 1936. Death is said to have occurred on the date stated above, at 1245 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital malformation of bile ducts ?	
Biliary cirrhosis ? liver at 6 weeks	
Pneumonia — primary lobar	April 1st.

Other contributory causes of importance

Anemia

Was an operation performed? Yes Date of June 6th

For what disease or injury? ? Cirrhosis Liver

Name of operation Laparotomy Date of [illegible]

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lydia B Schwed M. D.

(Address) Johns Hopkins Hospital

✓ F 22745

2745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. 16-1

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World

2. FULL NAME Samuel Simms

(a) Residence: No. 1219 Stricker St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	single	solored

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 26, 1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	6	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private gardens

10. Date deceased last worked at this occupation (month and year) April 6 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Simms

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

15. MAIDEN NAME Katie ??

16. BIRTHPLACE (city or town) (State or country) Richmond Va.

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place National Date 4/10 1936

19. UNDERTAKER Samuel P. Clarke & Son (Address) 608 N. Fulton Ave

20. FILED ..... 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 3 1936 to April 7 1936

I last saw him alive on April 7 1936 Death is said to have occurred on the date stated above, at 2:57 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic far advanced, bilateral	Unknown

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T. B. N. a Lusa M. D.

(Address) U.S. Marine Hospital

F 22746

2746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 700-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No

2. FULL NAME Michael Mc Carthy

(a) Residence: No. 2662 Wilkens Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Mc Carthy

DATE OF BIRTH (month, day, year) Jan 21—1863

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	73	2	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Tender, Wood

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hatchman 2662

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

13. NAME OF FATHER Timothy Mc Carthy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Geo. John Fidelis (Address) St Mary's Rud School

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date April 10 1936

19. UNDERTAKER Chas. E. Faust & Son (Address) 1101 Mt Royal ave

1936 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/4 1936 to 4/8 1936

I last saw him alive on 4/8 1936 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows: Acute bronchopneumonia — Date of onset 4/2/36

Other contributory causes of importance: senility, arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Surgical path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Whitehouse M. D.

(Address) 17 Grove Hall

F 22747

22747 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

49a

1. PLACE OF DEATH Hilton Court Apartments 5.6 Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Liberty Hgts & Hilton St. Ward 13

Length of residence in city or town where death occurred 6 yrs. 2 mos. 24 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ✓

2. FULL NAME Leah Berger Campbell

(a) Residence: No. Liberty Hgts Ave & Hilton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Howard Campbell

DATE OF BIRTH (month, day, year) Oct 9-1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month, day, year) June 1934 | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Phineas R Berger

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Teresa Rayforth

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mr R E L Berger

(Address) Hilton Court Apts

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Oct 10 1936

19. UNDERTAKER Mr Gretzinger & Sons

(Address) [illegible]

OCT 9 - 1936 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 4th 1935 to April 8 1936

last saw her alive on Apr 7. 1936 Death is said to have occurred on the date stated above, at 6A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of ovary - metastatic growths in abdomen - lungs & brain.	1934

Other contributory causes of importance:

Was an operation performed? with transfusion (Hand) abdomen Date of Sept 10

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? X-rays. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Harry Weinberg M. D.

(Address) 37 W. Preston

F 22748

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22748

CERTIFICATE OF DEATH

Registered No. 16-7 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1310 Poplar Grove St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Utermohle

(a) Residence: No. 1310 Poplar Grove St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

If married, widowed or divorced HUSBAND of (or) WIFE of Margaret J Utermohle

DATE OF BIRTH (month, day, year) Mar. 29 1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	0	109	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jewelry

10. Date deceased last worked at this occupation (month and year) 1915

11. Total time (years) spent in this occupation 20 yrs

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME OF FATHER August Utermohle

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Katherine Drebing

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Chas. E. McCormick

(Address) 3402 Cedardale Rd

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Apr. 9 1936

UNDERTAKER Wm. Tschudy Sons.

(Address) North & Paines.

FILED Apr 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1936, to April 8, 1936

I last saw him alive on April 6, 1936. Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	Prolong
Interstitial Nephritis (chronic)	Yrs ago
Myocarditis	

Other contributory causes of importance: Bronchopneumonia

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W J Love M. D.

(Address) 2011 Eutaw Place

K 9 - 1936

2749 F 22749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-4 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1901 Wheeler Ave. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bettie Mattingly Robins

(a) Residence: No. 1901 Wheeler Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Benjamin F. Robins

DATE OF BIRTH (month, day, year) Nov. 25th 1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	4	12	11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co. Md.

13. NAME of Henry Mattingly

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sally Moore Maddox

16. BIRTHPLACE (city or town) (State or country) Charles Co. Md.

17. INFORMANT Miss. Maude Robins
(Address) 1901 Wheeler Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olive+ Date April 9th 19 36

19. UNDERTAKER Wm J Tyrkey & Sons
(Address) North & Penna. Ave.

20. FILED 4-9-1936 Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6th 19 36

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1935 to Apr 6 1936

I last saw her alive on Apr 6 1936 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma - Stomach - Pylorus - Abd. Sinus. — Date of onset

Other contributory causes of importance:

Chr. Hypertension - several years.

Was an operation performed? — Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carroll Lockwood M.D.

(Address) 42 Preston St.

22750

F 22750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St., 15-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. ... birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Chase George Amasa If U. S. Veteran specify WAR World War

(a) Residence: No. 2401 Garrison Blvd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

3. If married, widowed, or divorced HUSBAND of ~~(or)~~ WIFE of Elsie Fowler Chase

DATE OF BIRTH (month, day, year) Sept 5 1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44		7	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bus Drv

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Trans Foundry Org

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME George Chase

14. BIRTHPLACE (city or town) (State or country) Penna.

15. MAIDEN NAME Anna LeBarre

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mrs Elsie Fowler Chase

(Address) 2401 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date April 10 1936

19. UNDERTAKER H. Sisk Sons

(Address) Nova Scotia

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-7, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-28, 1936 to 4-7, 1936

last saw him alive on 4-7-, 1936 Death is said to have occurred on the date stated above, at 10.00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) A. L. Ewald Jr. M.D.

(Address) Maryland Gen'l Hosp.

F 22751

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22751

CERTIFICATE OF DEATH

105

1. PLACE OF DEATH Leydenham Hospital

CITY OF BALTIMORE: (No. ..... St., 9-W Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Natalie Fedder

If U. S. Veteran specify WAR .....

(a) Residence: No. 1705 Glenbrook Ave, Pikesville St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 14, 1955

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Ella Fedder

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Shirley Krayger

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Parents
(Address) 1705 Glenbrook Ave, Pikesville

18. BURIAL, CREMATION, OR REMOVAL
Date 4-9-36, 19

19. UNDERTAKER Jos. Levy & Son
(Address) 1439 E. Baltimore St.

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1936 to April 8, 1936

I last saw h.e.r. alive on April 8, 1936. Death is said to have occurred on the date stated above, at 2:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Laryngitis	4-4-36
Other contributory causes of importance:	

Was an operation performed? Yes Date of April 8, 1936

For what disease or injury? Laryngitis.

Name of operation Tracheotomy Date of Apr. 8. 36.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Wm. C. Stifler Jr. M. D.

(Address) Leydenham Hospital

F 22752

22752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 153 W. Cross St. 23-1 Ward)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Bell If U. S. Veteran specify WAR no

(a) Residence: No. 153 W. Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa A. Bell

6. DATE OF BIRTH (month, day, year) Apr 9. 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	29 30.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpet Layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mc. Dowell & Co.

10. Date deceased last worked at this occupation (month and year) June - 1926. 11. Total time (years) spent in this occupation 15.

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Perry F. Bell

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown.

INFORMANT Theresa A. Norris

(Address) 153 W. Cross St.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Apr 11th 1936

UNDERTAKER Mrs. Mrs. John W. Teufel & Son

(Address) 801 W. Pratt St

FILED 4-13-1936 Huntington Title Guaranty Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8 1936

22. I HEREBY CERTIFY, That I attended deceased from March 2 1936 to April 8 1936

I last saw him alive on April 8 1936 Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	not known
Cardiac Hypertension	
Other contributory causes of importance: Carcinoma of Hard Palate	not known

Was an operation performed? no Date of

For what disease or injury?

Nature of operation Date of

What test confirmed diagnosis? Physical & Laboratory. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Edward Norris M. D.

(Address) 107 East West St.

F 22753

11703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 22753

108

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-5 St., Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME James W Davis

(a) Residence: No. 1826 E Madison St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	Black	

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 9-14-35

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME Annie May Davis

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date April 9 1936

19. UNDERTAKER Edward Dyson
(Address) 648 Pennsylvania Ave, Huntington, W. Va.

FILED APR 9 1936, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1936 to April 6, 1936

I last saw him alive on April 6, 1936. Death is said to have occurred on the date stated above, at 4 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia primary Lobar	March 26
Other contributory causes of importance:	over

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lydia B Edwards M. D.
(Address) Johns Hopkins Hospital

22754 F 22754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-a

Registered No.....

1. PLACE OF DEATH Baltimore, Md.
CITY OF BALTIMORE: (No. 1102 Ashland Ave St. 10-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. da. How long in U. S. If of foreign birth ? yrs. mos. da.

If U. S. Veteran specify WAR.....

2. FULL NAME Isaac Henry Ennis

(a) Residence: No. 1102 Ashland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	married

If married, widowed, or divorced HUSBAND of Annie Ennis

DATE OF BIRTH (month, day, year) Aug 10, 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	7	26	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saloon keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cafe Saloon
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Isaac Ennis
14. BIRTHPLACE (city or town) (State or country) Baltimore Md
15. MAIDEN NAME Annie ?
16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Annie Ennis
(Address) 1102 Ashland ave

BURIAL, CREMATION, OR REMOVAL
Place Samuel Cem Date 4/9/36 19

UNDERTAKER Robert Entwisle & Son
(Address) 1515 McElderry st

FILED 1936 Huntington Hollowell, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 1935 to April 6, 1936

I last saw him alive on April 5, 1936 Death is said to have occurred on the date stated above, at 6.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis	2 wks
	acute

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? None

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sidney L. Levy M. D.

(Address) 2324 Eutaw Place

22755 B 22755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 12th Ward.

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lipman Wolf

(a) Residence: No. 2008 Berkley st St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate

6b. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Jacob Woolf.

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Fannie —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Albert Woolf

(Address) 700 - H St. N.E. Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL Place Rosedale Date April 9, 1936

19. UNDERTAKER Sol Levinson & Bros

(Address) 1127 E Baltimore St

R9-1936 Baltimore, Md. Apr 9.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 2, 1936, to April 8, 1936. I last saw him alive on April 1, 1936. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cardiac insufficiency

Chronic cardio vabvular disease

mitral stenosis & insufficiency

Cardiac arrhythmia - auricular fibrillation

Other contributory causes of importance:

Bronchopneumonia

Arteriosclerosis

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul W Swan M. D.

(Address) Sinai Hospital

22756

HEALTH DEPARTMENT—CITY OF BALTIMORE

22756

CERTIFICATE OF DEATH

8-6 131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1711 E. Lafayette Ave. St., ... Ward)

Length of residence in city or town where death occurred 71 yrs. 1 mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Fauldrath

(a) Residence: No. 1711 E. Lafayette Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of None

7. DATE OF BIRTH (month, day, year) Feb. 26, 1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	1	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Christopher Fauldfath

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Johannetta Lantz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Philip C. Fauldrath

(Address) 1711 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date April 9, 193[illegible]

19. UNDERTAKER Bohlen Uhlrich

(Address) 2008 Orleans St

20. FILED [illegible] 1936

[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/25, 1935, to 4/6, 1936

I last saw h[illegible] alive on 4/6, 1936 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral stenosis & Chronic diffuse Nephritis	2
Other contributory causes of importance: Heart failure & Bronchopneumonia	2 day

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Henry A Rutledge, M. D.

(Address) 1621 E North Ave

22757 HEALTH DEPARTMENT—CITY OF BALTIMORE 22757

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3406 Brendan St., 46-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma Link

(a) Residence: No. 3406 Brendan Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Raymond Link

DATE OF BIRTH (month, day, year) Oct 2 1902

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	5	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Camden N J

13. NAME Oscar Fritzscher

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Kunigunda ? Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Raymond Link

(Address) 3406 Brendan Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date April 10 1936

19. UNDERTAKER John Uelmen

(Address) 2008 Orleans St

FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-7-1936

22. I HEREBY CERTIFY, That I attended deceased from 9-9-1935 to 4-7-1936

I last saw her alive on 4-7-1936 Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

Endocarditis
Myocarditis
Myocardial Insufficiency

Date of onset Indefinite

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Rob B. Sybert M. D.

(Address) 780 Halford Ave

M. [illegible] 22758

F 22758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93 C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gertrude E. White

If U. S. Veteran specify WAR .....

(a) Residence: No. 620 Baker St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wilson

6. DATE OF BIRTH (month, day, year): Aug 11 1891

7. AGE: Years 46 | Months 7 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Domestic

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Charlottesville Va.

MOTHER FATHER

13. NAME: Thos Brown

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME: Charlotte (?)

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: James A Stanton

(Address) 620 Baker St

18. BURIAL, CREMATION, OR REMOVAL

Place, Dulaney Woods Date 4/8 19 34

19. UNDERTAKER: Thomas E. Kelson

(Address) 130 S. Wiesenthan St

FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4 1934

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Embolism	

Other contributory causes of importance: probably myocarditis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. W. Wright Coroner M. D.

(Address) 1010 S. Edmondson Ave

F 22759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. 19-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME James Imes

(a) Residence: No. 1513 W. Fairmount Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 3, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME John Imes

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Roader

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary Imes

(Address) 1513 W. Fairmount

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Apr. 9, 1936

19. UNDERTAKER Mrs Estie R. Williams

(Address) 322 S. Schroeder St.

FILED 9-1936, 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day and year) April 6, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inqiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Otitis	
Broncho Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis Clin Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ve

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) T. H. O'Sullivan M. D.

Coroner

(Address) 757 N. Wolfe

22760 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 22760

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 749 E. 37th St. 9-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Minnie A. Talbott

(a) Residence: No. 749 E. 37 St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Talbott

DATE OF BIRTH (month, day, year) Dec 1-1865

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME George Schuyner

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Carolyn Williams

(Address) 749 E. 37 St

18. BURIAL, CREMATION, OR REMOVAL Greenlawn Cemetery Date 4/10 19 36

19. UNDERTAKER Leonard J. Murphy

(Address) 1305 Hartford Ave.

Huntington Philadelphia Co

APR 9 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-7 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov ... 1935 to April 7 ... 1936

I last saw h. alive on April 6 1936 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar — Date of onset 2 days

Other contributory causes of importance:

Senility

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. S. Timmerman M. D.

(Address) .....

F 22761

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22761

CERTIFICATE OF DEATH

92a

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2506 Hermosa ave 27-3 (Ward)

Length of residence in city or town where death occurred Unknown yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME J. William Haase

(a) Residence: No. 2506 Hermosa ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) March 16th 1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar Mfr

10. Date deceased last worked at this occupation (month and year) Jan. 1st 1906

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Willard Haase

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

15. MAIDEN NAME Margaret Rolff

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mrs George C. Boland

(Address) 2506 Hermosa Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Apl 11 36

19. UNDERTAKER Frederick Haase & Son

(Address) 1401 Belair Road

FILED 19 Registered

9-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8th 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 4 1936 to Apl 8 1936

I last saw h alive on Apl 8 1936. Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac dilatation

Date of onset

Other contributory causes of importance

Chronic myocarditis + endocarditis

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas Bruins M. D.

(Address) 47 E Hoffman

M. D. B. 1369-A

22762

F 22762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 N. Streeper St. 6-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charlotta E. James

(a) Residence: No. 20 N. Streeper St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry James

6. DATE OF BIRTH (month, day, year): March 8, 1870

7. AGE: Years: 66 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME of Father: John Redmond

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME of Mother: Sarah Frazier

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Laurence Jones

(Address): 20 N. Streeper

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto Cem. Date: April 10, 1936

19. UNDERTAKER: Frank J. Pistone

(Address): 2186 E. Balto St

Filed: 1936, 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 16th, 1935 to April 6th, 1936

I last saw her alive on April 6th, 1936. Death is said to have occurred on the date stated above, at 10:55 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	Unknown
Myocarditis with decompensation	Unknown
	1930
Other contributory causes of importance:	
Cerebral Hemorrhage	3/12/36
Broncho Pneumonia	4/4/36

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Philibert Artigiani M. D.

(Address) 2042 East Fayette Street

22763

F 22763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 939 Forrest St., 10-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary E. Doyle

(a) Residence: No. 939 Forrest St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 25, 1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	2	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John P. Doyle

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary E. Quinn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Gisriel

(Address) 939 Forrest St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date April 11, 19 36

19. UNDERTAKER Rita Wiedefeld

(Address) 814 Greenmount Ave.

Date APR 9 - 1936 19 Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1936, to April 7, 1936

I last saw h.. alive on April 7, 1936 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema	4/5/36
congestive failure.	2

Other contributory causes of importance:

arteriosclerosis

Chronic interstitial nephritis ?

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel Lichenfeld, M. D.

(Address) 702 E. Preston St.

22764 F 22764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1936 93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1919 E. Lafayette Ave St., 8-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James K. Dick

(a) Residence: No. 1919 E. Lafayette Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or WIFE of) Margaret Matthews

DATE OF BIRTH (month, day, year) Dec 5th 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Detective (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Police Dept

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Dick

14. BIRTHPLACE (city or town) (State or country) Nova Scotia

15. MAIDEN NAME Mary Kirkwood

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Jas. K. Dick

(Address) 1919 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Fairwood Cemetery Date 4/9/36

19. UNDERTAKER E. J. Symons & Son

(Address) 1938 E. Lafayette Ave

FILED 4-9-1936 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6th 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4 1933, to April 6 1936

Last saw him alive on April 6 1936. Death is said to have occurred on the date stated above, at 9½ p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4-36
Myocarditis	4-36
Ascites, Anasarca	6 [illegible]35

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Physical signs Was case verified by autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Gibson Porter, M. D.

(Address) 4512 Roland Ave

22765 F 22765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Milton RATAJCZAK

(a) Residence: No. 325 S Durham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 13, 1933

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	2	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Ratajczak

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Jane Flower

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mother

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date April 9, 1936

19. UNDERTAKER John M. Welsh

(Address) 901 E Chase St

Huntington Williams, M.D.
Registrar

FILED 9-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1936 to April 8, 1936

I last saw h. alive on April 8, 1936 Death is said to have occurred on the date stated above, at 5:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	4-6-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Francis D. Schwenker, M. D.

(Address) Sydenham Hospital

M. D. F 1209-9

F 22766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108 F 22766

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4005 Wilsby Ave St., 9-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 4 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude M Boughman

(a) Residence: No. 4005 Wilsby Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. ~~Single~~, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed, or divorced WIFE of (or) HUSBAND of: Edgar R Boughman
DATE OF BIRTH (month, day, year): Dec 2nd 1905
7. AGE: Years 30 | Months 4 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —
12. BIRTHPLACE (city or town) (State or country): Baltimore Md
13. NAME: Harry S Bonsiell
14. BIRTHPLACE (city or town) (State or country): Newark Ohio
15. MAIDEN NAME: Mary Schilling
16. BIRTHPLACE (city or town) (State or country): Frederick Md
17. INFORMANT: Edgar R Boughman
(Address): 4005 Wilsby Ave
18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: April 10th 1936
19. UNDERTAKER: Geo Schilling & Sons
(Address): Monument & Fairmount Sts

FILED ..... 19..... Registrar

APR 9 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4 - 7 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 3 - 31 - 1936 to 4 - 7 - 1936

I last saw her alive on 4 - 7 - 1936 Death is said to have occurred on the date stated above, at 1.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/31/36

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jno. B. Dyker M. D.

(Address) 1802 Harford

22767 F 22767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3626 W. Garrison ave St., ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Bilaga

(a) Residence: No. 3626 W. Garrison ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

DATE OF BIRTH (month, day, year) 1878

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	—		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Morris Bilaga

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Minnie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Edw Bilaga

(Address) 3626 W Garrison ave

18. BURIAL, CREMATION OR REMOVAL

Hebrew Mt Carmel Date 4/9 1936

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Baltimore St

APR 9 1936 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/9 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1935 to April 9 1936

I last saw him alive on April 7 1936. Death is said to have occurred on the date stated above, at 4.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardiac Heart Disease	
Arteriosclerosis	
Diabetes Mellitus	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Conrad Hankin, M. D.

(Address) 5 W. Saratoga Ave Baltimore, Md.

22768

F 22768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓124-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. U.S. Marine Hospital, Baltimore St., 17-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 2 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR none

2. FULL NAME Froilan Rodriguez

(a) Residence: No. 67 Hilaro St., Vera Cruz, Mexico St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) August 16, 1906

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	29	7	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. A.B. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 2-1-36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vera Cruz, Mexico

13. NAME Arsenio Rodrigues

14. BIRTHPLACE (city or town) (State or country) Santander, Spain

15. MAIDEN NAME Mary Reybell

16. BIRTHPLACE (city or town) (State or country) Santander, Spain

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St Paul's Cem. Date April 9, 1936

19. UNDERTAKER L. Snyder & Son Inc
(Address) 1210 E. East St.

20. FILED ..., 19.. Registrar

9-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 24, 1936, to April 7, 1936

I last saw h.im alive on April 7, 1936. Death is said to have occurred on the date stated above, at 8:20A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver, atrophic	Unknown
Other contributory causes of importance:	
Septicemia, general, streptoccic	3-23-36

Was an operation performed? Yes Date of 3-31-36 & 3-28-36

For what disease or injury? Deviated septum & ascites

Name of operation Submucous resection Paracentesis, abd. Date of 3-28-36

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) T. M. V. Anderson, M. D.

(Address) U.S. Marine Hospital

F 22769

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22769

CERTIFICATE OF DEATH

18

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine A. Hayes

(a) Residence: No. 1409 Ramsey St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 4, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER'S FATHER'S

13. NAME Chas. W. Hayes

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Theresa Hines

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Chas. W. Hayes

(Address) 1409 Ramsey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date April 9, 1936

19. UNDERTAKER F. H. C. & E. M. Walter

(Address) N. E. Cor. Fremont & Stockton Sts.

20. FILED APR 9 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus Meningitis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. & Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. W. Cradlebaugh M. D. Coroner

(Address) 2757 W. Lanvale

F 22770

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22770

CERTIFICATE OF DEATH

95-13

1. PLACE OF DEATH

Registered No. 12057

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-12 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town, where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Sommers Jr

If U. S. Veteran specify WAR No.

(a) Residence: No. Baltimore City Hospitals St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 2-20-1910

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	1	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City Hosp.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) St. Paul Minn.

13. NAME Charles L. Sommers.

14. BIRTHPLACE (city or town) (State or country) Wisconsin

15. MAIDEN NAME Rose Davidson

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Paul Minn Date April 10 1936

19. UNDERTAKER Shaw & Ford & Son
(Address) 18 W. Mt Royal Ave

FILED 1936 Huntington Williams
0-1506

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/8 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/2 1936 to 4/8 1936

I last saw him alive on 4/8 1936 Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	2/32 ?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

22771 F 22771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mrs Stella Houston

(a) Residence: No. 3301 Guilford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed,~~ or Divorced (write the word)
Female	White	Divorced

6a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of George Porter Houston

7. DATE OF BIRTH (month, day, year) About 1847

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——— Work

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md

13. NAME Grafton Boone

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md

15. MAIDEN NAME Rida Revell

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md

17. INFORMANT George Porter Houston
(Address) U.S.F.S. Co Redwood & Calvert

18. BURIAL, CREMATION, OR REMOVAL Place London Park Cem and Mausoleum Date April 16th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. 1936 Huntington Maryland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-7 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-1 1936 to 4-7 1936

I last saw h.r alive on 4-6 1936 Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure - hypertensive heart disease	1 yr
Other contributory causes of importance: Diabetes mellitus	10 yrs?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. Freeman M. D.

(Address) Univ. Hospital

22772 F 22772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 Somerset St. 10-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charlie Thompson

If U. S. Veteran specify WAR .....

(a) Residence: No. 818 Somerset St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Pearl Thompson

7. DATE OF BIRTH (month, day, year): 1884 - Sept 22

8. AGE: Years: 51 | Months: 6 | Days: 16 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Gastonia N.C.

13. NAME OF FATHER: John Thompson

14. BIRTHPLACE (city or town) (State or country): N.C.

15. MAIDEN NAME OF MOTHER: unknown

16. BIRTHPLACE (city or town) (State or country): N.C.

17. INFORMANT: Pearl Thompson

(Address) 818 Somerset St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary cem Date April 10- 1936

19. UNDERTAKER: Byron & Marie H. Wright

(Address) 1218 McCulloh St

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-8- 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/12 1936 to 4/8 1936

I last saw him alive on 4/8 1936 Death is said to have occurred on the date stated above, at 8 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) A. H. Bornstein M. D.

(Address) 733 Arguith St

F 22773

22773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 46-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2221 Madison Av St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Washington

If U. S. Veteran specify WAR

(a) Residence: No. 2221 Madison Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	married

6. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Helen Washington

DATE OF BIRTH (month, day, year) Nov 22, 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Peru

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Helen Washington

(Address) 2221 madison Av

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4/11 1936

19. UNDERTAKER Thomas C. Kelson

(Address) 1303 Druid Hill Av

20. FILED 1936 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936, to April 8, 1936

I last saw him alive on April 7, 1936. Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1 year

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. S. McCard M. D.

(Address) 2029 Druid Hill Av

F 22774

22774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 2131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1517 Myrtle St. 14 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Speaks If U. S. Veteran specify WAR

(a) Residence: No. 1517 Myrtle Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Speaks

DATE OF BIRTH (month, day, year) Dec 20 1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	3	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) 3-17-36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annarundel Co Md

13. NAME Charles Hammonds

14. BIRTHPLACE (city or town) (State or country) Annarundel Co Md

15. MAIDEN NAME Eliza Dutton

16. BIRTHPLACE (city or town) (State or country) Annarundel Co.

17. INFORMANT Fannie Myles (Address) 1517 myrtle ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 4/10/ 1936

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Orianstown St

20. FILED 1936 Huntington Pollard Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-7- 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-19 1936, to 4-7 1936

I last saw h alive on 4-1 1936 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	unknown
Other contributory causes of importance: unknown	unk

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? I Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank Hammonds M. D.

(Address) 10 209 N. Stricker St.

F 22775

HEALTH DEPARTMENT—CITY OF BALTIMORE

2775

CERTIFICATE OF DEATH. 108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1608 Forman St. 15-1 Ward)

2-FULL NAME Fannie Robinson

(a) RESIDENCE NO. 1608 Forman St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of wife

DATE OF BIRTH (month, day, and year) Sept 9 1914

AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
21	6	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) domestic

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Va.

10 NAME OF FATHER James Talley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Julia Simmons

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

Informant Mrs Julia Talley

Address 1608 Forman St

Filed Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6, 1934

17 I HEREBY CERTIFY, That I attended deceased from March 30 1934 to April 6, 1934.

that I last saw her alive on April 6, 1934.

and that death occurred, on the date stated above, at 4 a.m. p.m.

The CAUSE OF DEATH* was as follows:

Acute Lobar pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) Ernest E. Milton, M. D.

, 19 (Address) 2009 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — Date of Burial 4/10 1934

20 UNDERTAKER Thomas E. Kelson — ADDRESS 1303 Druid

F 22776

2776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hosp St., 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gladys Raleigh

If U. S. Veteran specify WAR

(a) Residence: No. 610 Dolphin St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Nov. 12, 1911

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	4	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME James Raleigh

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Aretha Crowner

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. James Raleigh

(Address) 610 Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date April 9th, 1936

19. UNDERTAKER Bernard P Hornsby

(Address) 818 Druid Hill Ave

20. FILED [illegible]

1936

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Apr. 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 4, 1936 to Apr 7, 1936

I last saw her alive on Apr 7, 1936 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis meningococcic	4/1/36

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Lumbar Puncture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Myron G Fuller M. D.

(Address) Sydenham Hosp

M. D. B 1268-4

(Leggans)

F 22777

22777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 Madison ave St., 14 Ward) 2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Lord Leggans

U. S. Veteran specify WAR

(a) Residence: No. 1604 Madison ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob C. Leggans

6. DATE OF BIRTH (month, day, year): May 7 1873

7. AGE: Years 63 | Months 11 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: John Wesley Lamar

14. BIRTHPLACE (city or town) (State or country): Petersburg Va.

MOTHER

15. MAIDEN NAME: Sarah Ellen Groom

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Sarah Ellen Leggans

(Address): 1604 Madison ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lion Cem. Date Jan 10. 1936

19. UNDERTAKER: Bernard J. Hemsley

(Address) 518 Druid Hill Ave.

20. FILED 1936 Hamilton Williams, Registrar.

RFH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 7, 1936.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, Jan 7 at 5 p.m.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Kaan M. D.

Coroner

(Address) 1216 Hanover St

H. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

2778 — F 22778

CERTIFICATE OF DEATH

117a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., Ward) 25-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alexander Shivers. (C)

(a) Residence: No. Westport Dump. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	----	----	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Do not know.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

INFORMANT Police Report. S.D.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place University Md Date Oct 9 1936

UNDERTAKER

(Address)

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13/36 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 11.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of a Gastric Ulcer.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Elbert Kenniff M. D. Coroner

4/8/36 (Address) 1017 S. Charles St.

2251 THE MORGUE

M. [illegible] 22779

F 22779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-92-cw

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Hospital for The Women of Maryland (St.) [illegible] (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. [illegible] mos. 9 ds. How long in U. S. If of foreign birth? 11 yrs. mos. ds.

2. FULL NAME (Mrs.) Elizabeth Baldauf

(a) Residence: No. 2320 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
[redacted] (or) WIFE of Frederick Baldauf

6. DATE OF BIRTH (month, day, year) Oct 4/1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	5 6	27 3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Bernard Durlich

14. BIRTHPLACE (city or town) (State or country) Ger.

15. MAIDEN NAME Anna Zimmerman

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Fredrick Baldauf
(Address) 2320 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date April 10 36

19. UNDERTAKER Philip Herwig Sons
(Address) 2011 Eutaw Pl
Huntington Williams

FILED [illegible] 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7 1936

22. I HEREBY CERTIFY, That I attended deceased from March 20 1936 to April 7 1936

I last saw her alive on April 7, 1936. Death is said to have occurred on the date stated above, at 10:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	?
Mesenteric Thrombosis	4-6-36

Other contributory causes of importance:

Syphilis (Tertiary)	?

Name of operation Date of

What test confirmed diagnosis? Necropsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

M.D. (Signed) Henry M. Hansen, M. D.

(Address) Hospital for The Women of Maryland

22780 F 22780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 N. Kenwood Ave Ward) 7-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie E. Silbey

If U. S. Veteran specify WAR

(a) Residence: No. 501 N. Kenwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 13-1906

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	6	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. File Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L. Frei Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Edwin Silbey

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Lida Akehurst

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. Goodman

(Address) 501 N. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Date April 10 19 36

19. UNDERTAKER Philip Herwig Sons

(Address) 20 W. Lafayette Ave

FILED 19 Registrar.

9-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7 1936

22. I HEREBY CERTIFY, That I attended deceased from January 23, 1936 to April 8, 1936

I last saw her alive on April 7, 1936. Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Parenchymatous Nephritis	January 1936
Other contributory causes of importance: —	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical course Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Maurice E. Shamer M. D.

(Address) 3200 W. North Ave

F 22781

34858
22781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-e

Registered No. 15-7

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. ..... St. ..... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Leon L. Rector

(a) Residence: No. 3200 Powhatan Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Cornelia

DATE OF BIRTH (month, day, year) 9/4/73

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... part
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Asst. City Water Dept.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.
13. NAME Howard Rector
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Mary Beth
16. BIRTHPLACE (city or town) (State or country) Va
17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL
18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date April 19 36
19. UNDERTAKER Lobst Mitchell Bond
(Address) 1900 Eutaw Place
20. FILED 1936 - [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7- , 1936
22. I HEREBY CERTIFY, That I attended deceased from April 2. , 1936, to April 7- , 1936
I last saw him alive on April 7. , 1936. Death is said to have occurred on the date stated above, at 7¼ P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, sigmoid	4 mos
Other contributory causes of importance: Tabular, post operative, pneumonia	48 hrs

Was an operation performed? Yes Date of April 5
For what disease or injury? Carcinoma, sigmoid
Name of operation Laparotomy, resection Date of April 5
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) M B Woodhead, M. D.
(Address) J H Hospital

F 22782

22782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 S. London Ave Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Records

2. FULL NAME George W. Wirts

(a) Residence: No. 221 S. London Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word): Widowed

6a. If ~~married, widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~: Caroline Wirts

6b. DATE OF BIRTH (month, day, year): May 17th 1851

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
84	10	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Building

10. Date deceased last worked at this occupation (month and year): 1926

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME OF FATHER: Unknown

14. BIRTHPLACE (city or town) (State or country): "

15. MAIDEN NAME OF MOTHER: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: George M. Fritzges

(Address) 221 S. London Ave

18. BURIAL, CREMATION, OR REMOVAL: Holy Cross

Place Rock Hall Md Date April 10 36

19. UNDERTAKER: Wilhorn & Son

(Address) 1217 E Baltimore St

20. FILED: [illegible] Huntington Pittsburgh Pa

4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 7th 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 19 1936 to Apr 7 1936

I last saw him alive on Apr 7 1936 Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/14/2

Other contributory causes of importance:

arterio-sclerosis

Hypertension

Was an operation performed? ✓ Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. T. Kyser M. D.

(Address) 3321 Fredrick Ave

22783

12076 F 22783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Malinda W. Evans

(a) Residence: No. 858 W. 33rd St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

7. DATE OF BIRTH (month, day, year) 10-24-1892

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	5	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

13. NAME Edward Bradshaw

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Eliza Smith

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 4/11/36

Mary Bird Funeral Home

19. UNDERTAKER Walter Davis

(Address) 3418 Eastwood Ave.

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/11, 1936 to 4/9, 1936

I last saw her alive on 4/9, 1936 Death is said to have occurred on the date stated above, at 3:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio-Vascular disease	2 yr.
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

22784 F 22784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2133 Mc Henry St. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William W. Walker

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2133 Mc Henry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~last WIFE of~~ Carrie F. Walker

DATE OF BIRTH (month, day, year) Sept 16th 1891

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	6	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Manufacturer

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John W. Walker

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Ida L. Fowler

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT Carrie F. Walker

(Address) 2133 Mc Henry St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 11th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 19 Registrar

R 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8th, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 15, 1936, to April 8, 1936

I last saw him alive on April 6, 1936. Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	6 mos
	ago
Other contributory causes of importance:	
acute pulmonary edema	1 day
	ago

Was an operation performed? no Date of

For what disease or injury no

Name of operation none Date of

What test confirmed diagnosis? clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benjamin Miller M. D.

(Address) 2030 Wilkens Ave

F 22785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 Bank St., 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Bialobrzeska

(a) Residence: No. 1915 Bank St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND (or) WIFE of Frank Bialobrzeski

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME John Koliwa

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Yonk

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Frank Bialobrzeski

(Address) 1915 Bank St.

18. BURIAL, CREMATION OR REMOVAL

Place Holy Rosary Date April 14 36

19. UNDERTAKER Fred W Orzechowski

(Address) 1930 Eastern Ave

20. FILED [illegible] Assistant Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8 36

22. I HEREBY CERTIFY, That I attended deceased from April 8 36 to April 8 36

I last saw her alive on April 8 36 Death is said to have occurred on the date stated above, 5 P, m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/8/36
Other contributory causes of importance: Cardiac Dropsy	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) William F. Bryan M. D.

(Address) 801 Gorsuch

1936 22786 F 22786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 36-7 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Collins If U. S. Veteran specify WAR None

(a) Residence: No. 724 Eldhams St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie

DATE OF BIRTH (month, day, year) 7/23/83

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	4	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Emp. Bethethem

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date April 13 36

19. UNDERTAKER John Ullrich
(Address) 2008 Orleans

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 3- 1936 to April 9 1936

I last saw him alive on April 9, 1936 Death is said to have occurred on the date stated above, at 6 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Yes Date of April 5

For what disease or injury? Rule out subdural hematoma

Name of operation Trephine + Air injection Date of

What test confirmed diagnosis? L P Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wade H. Ellis, M. D.

(Address) Johns Hopkins Hospital

F 22787

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22787

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH University Hospital
CITY OF BALTIMORE: (No. ..... St., 14-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lee Cruise

(a) Residence: No. 1405 Etting St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	Colored	

6. If married, widowed, or divorced WIFE of (or) HUSBAND of: ~~wife~~ married

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Joshep. Cruise.

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME unknown.

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lillian Jones
(Address) 564 Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lebanon Date April 10 1936

19. UNDERTAKER Adolphus Hairston
(Address) 918 Druid Hill Ave

APR 10 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8 . 1936

22. I HEREBY CERTIFY, That I attended deceased from February 27th 1936 to April 8th 1936.
I last saw h.. alive on April 8th 1936. Death is said to have occurred on the date stated above, at 1.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	4/1/36 Unknown
Chronic Glomerular Nephritis	
Other contributory causes of importance: Hypertensive Cardio-Renal Disease	Unknown

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Charles L. Goodhand, M. D.
(Address) University Hospital.

M. D. B. 1263-B

F 22788

F 22788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 Westwood Av St.) (15-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Goldstein

(a) Residence: No. 2011 Westwood Av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced HUSBAND of (~~wife~~) of Rose Goldstein

6. DATE OF BIRTH (month, day, year) March 5- 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	-1-	-4-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. hardware

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Samuel J. Goldstein

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rosie Goldstein

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rose Goldstein
(Address) 2011 Westwood Av

18. BURIAL, CREMATION, OR REMOVAL 4/10/36
Place Greenlawn Date 19

19. UNDERTAKER Jacob Lewis Sons
(Address) 1429 E. Baltimore St

20. FILED 19 ..... Registrar.

10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 9th, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 19th 1937 to Apr 9 1936

I last saw him alive on April 9, 1936 Death is said to have occurred on the date stated above, at 10:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Thrombo-Angitis obliterans	1932
Other contributory causes of importance:	
Coronary Thrombosis	

Name of operation Amputation right leg Date of 1932

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) B. Kadin M. D.

(Address) 2306 Eutaw Place

F 22789

22789
M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Cor. Northam and Sutton st 204-M
CITY OF BALTIMORE: (No. ..... St. 15-6 Ward)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Mary Rosalie Sexton
If U. S. Veteran specify WAR .....

(a) Residence: No. 2001 Sutton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) March 16 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custodian of W.C.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Branch Engl Pratt Library
10. Date deceased last worked at this occupation (month and year) April 1936
11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME W. Alexander Rosalie Sexton
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Rosalie White
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Miss Mary Rosalie Sexton
(Address) 2001 Sutton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 4/11/36. 19

19. UNDERTAKER L. A. Jackson & Sons Co
(Address) Arlington & Catherine Sts.

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: Fractured skull

Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 4/1 1936.
Where did injury occur? Baltimore
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place on street
Manner of injury Struck by street car.
Nature of injury Fractured skull.

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) A. Hann, M. D.
Coroner
(Address) 1215 Hanover

C. D. B. 1268-9

✓ F 22790

F 22790 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

50 Druid Ridge

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 N Chapel Gate Rd St. 28 Ward) 4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 3 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Lupps Deichmann

(a) Residence: No. 514 N. Chapel Gate Road St. Fen Hills Ward. Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Louis Deichmann

6. DATE OF BIRTH (month, day, year) Dec 15 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	3	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

13. NAME Christopher Lupps.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Elizabeth Murbach

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT George L. Deichmann husband

(Address) 514 Chapel Gate Road, Ft. Hills Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date April 11, 1936

19. UNDERTAKER Kenny W. Stubbs Funeral Home

(Address) 12 Carlton Court and Eutaw Sts.

FILED April 13, 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 15 1935 to April 9, 1936

I last saw her alive on April 9, 1936 Death is said to have occurred on the date stated above, at 1:52 a m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of breast

Date of onset

Other contributory causes of importance:

metastasis to brain

Name of operation Amputation of breast (Right) Date of Sept 13, 1935

What test confirmed diagnosis? Pathology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. Leland Hiett M. D.

(Address) 712 Park Ave. Balto Md

E 22791

22791 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 92-4

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2436 St Paul St. 12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Gray Ritchie If U. S. Veteran specify WAR

(a) Residence: No. 2436 St Paul St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 24 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	13	19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.
13. NAME Henry E. Ritchie
14. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.
15. MAIDEN NAME Elizabeth V. Dunckle
16. BIRTHPLACE (city or town) (State or country) Detroit Mich
17. INFORMANT Elizabeth Ritchie
(Address) 2436 St Paul St.
18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 10 1936
19. UNDERTAKER Kenny W. Jenkins Sons Co
(Address) McCausland & Cockrell

FILED 4-10-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8 1936

22. I HEREBY CERTIFY, That I attended deceased from January 15 1936 to April 8 1936
I last saw her alive on April 8 1936 Death is said to have occurred on the date stated above, at 4.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis Cardiac hypertrophy and dilatation - Cirrhosis	1912

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury?
Name of operation None Date of
What test confirmed diagnosis? P.M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. B. Mayo M. D.
(Address) Medical Arts Building

22792 ✓ F 22792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-W

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 Boyle St. 24-H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ellen R. Belt

(a) Residence: No. 1500 Boyle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilbur P. Belt

DATE OF BIRTH (month, day, year) Jan. 12, 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	2	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 903

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Sayers

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Susie Jones (Address) 1400 Windall Ave

18. BURIAL, CREMATION, OR REMOVAL Place Leder Hyd Date April 11, 1936

19. UNDERTAKER Geo. Howard Evans & Son (Address) 1500 Pennsylvania Ave

RECEIVED Huntington W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1936 to April 9th, 1936

I last saw her alive on April 9, 1936 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4/5/36

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... , 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Sidney K. Strutt, M. D.

(Address) 421 E. 21st Ave

Quigley ✓ F 22793

22793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 1-2 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 5 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Quigley If U. S. Veteran specify WAR

(a) Residence: No. 37 S Bolton St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 10/24/83

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	2 9 5	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Wm F. Quigley

14. BIRTHPLACE (city or town) (State or country) Washington

15. MAIDEN NAME Marie Griffin

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date April 11 1936

19. UNDERTAKER J. Bernard Ennis
(Address) 1400 E. Monument St.

20. FILED 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1936, to April 9, 1936
I last saw him alive on April 7, 1936 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis Perforated	4-5-36
Peritonitis	4-5-36
Other contributory causes of importance: Terminal Pneumonia	4-8-36

Was an operation performed? yes Date of 4-7-36
For what disease or injury? Perforated appendicitis
Name of operation app. Drainage Date of 4-7-36
What test confirmed diagnosis? clin-lab Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wesley J. Ketz, M. D.
(Address) Johns Hopkins Hosp.

22794 Harding ✓ F 22794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Maryland General Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Leon Handling

(a) Residence: No. 2301 Harlem Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Handling

6. DATE OF BIRTH (month, day, year) May 25, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	10	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Sam Handling

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Sally Jenkins

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Pauls Cemetery Date April 1th 1936

19. UNDERTAKER A. Jones
(Address) 111 S. Gilmor st

FILED ..... 19 ..... Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/8/36

22. I HEREBY CERTIFY, That I attended deceased from 3-26 1936 to 4-8 1936

I last saw him alive on 3-8 1936 Death is said to have occurred on the date stated above, at 3:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Hypertension	
Coronary Occlusion	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. Harvey Gill M. D.

(Address) 1111 Eutaw Pl

2795
312039

✓ F 22795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 2-1 Ward)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Pelage Kostkowska

(a) Residence: No. 315 S Castle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of: John

DATE OF BIRTH (month, day, year): 11 27 1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	4	12	11

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: G 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Poland

13. NAME Michael Mysz-Kowski

14. BIRTHPLACE (city or town) (State or country): Poland

15. MAIDEN NAME Mary Blazkowski

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet (or) Date April 14 1936

19. UNDERTAKER John M Weber
(Address) 401 S. Chester St

FILED APR 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1936, to April 8, 1936

I last saw h[illegible] alive on April 8, 1936. Death is said to have occurred on the date stated above, at 1135 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	1 year ago

Other contributory causes of importance:

Bronchopneumonia	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify —

(Signed) Wade H. Miller, M. D.

(Address) Johns Hopkins Hospital

22796 ✓ F 22796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 E. Eager St St., 10-1 Ward)

Length of residence in city or town where death occurred 47 yrs. 5 mos. 0 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World's War

2. FULL NAME George M. Hogan

(a) Residence: No. 922 E. Eager St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Single

7. DATE OF BIRTH (month, day, year) Nov. 9, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	5	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Mill 0005

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Arthur Hogan

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Margaret M McNamara

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Bernard W. Hyland
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date April 13 1936

19. UNDERTAKER Edgar W. Conklin
(Address) 922 E Eager St

20. FILED ..... 19 .....

10 1936 Henry [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9th 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1 1936 to April 9 1936

I last saw h..... alive on April 9 1936 Death is said to have occurred on the date stated above, at ..... a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4/9/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr Bernard Hyland M. D.

(Address) 1216 N Calvert St

22797

✓ F 22797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No. 15-11

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3203 Sequoia Ave St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. de.

If U. S. Veteran specify WAR

2. FULL NAME Bridget Butler

(a) Residence: No. 3203 Sequoia Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed or divorced HUSBAND of (or) WIFE of the Edward Butler

6. DATE OF BIRTH (month, day, year) Feby 2 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

13. NAME Michael J. Mc Hale.

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Hannah M. Connol.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Miss Elizabeth M. Butler

(Address) 3203 Sequoia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 4/11/ 1936

19. UNDERTAKER John J. Cowan & Son

(Address) 1901 Eastern Ave

19 Registrar

R 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/8/ 1936

22. I HEREBY CERTIFY, That I attended deceased from April 3 1936 to April 8 1936

I last saw h alive on April 8 1936 Death is said to have occurred on the date stated above, at 2.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis acute	4.1 1936

Other contributory causes of importance: X

Was an operation performed? no Date of X

For what disease or injury? X

Name of operation X Date of

What test confirmed diagnosis? cyanosis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify X

(Signed) V Van Kilbiams. M. D.

(Address) 3200 Sequoia ave

22798 ✓ F 22798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 N. Washington St., 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph F. Weibrauch

(a) Residence: No. 1804 N. Washington St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Katherine May King

DATE OF BIRTH (month, day, year): Jan. 18th 1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	7	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0030

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): City

13. NAME: John Weibrauch

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Georgianna Wilson

16. BIRTHPLACE (city or town) (State or country): Md.

INFORMANT: Mrs. G. F. Weibrauch
(Address): 1804 N. Washington St.

BURIAL, CREMATION, OR REMOVAL
Place: Balto. Cemetery Date: 4/11, 1936

UNDERTAKER: F. L. Fanning & Son
(Address): 1938 E. Lafayette Ave.

FILED: Apr 10 1936 Williams, M.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 8th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mch 16, 1936 to Apr 8, 1936

I last saw h.. alive on Apr 7, 1936. Death is said to have occurred on the date stated above, at 2:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Myocarditis; Arteriosclerosis	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Jerrold Fosher, M. D.

(Address) 1823 N. Wash St.

F 22799

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22799

CERTIFICATE OF DEATH

18

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital) (Street) 11-4 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Archie Henry

(a) Residence: No. 1221 Madison Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) ? 1906

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Henry Henry

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Martha Burke

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Patient deceased

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 4/10/36 19

19. UNDERTAKER Mrs. George H. Holland

(Address) 1631 Druid Hill Park

20. FILED ..... 19 ..... Registrar .....

APR 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 8 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 7 . 1936 to Apr 8 . 1936

I last saw h in alive on Apr 8 . 1936 Death is said to have occurred on the date stated above, at 11 50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	3-30-36
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Lumbar puncture Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis J. Schwentker, M. D.

(Address) Sydenham Hospital

24. D. B 1268-9

✓ F 22800

F 22800 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 9-14 W.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Long

If U. S. Veteran specify WAR

(a) Residence: No. 2807 Sumpter St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Long

6. DATE OF BIRTH (month, day, year) May 15-1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Chas Booker

(Address) 2806 Sumpter St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 4/10/36 19

19. UNDERTAKER Mrs. Lorgett, Holland

(Address) 1631 Druid Hill Ave

FILED APR 10 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 19 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	April 5 1936

Other contributory causes of importance:

Was an operation performed? none Date of .....

For what disease or injury? no

Name of operation no Date of .....

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 507 Linwyn Ave. Coroner

F 22801 ✓ F 22801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH #12756

Registered No. 97

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 16-1 Ward)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George W. Ross

(a) Residence: No. 704 N. Arlington Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Susie

DATE OF BIRTH (month, day, year) 1863-?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge, Md.

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Louise King

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Apr. 11-36
Place Mt. Auburn Date

19. UNDERTAKER Mrs. George H. Holland
(Address) 1631 D Livingston Gillaspie
Washington D.C.

20. FILED Apr 11 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/7 1936

22. I HEREBY CERTIFY, That I attended deceased from 1932 to 4/7 1936

I last saw him alive on 4/7 1936 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis	?
Senility	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reis, M. D.

(Address) Baltimore City Hosp.

22802

E 22802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Church Home and Infirmary

Registered No.

CITY OF BALTIMORE: (No. 15-13 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 1 mos 13 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Susanna Forsyth

(a) Residence: No. 4333 Park Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb. 26, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Librarian

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pub'l

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

FATHER

13. NAME David Forsyth

14. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

MOTHER

15. MAIDEN NAME Josephine Gees

16. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

17. INFORMANT Miss Dorothy F. Stokes (niece)
(Address) 4500 Penhurst Ave, Balto, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cemetery Date April 11, 1936

19. UNDERTAKER Charles S. Black
(Address) 742 W. North Ave.

20. FILED APR 10 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1936, to April 8, 1936

I last saw her alive on April 8, 1936. Death is said to have occurred on the date stated above, at 6 20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Heart failure	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

26. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) John A. Myers M. D.
(Address) Church Home & Infirmary

L. D. B. 1268-9

22803

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22803

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 Cator Ave St., 7-1 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? 55 yrs. mos. ds.

2. FULL NAME William J. Hanafin no War Service.

(a) Residence: No. 715 Cator ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna M. Grady Hanafin

7. DATE OF BIRTH (month, day, year) Sept. 27, 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Newspaper (Balto. Sun)

10. Date deceased last worked at this occupation (month and year) Dec. 1935

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Hartford, Conn.

13. NAME Patrick Hanafin

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Ellen ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Anna M. Hanafin

(Address) 715 Cator Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 4/4/36 19

19. UNDERTAKER C. Vernon Lenman

(Address) 4611 Park Heights.

20. FILED APR 13 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 8 , 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 , 1935 to Apr 8 , 1936

I last saw him, alive on Apr 7/36 Death is said to have occurred on the date stated above, at 1.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2 Yrs
Other contributory causes of importance:	
Cardio Renal Vascular disease	2 Yrs

Name of operation None. Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... , 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No . If so, specify .....

(Signed) H. W. Wheaton , M. D.

(Address) 4365 York Rd

2804 57
3117

F 22804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., No 8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Norma Shank

(a) Residence: No. 3700 E Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): single
6. If married, widowed, or divorced HUSBAND of (or) WIFE of
7. DATE OF BIRTH (month, day, year): 11/19/34
AGE: Years 1 | Months 4 | Days 19 | If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Md.
13. NAME of Father: Louis Shank
14. BIRTHPLACE (city or town) (State or country): Pa.
15. MAIDEN NAME of Mother: Lillian Miller
16. BIRTHPLACE (city or town) (State or country): Md.
17. INFORMANT: Records
(Address)
18. BURIAL, CREMATION OR REMOVAL: Place Mount Carmel Date April 10 1936
19. UNDERTAKER: Wendell Hopper
(Address) 1205 E. Baltimore St.
Filed 1936 Washington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 8, 1936
22. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1936 to Apr 8, 1936
I last saw her alive on Apr 8, 1936 Death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:
Acute lobar pneumonia, primary — Date of onset 12 days ago

Other contributory causes of importance:
None

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Lydia B Edwards M. D.
(Address) Johns Hopkins Hospital

M. D. P. 1268-B

22805

F 22805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 16-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 724 N. Carrollton Ave St., Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas H. Bryan

(a) Residence: No. 724 N. Carrollton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

6a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Sarah Bryan

6. DATE OF BIRTH (month, day, year) 1844

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

13. NAME Thomas Bryan

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

15. MAIDEN NAME Matilda ?

16. BIRTHPLACE (city or town) (State or country) Annapolis

17. INFORMANT Nathan H Bryan (Son)

(Address) 720 N Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Apr 13 — 1936

19. UNDERTAKER Mrs Chas G. Bailey

(Address) 1421 Jefferson St E

20. FILED . 19 Registrar.

01986

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9 . 1936

22. I HEREBY CERTIFY, That I attended deceased from November 23 . 1935 to April 9 . 1936

I last saw him alive on April 8 . 1936 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis — Date of onset ?

Other contributory causes of importance:

Cardio Sclerosis — ?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. Le Roy Wright M. D.

(Address) 117 W. Saratoga St.

M. D. B. 1268-9

F 22806

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22806

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 Lemmard St. 16-8 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Bathgate Price

(a) Residence: No. 602 Lemmard St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Robert Milford Price

6. DATE OF BIRTH (month, day and year): May 20 1857

7. AGE: Years 78 | Months 10 | Days 20 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home Wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Carroll Co. Maryland

13. NAME: Charles Bathgate

14. BIRTHPLACE (city or town) (State or country): Scotland

15. MAIDEN NAME: Jane Gourley

16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT: Charles B. Price

(Address) 2702 Elsinore Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Vale Cem. Date Apr. 11 1936

19. UNDERTAKER: Easton Sons

(Address) Ellicott City

20. FILED ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935 to April 9 1936

I last saw h.. alive on April 9 1936 Death is said to have occurred on the date stated above, at 1.20 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis Cyst. | Date of onset Cyst. 1 Yr

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. A. Lally M. D.

(Address) 3517 Elmondale Ave

F 22807

22807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Nathan Schwartzberg (or Buck Baker ?)

(a) Residence: No. 524 N. Monroe St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stella Swartzberg

6. DATE OF BIRTH (month, day, year) 12-31-[illegible]93

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	3	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 50

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

13. NAME Maurice

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Racheel Cohen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date April 15 1936

19. UNDERTAKER Edward Loveless

(Address) 2309 Wash Blvd

Huntington Md. Registrar

FILED APR 9 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-8 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-3 1936 to 4-8 1936

I last saw him alive on 4-8 1936 Death is said to have occurred on the date stated above, at 9:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, Rt. Upper Lobe	4-2-36
Other contributory causes of importance: Gas Gangrene Rt. Arm	4-8-36
Hemolytic Jaundice (Toxic)	4-8-36

Was an operation performed? Yes Date of 4-8-36

For what disease or injury? Gas Gangrene Rt. Arm

Name of operation Incision & Drainage Date of 4-8-36

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Ralph Wilson Jr. M. D.

(Address) Balto. City Hospital

3D 3171
22808

F 22808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X51-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 7-23 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 8 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Oliver J Paul — If U. S. Veteran specify WAR .....

(a) Residence: No. 1420 F Street St., ... Ward. New Orleans La
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

7. DATE OF BIRTH (month, day, year): 10/28/59

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	5	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) ..... (State or country) La.
13. NAME OF FATHER: John F Paul
14. BIRTHPLACE (city or town) ..... (State or country) Scotland
15. MAIDEN NAME OF MOTHER: Maria Hannah
16. BIRTHPLACE (city or town) ..... (State or country) Scotland
17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL
18. BURIAL, CREMATION, OR REMOVAL: Place New Orleans La Date 4/10/36
19. UNDERTAKER: G A Mitchell Sons
(Address) 1900 Eutaw place
20. FILED 1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1935 to Apr 10, 1936
I last saw him alive on Apr 10, 1936. Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate with metastases	Year 1935
Other contributory causes of importance:	

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Alfred Hitchcock M. D.
(Address) Johns Hopkins Hospital

2809 ✓ F 22809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. Union Memorial Hospital) (Ward)

Length of residence in city or town where death occurred 2 yrs. mos. 24 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran ——— specify WAR .....

2. FULL NAME Unnamed Dyson, Baby (Female adelus)

(a) Residence: No. 1 W Wyman Park Apts. (Usual place of abode) Ward. .....

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) 3-16-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John E. Dyson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Caroline Dyson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mother 1 W Wyman Park Apts.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Cemetery Great Mills Md Date April 11 1936

19. UNDERTAKER (Address) Wm Cook 1217 E. Pleasant St

Filed 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-9 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-16 1936 to 4-9 1936

I last saw him alive on 4-9 1936 Death is said to have occurred on the date stated above, at 11:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart disease	birth

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 ..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Harold [illegible] M. D.

(Address) Union Memorial Hosp

F 22810

2810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5201 Linden Heights Ave (St.) Ward 18

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Carmela Guglielizza

(a) Residence: No. 5201 Linden Heights Ave (St.) Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

6a. If married, ~~widowed or divorced~~ HUSBAND of (or) WIFE of Saverio Guglielizza

6. DATE OF BIRTH (month, day, year) About 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Domenico Fedele

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Mariana ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs Rose Camarata

(Address) 2436 W. Balto. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date April 13th 1936

19. UNDERTAKER Wm Bost

(Address) 127 St Paul St

Filed April 11 1936 Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-5-36, 19.., to 4-9-, 1936

I last saw h.. alive on 4-8-, 19 36 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

carsinoma of uterus — Date of onset about 18 mo ago.

Other contributory causes of importance: metastasis - hemorrhage — Date of onset 6 mo

Was an operation performed? yes - Date of .....

For what disease or injury? Carsinoma uterus -

Name of operation Panhysterectomy Date of 2-20-36

What test confirmed diagnosis? microscopic. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. D. Emmert M. D.

(Address) Medical Arts Bldg

M. D. B 1265-b

22811

✓ F 22811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 16-10 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 S. East Ave St., 16 Ward)

Length of residence in city or town where death occurred Left yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie S. Greib If U. S. Veteran specify War No Record

(a) Residence: No. 202 S. East Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Greib

6. DATE OF BIRTH (month, day, year) April 3 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	—	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Housekeeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Lewis

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER

15. MAIDEN NAME Wiseman

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT Mrs. Mordecai Chaney
(Address) 208 S East Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date April 13th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED APR 13 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. M. Wright, M. D.
Coroner

(Address) 1010 S. Edwards Ln

✓ F 22812

2812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2313 Sidney Ave St., 2543 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR. No Record

2. FULL NAME Sarah M. Reese

(a) Residence: No. 2313 Sidney Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6a. If married, ~~widowed or divorced~~ (or) WIFE of: Aquila A. Reese

6. DATE OF BIRTH (month, day, year): May 14th 1870

7. AGE: Years 65 | Months 10 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: John Disney

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Aquila A. Reese

(Address) 2313 Sidney Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Olivet Date: April 13th 1936

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

FILED: 4-11-1936 Arthur Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 9th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1936 to April 9, 1936

I last saw her alive on April 9, 1936 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic nephritis Infection 20 yr.

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? none

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.

4/10/36 (Signed) R. L. Campbell M. D.

(Address) 1444 Hanover St.

M. D. B. 1268-9

✓ F 22813

2813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 Beason St. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

No War Record

2. FULL NAME Sophia Payne

(a) Residence: No. 1519 Beason St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ ~~HUSBAND of~~ (or) WIFE of Chas. D. Payne

6. DATE OF BIRTH (month, day, year) Sept 31st 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Europe

MOTHER FATHER

13. NAME John Paul Metz

14. BIRTHPLACE (city or town) (State or country) Europe

15. MAIDEN NAME Alice V.

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT Harry L. Payne

(Address) 1519 Beason St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date April 13th 1936

19. UNDERTAKER Wm Bork

(Address) 1217 E Paul St

20. FILED 1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 8 1936. to April 10, 1936

I last saw h... alive on April 10, 1936. Death is said to have occurred on the date stated above, at 3:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	1932
Coronary thrombosis	4-8-36

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Pollock M. D.

(Address) 707 E. Fort Ave.

22814 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 22814

CERTIFICATE OF DEATH

#13395

46-F

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR World War

2. FULL NAME William Lemmons

(a) Residence: No. 100 McMechen St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rhoda Lemmons

7. DATE OF BIRTH (month, day, year) 5-28-1895

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Nathaniel Lemmons

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ellen Webb

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place National Lem Date 4/11/ 1936

19. UNDERTAKER Frances G. Hemsley
(Address) 578 W. Biddle St

FILED
4 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/8 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/3 1936 to 4/8 1936

I last saw him alive on 4/8 1936 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	3wk

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

✓ F 22815

30 4093

30 22815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

30

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice R. Banks

(a) Residence: No. 719 Mosher St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-12-14

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Walter Banks

14. BIRTHPLACE (city or town) (State or country) NC.

MOTHER

15. MAIDEN NAME Lilly Thomas

16. BIRTHPLACE (city or town) (State or country) NC.

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Jon Cemetery Date 4-13-36

19. UNDERTAKER John M. Johnson

(Address) 1700 Druid Hill Ave.

1936 Hampton Thrasher & Sons

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936, to April 9, 1936

I last saw her alive on April 9, 1936. Death is said to have occurred on the date stated above, at 6:35 A m.

The principal cause of death and related causes of importance were as follows:

Tuberculous Peritonitis — Salpingitis

Date of onset Jan 1936

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb. 3, 1936

For what disease or injury? Tuberculous Salpingitis

Name of operation Bilateral salpingectomy & Appendectomy Date of Feb. 3, 1936

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carl E. Burkland M. D.

(Address) J. H. H.

M. D. H. 1265-9

✓ F 22816

22816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 130 E. Ostend St., 24-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Elizabeth Schilling

(a) Residence: No. 130 E. Ostend St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) December 27-35

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Joseph Schilling

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

15. MAIDEN NAME Lillian Leaarta

16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

17. INFORMANT Mr. Joseph Schilling
(Address) 130 E. Ostend St

18. BURIAL, CREMATION, OR REMOVAL Co
Place Holy Cross Date Apr. 11. 1936

19. UNDERTAKER Elizabeth Park Inc.
(Address) 1150 E. Baltimore St.

1936 Washington Thurman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-10 . 1936

22. I HEREBY CERTIFY, That I attended deceased from April 8 . 1936 to April 10 . 1936

I last saw h... alive on April 9 . 1936 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Lobar Pneumonia	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) S. H. Baranco . M. D.

(Address) 436 E Fort Ave

M. 22817 ✓ F 22817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4815 Belair Rd. St. 27-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank C. Graber

If U. S. Veteran specify WAR .....

(a) Residence: No. 4103 W. Woodbea Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Graber

6. DATE OF BIRTH (month, day, year) Sept. 30th 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50 51	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saloon

10. Date deceased last worked at this occupation (month and year) April 9th 1936

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

FATHER

13. NAME Adam B. Graber

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

MOTHER

15. MAIDEN NAME Amiel C. Hengler

16. BIRTHPLACE (city or town) (State or country) Gettysburg Pennsylvania

17. INFORMANT Annie C. Graber

(Address) 4103 W. Woodbea ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date April 13 1936

19. UNDERTAKER Frederick Hagaman Sons

(Address) 7401 Belair Road Huntington Hillcrest

FILED APR 11 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify.

(Signed) Paul Schreyer Coroner M. D.

(Address) 1919 E. North Ave.

F 22818 ✓ F 22818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2835 Clifton Ave St., 15-6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George D Service

If U. S. Veteran specify WAR .....

(a) Residence: No. 2835 Clifton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write this word): Married.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucy J. Service

7. DATE OF BIRTH (month, day, year): July 1 1863

8. AGE: (73) Years 72 | Months 9 | Days 8 | If LESS than 1 day ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Floorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Rockefield Rolling Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hanover Canada

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMANT: Mrs. Lucy J. Service
(Address) 2835 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Apr 13, 1936

19. UNDERTAKER: Wm. Fielding Sons
(Address) Ford & Dallas Funeral Home, Baltimore, Md.

20. FILED APR 11 1936 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apl. 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10th 1936 to April 9th 1936

I last saw h[e] alive on April 5th 1936. Death is said to have occurred on the date stated above, at 1245 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Intestinal Obstruction	
2. Due to mass pressing on Sigmoid end of Stomach - or Recessed	
Other contributory causes of importance	

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Dr. O Byerly, M. D.
(Address) 3045 Woodland

F 22819 ✓ F 22819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH West Baltimore general Hosp 15-10 (Registered No.....)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME William Markland Jr.

(a) Residence: No. 4101 Ridgewood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept 6, ~~1860~~ 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76 yrs	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME W. V. Markland Sr.

14. BIRTHPLACE (city or town) (State or country) Easton, Md

MOTHER

15. MAIDEN NAME ~~Anne~~ Jane Phelps

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Apl. 13 1936

19. UNDERTAKER Wm. J. Reuter & Sons
(Address) Lovell & Pegues.
Huntington Pl. & Mass. Ave. N.W.

20. FILED 11 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1936, to April 10, 1936

I last saw him alive on April 9, 1936. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Disease

[redacted]

Congestive Failure

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Examination Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George Schaefer M. D.

(Address) West Baltimore General Hosp

Size—9 30—A & Co—250 Blks

F 22820

F 22820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-B

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 410 Cedarcroft Road ST 27-12 WARD)

2. FULL NAME Helen Dowie Moore

(a) RESIDENCE NO. 410 Cedarcroft Road ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Moore

6 DATE OF BIRTH (month, day, and year) Jan. 10, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Andes, N. Y.

PARENTS

10 NAME OF FATHER Henry Dowie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland.

12 MAIDEN NAME OF MOTHER Agnes Leonard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Paris France

14 Informant Mrs. James L. Foguth
(Address) 6402 Bandury Ave.

15 Filed ..... 19 ..... Registrar

11 1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9th 1936

17 I HEREBY CERTIFY, That I attended deceased from January 30th, 1936, to April 9th, 1936

that I last saw h.. alive on April 9th, 1936

and that death occurred, on the date stated above, at 8 A.M. p. m.

The CAUSE OF DEATH* was as follows:

arteriosclerotic heart disease

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary occlusion

(duration) yrs. 20 mos. ds. minutes

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical examination

(Signed) A. S. Charfauros M. D.

Oct 1st 36 (Address) 620 York Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem.	Apr. 11 1936
20 UNDERTAKER Wm. J. Wickwire Sons	ADDRESS North & Pa

F 22821

F 22821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-7

Registered No. 15-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3508 Walbrook Ave St., 15-6 Ward)

Length of residence in city or town where death occurred 79 yrs. 0 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Marietta Newton Schellinger

(a) Residence: No. 3508 Walbrook Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Schellinger

7. DATE OF BIRTH (month, day, year) March 17 1857

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	0	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Charles E Newton

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME ~~Charles E. Matthews~~ Calloway

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr. W. Newton Schellinger

(Address) 3508 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Apr 11 1936

19. UNDERTAKER Wm J Jenkins & Sons.

(Address) North & Fremont Sts.

FILED APR 11 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8 1936

22. I HEREBY CERTIFY, That I attended deceased from July 29 1936 to Apr 8 1936

I last saw her alive on Apr 8 1936 Death is said to have occurred on the date stated above, at ? ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Head of Pancreas.	?

Other contributory causes of importance:

No.

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Course Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Wesley Edl M. D.

(Address) 2707 Eastern Ave

F 22822

F 22822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 42-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 1 mos. 28 dys. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S Veteran specify WAR .....

2. FULL NAME Mrs. Ernst T. Salzer

(a) Residence: No. 708 Newington Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Maria T. Salzer

6b. DATE OF BIRTH (month, day, year) Jan 9 1855 Feb. 7, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	3	[redacted]	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steamship Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. G. Schumacher & Co.

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Geo. Salzer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Herbert T. Salzer

(Address) 2307 N. St. Bernard St. Phila. Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Apr. 11, 1936

19. UNDERTAKER Wm. J. Tuttle & Son

(Address) [illegible]

FILED 11 1936, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1936 to April 9, 1936

I last saw h.im alive on April 9, 1936 Death is said to have occurred on the date stated above, at 9:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Illeus	4-6-36
2	
3	
4	

Other contributory causes of importance:

Strangulated Hernia	4-4-36

Was an operation performed? Yes Date of 4-5-36

For what disease or injury? Strangulated hernia

Name of operation Reduction of hernia Date of

What test confirmed diagnosis? Sight. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Clagett Neal M. D.

(Address) Union Memorial Hosp.

22823 ✓ B44 22823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-w

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 26-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Hoffeld

(a) Residence: No. 4615 Asbury Ave. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 5-25-1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	10	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ponto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Rinhard

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Charlotte Michael

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Date April 11, 1936

19. UNDERTAKER Harry A. Leitzke

(Address) 4101 Edmondson Ave

20. FILED 11 1936 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/7 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/6 1936 to 4/7 1936

I last saw him alive on 4/7 1936 Death is said to have occurred on the date stated above, at 11 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain abscess (?) from. otitis media	3 days

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Baltimore City Hosp.

22824

✓F 22824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#11472 35

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St. 24-3 Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Smith

(a) Residence: No. 1009 William St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Smith

6. DATE OF BIRTH (month, day, year) 5-12-1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

13. NAME Michael Wreski

14. BIRTHPLACE (city or town) (State or country) Poland

FATHER

15. MAIDEN NAME Deceased

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date 4-14th 1936

19. UNDERTAKER Bernard C. Harle
(Address) 121 E. Wood St. Huntington Williams, Registrar.

20. FILED 1 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-10, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-31, 1936, to 4-10, 1936

I last saw him alive on 4-10, 1936. Death is said to have occurred on the date stated above, at 1:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gonorrheal Arthritis (Both Knees, Ankle, & Pelvis)	1/2 Yr.
Other contributory causes of importance: Secondary Anemia & Cachexia	1-31-36

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation Thoracentesis Date of No

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson M. D.

(Address) Balto. City Hospital

✓ F 22825

HEALTH DEPARTMENT—CITY OF BALTIMORE

22825

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2116 Orleans St., 6-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph S. Schmitt
If U. S. Veteran specify WAR

(a) Residence: No. 2116 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catharine

7. DATE OF BIRTH (month, day, year) Dec 21 1887

8. AGE — Years: 48 — Months: 3 — Days: 18 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Milkman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Labor 0086
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER FATHER
13. NAME Micheal J. Schmitt
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Margaret Schafer
16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Catharine Schmitt
(Address) 2116 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 13 1936

19. UNDERTAKER Mart W. Eg Dippel
(Address) 32 S. Arlington Ave

20. FILED April 11 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9 1936

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1936 to April 9 1936
I last saw h[illegible] alive on April 9 1936 Death is said to have occurred on the date stated above, at 7:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Apr. 4

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Joseph Siegler M. D.
(Address) 2348 Eutaw Place

M. D. B 1268-9

22826 ✓ F 22826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins 2-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Gabriel J. Marzola

(a) Residence: No. 1748 E. Lombard St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 15 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Dominick Marzola

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Carline Cerne

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Dominick Marzola

(Address) 1748 E. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Medon Ridge Date April 13 1936

19. UNDERTAKER Mark F. & E. Duffy

(Address) 37 S. Amity St

20. FILED APR 11 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Wheeler, M. D.

(Address) 1919 E. North Ave.

22827 ✓ F 22827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3129 Fleet St. 1-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME CATHERINE M. CRINE

(a) Residence: No. 3129 Fleet St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Crine

6. DATE OF BIRTH (month, day, year) Unknown 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

MOTHER FATHER

13. NAME Murphy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Violet Casey
(Address) 3129 Fleet Street

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Cem. Apr 13 1936

19. UNDERTAKER Jos. F. Evans, Inc.
(Address) 1154 N. Mt. Royal ave

APR 1 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1936, to April - 9 - 1936

I last saw h. alive on April 9, 1936. Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	April 6 1936
Other contributory causes of importance: Chr. Myocarditis	?

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Nathan J. Davidov, M. D.

(Address) 322 Eastern ave

F 22828

32817 32828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. ..... St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Carlita Thompson

(a) Residence: No. 1202 N. Central Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5-23-35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10 mos	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Work at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Charles Thompson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Genevieve Goldsborough

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 4/11 1936

19. UNDERTAKER Robert L. Cairns
(Address) 904 N. Caroline St

20. FILED APR 13 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1 1936 to April 9 1936

I last saw her alive on April 9 1936 Death is said to have occurred on the date stated above, at 8.15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis - pulmonary ? miliary meningitis	about middle of March. April 1 [illegible]

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lydia B Edwards M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

✓ F 22829

HEALTH DEPARTMENT—CITY OF BALTIMORE

22829

CERTIFICATE OF DEATH

82-W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Eutaw Place - Wilson st.

CITY OF BALTIMORE: (No. Marlborough st Apt 6 / 4th Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline M. Kerngood

(a) Residence: No. Marlborough st Apt 6 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. M. Kerngood

6. DATE OF BIRTH (month, day, year) Oct. 11, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winchester, Va.

MOTHER FATHER

13. NAME Geo. Marcelbaum

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Milton Kerngood

(Address) Marlborough st.

18. BURIAL, CREMATION, OR REMOVAL

Place Ohel Shalom Cy Date Apr. 13. 1936

19. UNDERTAKER Ward Sondheim & Co

(Address) 1902 Eutaw Place

20. FILED 11 1936 16 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jany. 1936 to Apl 10 1936

I last saw h.r alive on Apl 10, 1936. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis (cerebral)	Some months back
Other contributory causes of importance: Cerebral Apoplexy	½ hour before death

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Julius Friedmood M. D.

(Address) 613 St Paul St

M. D. B 1268-9

22830

(Retake) ✓ F 22830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital 163 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 12-5 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Stefanie

(a) Residence: No. 2014 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Madelina Stefanie

6. DATE OF BIRTH (month, day, year) June 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	10	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Roofer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 204

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Joseph Stefanie

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Edwidge Metrangolo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Madalina R. Stefanie

(Address) 2221 E. 33rd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Ft. Mose Cem. Date Apr 11, 36

19. UNDERTAKER A. D. Pugh & Son

(Address) 3539 Eutaw Blvd

20. FILED Registrar.

11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 12 25' 4 mn.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide, Carbolic acid	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 4/9, 1936

Where did injury occur? 2014 Greenmount Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Drank Carbolic acid

Nature of injury Poisoned

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Hann Coroner

(Address) 1216 Fanoust St.

✓ F 22831

2831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hosp St. 3-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth 33 yrs. mos. ds.

2. FULL NAME Anthony Troiano
If U. S. Veteran specify WAR

(a) Residence: No. 804 Stiles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annunciata Troiano

6. DATE OF BIRTH (month, day, year) November 28 187[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Napoli Italy

MOTHER FATHER

13. NAME Arcangelo Troiano
14. BIRTHPLACE (city or town) (State or country) Napoli Italy

15. MAIDEN NAME Lucia Fasano
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) Annunciata Troiano 804 Stiles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. April 13, 1936

19. UNDERTAKER Frank Della Rocca
(Address) 52 N. Morley St.

20. [illegible] 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-4-36, 19..., to 4-9-36, 19...
I last saw him alive on 4-19-36 19... Death is said to have occurred on the date stated above, at 10 45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	
Hypertensive C-V disease	

Other contributory causes of importance:

Was an operation performed? no Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. P. Mathews M. D.
(Address) Md. Gen. Hosp.

M. D. B 1268-9

22832 F 22832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City St., 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Tena (or Lena) Smith If U. S. Veteran specify WAR .....

(a) Residence: No. 726 W. Fayette St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) Unknown 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) " (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) " (State or country) "

17. INFORMANT Balto City Hts. records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Hope Date 4/12 36

19. UNDERTAKER J. J. Fahey Son
(Address) 1212 Eagle St

20. FILED ..... 19 .....
Registrar.

T 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by autopsy (Inquest, Autopsy or Inquiry) find that said deceased came
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Carcinoma	
(general hematogenic diffusion	
probably tuberculous)	

Other contributory causes of importance: Unknown

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) J. J. McCaughey, M. D.
Coroner

(Address) 1015 S. Gilford St.

M. D. B 1268-9

F 22833

22833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 176

1. PLACE OF DEATH — Church Home and Infirmary

CITY OF BALTIMORE: (No. ~~2715 East Lombard~~ St., 76-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town (where death occurred) fifteen 66 yrs. 10 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Noah Conklin

(a) Residence: No. 3715 East Lombard St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: WIFE of (or HUSBAND of) Catherine (Heinbuch) Conklin nee

6. DATE OF BIRTH (month, day, year) June 10, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	9	31	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME Jacob Conklin

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Kirby

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Wife - Mrs Catherine Conklin

(Address) Same 3715 - E - Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Date 4/13/36 19

19. UNDERTAKER Nel Wilson & Son

(Address) 2503 Edmondson Ave

1 1936 Huntington Millinery 33

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1936 to April 9, 1936

I last saw him alive on April 9, 1936 Death is said to have occurred on the date stated above, at 5:12 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis and Cholelithiasis	1929
Cholecystostomy and Release Peritoneal Adhesions	April 7 1936
Other contributory causes of importance: Bronchopneumonia	April 7, 1936

Name of operation Cholecystostomy Date of April 7, 1936

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. P. Sellers, M. D.

(Address) Church Home and Infirmary

22834

309963

F-22834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No. 54-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lisle St., 4-S Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lisle yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nancy Bradley

(a) Residence: No. 1335 Gorsuch ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-1-34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child 2000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Bradley

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Constance Bower

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 4 11 1936

19. UNDERTAKER Richard F. Curley

(Address) 1341 Gorsuch ave

20. FILED APR 11 1936

JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1936 to April 10, 1936

I last saw her alive on April 10, 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Neuroblastoma - ? Jan.	1936
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Biopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lydia B Edwards M. D.

(Address) Johns Hopkins Hospital

F 22835 F 22835

HEALTH DEPARTMENT—CITY OF BALTIMORE

(Rinehart) V 127

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) West Baltimore General Hosp St., C. Ward 8

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace E. Rhinehart (Rinehart)

If U. S. Veteran specify WAR .....

(a) Residence: No. 3601 Belvedere Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Rhinehart

6. DATE OF BIRTH (month, day, year) June 2, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57 yrs.	10	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Philip Thomas Turfield
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Ella Coulter
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. William Rhinehart
(Address) 3601 Belvedere Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Cem Date April 13, 1936

19. UNDERTAKER F. B. Kippert & Son
(Address) 1304 Eutaw Place

Huntington Phillips, M.D.
Registrar.

20. FILED ..... 19.....

APR 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1936 to April 10, 1936

I last saw h[illegible] alive on April 10, 1936. Death is said to have occurred on the date stated above, at 8:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	
Chronic Cholecystitis	
Congestive Failure	

Other contributory causes of importance:

Was an operation performed? Yes Date of 4/5/36

For what disease or injury? Chronic Cholecystitis

Name of operation Cholecystostomy Date of 4/5/36

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George Schaefer M. D.

(Address) West Baltimore General Hosp

22836

F 22836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 194-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., W-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ... mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Franklin M. Titus

(a) Residence: No. 2579 W. Fayette St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 23, 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30	—	16 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 6009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J. B. Hunt & Co

10. Date deceased last worked at this occupation (month and year) 4/8/36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Wm G. Titus

14. BIRTHPLACE (city or town) (State or country) Trenton N.J.

MOTHER

15. MAIDEN NAME Mary Fish

16. BIRTHPLACE (city or town) (State or country) Princeton N.J.

17. INFORMANT Raymond G. Titus
(Address) 2579 W. Fayette

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 4/11/36 19

19. UNDERTAKER F. B. Pickett & Son Dead
(Address) 350 Eutaw Pl. Washington, D.C.

FILED 4 11 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/8 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)
to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock + Hemorrhage from Fracture caused by weight falling on Abdomen	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? C. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4/8 1936

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place J. B. Hunt & Co. Cor. Saratoga

Manner of injury 200 lb. bag fell on deceased

Nature of injury Contusion Abdomen

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Happened while working

(Signed) Orman G. Wallace M. D.
Coroner

(Address) 1001 St. Paul St.

22837 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 22837

CERTIFICATE OF DEATH ✓ 131

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 126 C. Montgomery St., J-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William J. Fitzpatrick — If U. S. Veteran specify WAR .....

(a) Residence: No. 126 C. Montgomery St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary A. Fitzpatrick

6. DATE OF BIRTH (month, day, year): March 4, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	-	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Saloon Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): 004

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Richmond Va

17. INFORMANT: Mrs Carrie Steedman
(Address) 126 C montgomery

18. BURIAL, CREMATION, OR REMOVAL
Place: Mer Cathedral Date: 4/13/36

19. UNDERTAKER: Fred A. Krauss Sons
(Address) 216 N Howard St

FILED PR 11 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1936, to Apr 9, 1936.

I last saw him alive on Apr 8, 1936. Death is said to have occurred on the date stated above, at 10a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	unknown
Other contributory causes of importance: Angina pectoris & cardiac asthma	3/30/36

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Phys Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Paul Miller, M. D.

(Address) 1319 Light St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√131 F 22838

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL St., 8-3 Ward)
BALTIMORE, MD.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 7 mos. 5 ds. How long in U. S. If of foreign birth 60 yrs. 7 mos. 5 ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME Milton Rowe

(a) Residence: No. 1412 North Lakewood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna T. Rowe

6. DATE OF BIRTH (month, day, year) Sept 5 1875

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
60	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 0063

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. News

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 40yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

FATHER

13. NAME William Rowe

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary E Paul

16. BIRTHPLACE (city or town) (State or country) Emmansburg Md.

17. INFORMANT Anna T. Rowe (wife)
(Address) 1412 Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Apr 13 1936

19. UNDERTAKER Edward Mohr & Co.
(Address) 108 Lanvale Ave.

19. Filed APR 11 1936 Registrar.

APR 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10 1936

22. I, HEREBY CERTIFY, That I attended deceased from April 6 1936 to April 10 1936

I last saw him alive on April 10 1936 Death is said to have occurred on the date stated above, at 12 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arteriosclerosis	
2. Chronic nephritis	
Other contributory causes of importance:	
1. Cerebral vascular accident	

Was an operation performed? No Date of ✓

For what disease or injury? No

Name of operation ✓ Date of ✓

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F. M. Magruder M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

M. D. P. 1268-9

22839 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 22839

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Hope Retreat St., 28-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sister Carolina Schagemann

(a) Residence: No. Mount Hope Retreat St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 25-1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nun

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Convent

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Bernard Schagemann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Sack

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Records of Mt. Hope Retreat
(Address) Mt. Hope City.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Hope Cemetery Date Apr 13 19 36

19. UNDERTAKER Stewart & Mowen Company
(Address) 108 N. North Avenue

20. FILED ..... 19 APR 11 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10. 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1922 to Apr. 10 1936
I last saw her alive on Apr. 10 1936 Death is said to have occurred on the date stated above, at 11:25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration with decompensation	3 days
Other contributory causes of importance:	
arterio Sclerosis Gastric-Stenosis	14 yrs

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Duncan P. Alagon M. D.

(Address) 3326 Frederick Ave.

APR 11 1936

F 22840 HEALTH DEPARTMENT—CITY OF BALTIMORE F 22840

CERTIFICATE OF DEATH

66-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hosp St. 15-11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 7 mos. 13 ds. How long in U. S. If of foreign birth? 60 yrs. 7 mos. 13 ds.

2. FULL NAME Miss Grace Ella Hopkins If U. S. Veteran specify WAR NONE

(a) Residence: No. 3604 Rosedale Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Aug-28-1875

7. AGE: Years 60 | Months 7 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cashier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gas & Electric Co
10. Date deceased last worked at this occupation (month, day, year): March 28/36
11. Total time (years) spent in this occupation: about 20 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER
13. NAME: William L Hopkins
14. BIRTHPLACE (city or town) (State or country): Balto. Md

MOTHER
15. MAIDEN NAME: Anna E. Reese
16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT (Address): Mr Jacob Stann Jr. (resident) 3604 Rosedale Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Olivet Date: Apr 13/36

19. UNDERTAKER (Address): Stewart Monk Company 108 W North Ave.

APR 11 1936 APR 11 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-10, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-6-36, 19..., to 4-10-36, 19...
I last saw her alive on 4-10-36, 19... Death is said to have occurred on the date stated above, at 3 38 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hypertension & C-V disease	
Other contributory causes of importance: Thyreotoxicosis	

Was an operation performed? yes Date of 4-8-36
For what disease or injury? Cerebral Hemorrhage
Name of operation: Trephine Date of 4-8-36
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W P Stefler M. D.
(Address) Md Gen Hosp

F 22841 F 22841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 Riverside Ave. (Ward) 24-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George L. Brannan.

If U. S. Veteran specify WAR

(a) Residence: No. 1116 Riverside Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 13 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker Trainee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Frying & Boxing

10. Date deceased last worked at this occupation (month, day, year) 12-15-35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Michael Brannan

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Ethel Harvey

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Ethel Senior

(Address) 1116 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL

Holy Cross Cem Date 4-13 1936

19. UNDERTAKER Bernard C Hart

(Address) 124 E [illegible] St

[illegible] Williams

Filed ..... 19 ..... Registrar

11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9. 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25 1935 to April 9 1936

I last saw him alive on April 9 1936 Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation Indefinite	
Other contributory causes of importance:	
Acute Dilatation of Heart	4/8/36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If [illegible]

(Signed) R. F. Compton M. D.

(Address) 1644 Hanover St

M. D. B. 1268-9

22842 HEALTH DEPARTMENT—CITY OF BALTIMORE 22842

CERTIFICATE OF DEATH

92-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 Scott St., St., 18-3 Ward)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Amelia C. Soistmann

(a) Residence: No. 109 Scott St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Chas. A. Soistmann

6. DATE OF BIRTH (month, day, year) Feb. 28, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0057

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. Ficke

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Chas. A. Soistmann
(Address) 109 Scott St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 4/13 19 36

19. UNDERTAKER Frederick A. Cole
(Address) 12 d & W Lombard St

20. FILED APR 11 1936 [redacted]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1936 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importanre were as follows:

	Date of onset
Chronic Valvular Disease of Heart	
Other contributory causes of importanre:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) F. R. Oschner M. D. Coroner

(Address) 2757 N. Howard

F 22843 F 22843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 18

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. Sydenham Hospital St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Phillip SCAFATTA — If U. S. Veteran specify WAR .....

(a) Residence: No. 1403 Gough St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Drown

6. DATE OF BIRTH (month, day, year) Oct 27 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Marinello
(Address) 281 S. Central Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 11 1936

19. UNDERTAKER Wendell D. Chappelle
(Address) 1865 Gough St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) April 10 1936

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1936 to April 10, 1936

I last saw h[illegible] alive on April 10, 1936. Death is said to have occurred on the date stated above, at 7 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	4-7-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frances D. Schwenther M. D.

(Address) Sydenham Hospital

1936

M. D. B. 1264-9

F 22844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 Cliftview Ave. St., 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss MARTHA LEIMBACH

(a) Residence: No. 1605 Cliftview Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — — —
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 10. 1843

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Peter Leimbach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Brenzel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Eva Altvather
(Address) 120 S. Patterson Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Baltimore Cem. Date Apr. 11. 1936
Place

19. UNDERTAKER HENRY SANDER & SONS. INC.
(Address) Baltimore & Broadway

Filed APR 11 1936, 19 Washington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 9. 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1936, to April 9, 1936

I last saw her alive on April 8, 1936 Death is said to have occurred on the date stated above, at 8. 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1933
Other contributory causes of importance:	
Arteriosclerosis	1933.

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Samuel D. Wolfe M. D.

(Address) 1331 E. Northern

F 22845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 N. Streeper St. 6-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. MARY KRAFT

(a) Residence: No. 4 N. Streeper St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of William F. Kraft

6. DATE OF BIRTH (month, day, year) Jan. 18.1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Anna Seitz

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Miss Margt. Miller (Sister)

(Address) 4 N. Streeper St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Apr. 13. 1936

19. UNDERTAKER HENRY SANDER & SONS. INC. Per J. Sander

(Address) Baltimore & Broadway

20. FILED APR 11 1936, 19 Huntington Phillips, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 9. 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 19 35 to Apr 9 19 36

I last saw her alive on Apr 9 19 36 Death is said to have occurred on the date stated above, at 3.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	
about 6 mths duration	
Other contributory causes of importance:	
Emaciation	

Name of operation none Date of

What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B O Keeley M. D.

(Address) 100 N. Lanwood Ave

M. D. R. 1775

F 22846

F 22846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1225 N. Ellwood Ave. St., 8-3 Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth?...yrs. ...mos. ...ds.

Life

2. FULL NAME Mr. WILLIAM E. LAUPUS

(a) Residence: No. 1225 N. Ellwood Ave. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Laupus

6. DATE OF BIRTH (month, day, year) May 27.1882

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	53	9 10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maintenance Machinist 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Apr.1936

11. Total time (years) spent in this occupation 32yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME August Laupus

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr. Christian F. Laupus (Son)

(Address) 1225 N. Ellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Apr.13.1936

19. UNDERTAKER HENRY SANDER & SONS, INC. Henry J. Sander

(Address) Baltimore & Broadway.

20. FILED APR 11 1936, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr.10.1936

22. I HEREBY CERTIFY, That I attended deceased from April 5 1936, to April 10 1936

I last saw h[illegible] alive on Apr. 10 1936. Death is said to have occurred on the date stated above, at 4.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6 Days
Contributory Failure	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No ...If so, specify ...

(Signed) Chas. A. Keer M. D.

(Address) 408 S. Fat Park Ave

Spec.—2-29-28—L. F. S.—500 Bks.

F 22847

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22847

CERTIFICATE OF DEATH

✓ 131

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 432 E Clement ST. 14 WARD)

2—FULL NAME Mary Laura Cardeau

(a) RESIDENCE NO. 432 E Clement ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Elias Cardeau

6 DATE OF BIRTH (month, day, and year) Aug 26 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. At home

(b) General nature of industry, business, or establishment in which employed (or employer) 1037

(c) Name of employer

9 BIRTHPLACE (city or town) St Inigoes
(State or country) Md

PARENTS

10 NAME OF FATHER James Pearleton

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Ellen Moore

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant John Cardeau
(Address) 425 E Clement St

15 Filed 11 1936, 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 9/36

17 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1932, to Apr 9, 1936,
that I last saw her alive on Apr 8, 1936,
and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Chronic nut. Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension

Uremia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys Exam

(Signed) [illegible], M. D.

4/10, 1936 (Address) 1319 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem. — DATE OF BURIAL 4/13/36 19

20 UNDERTAKER J. J. Baker & Sons — ADDRESS 1318 Light St

M. D. B. 1268-9

F 22848

22848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., 1473 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Tobias Cobbs.(C)

(a) Residence: No. 721 W. Franklin St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced, HUSBAND of Eleanore Cobbs.(C)

6. DATE OF BIRTH (month, day, year) July 22, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	8	14 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Goldsbury, N.C.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Tobias Cobbs.Jr.(C) son.

(Address) 721 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cemetery Date 4/11 19 36

19. UNDERTAKER Mrs Kate R. Williams

(Address) 322 N. Schroeder St

Huntington [illegible] Registrar.

4. FILED 4 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1936 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis, Uraemia.	
Enlarged Prostate.	

Other contributory causes of importance:

Name of operation Resection of Prostate. Date of 4/5/36

What test confirmed diagnosis? Autopsy. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M. Reinhardt . M. D.
Coroner

4/4/36 (Address) 1017 E. Charles St.

M. D. B 1268-9

F 22849

22849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St., 8-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 2 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carmelo Dongarra

(a) Residence: No. 1908 N. Patterson Park Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Nov. 1, 1901

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
34	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0004

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 20yrs

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Gioachino Dongarra

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Pietra Disalvo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT George Dongarra (Address) 1908 N. Patterson Park Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem. Date 4/13, 1936

19. UNDERTAKER Howard B. Light Jr. (Address) 418 N. Gay St.

Huntington Williams, M.D. Registrar

File 1986

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10th. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilitation of heart	April 9-36

Other contributory causes of importance: Hypostatic Pneumonia

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos H Phillips M. D. Coroner

(Address) 1939 Edmondson Ave.

M. D. B. 1268-9

F 22850

22850 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 328 N. Fulton Ave St., 20-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Virginia Bell

No War Record

(a) Residence: No. 328 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of John Henry Bell

6. DATE OF BIRTH (month, day, year) July 19 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife (603)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. Henry Clay Hammersley

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Dixon

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Daughter
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date April 13th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED APR 12 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1936 to April 10 1936

I last saw her alive on April 9 1936 Death is said to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hypertension heart disease many years. (CONGESTIVE)

Other contributory causes of importance: Congestive heart failure Jan 36

Diabetes mellitus

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lewis P. Yardley M. D.

(Address) 1014 St. Paul St.

F 22851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3219 Chesterfield Ave. (Ward) 46

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Johanna Helgard

(a) Residence: No. 3219 Chesterfield Ave. Ward. 46

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) March 24 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework none

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Margaret Bennett

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Mrs Clara Owens

(Address) 3219 Chesterfield Ave

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cem. Date 4/13 19 30

19. UNDERTAKER Wm. H. Condit

(Address) 1214 E. Fayette St.

FILED ... Registrar.

R 12 1930

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11 1930

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 12:15 m PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Sclerosis	
Chronic Myocarditis	
Chronic Nephritis	

Other contributory causes of importance:

Senility

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. Allen Anderson M. D.

(Address) 3004 Edmondson Drive

F 22852

F 22852 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3009 Garrison Blvd (Ward) 15-8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR. No Record

2. FULL NAME Ida Belle Roth

(a) Residence: No. 3009 Garrison Blvd St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Louis J. Roth

6. DATE OF BIRTH (month, day, year): Nov 9 1873

7. AGE: Years 62 | Months 5 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): Jan 1936

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Thomas Hildatch

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Anna Kemp

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Edmond J. Roth

(Address) 3009 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: 4/13/36

19. UNDERTAKER: Wm. H. Poole & Bro.

(Address) 1211 E. Baltimore St.

20. FILED: APR 12 1936 Huntington Fitzpatrick

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/14 1936 to 4/10 1936

I last saw her alive on 4/10 1936 Death is said to have occurred on the date stated above, at 7 P m. 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Cardio-Vascular disease Chronic Myocarditis (8)

Date of onset: 4/15

Other contributory causes of importance: Acute Heart Failure Anginal

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation: No Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Eustace E. Little M. D.

(Address) 918 N. Charles St.

E 22853 HEALTH DEPARTMENT—CITY OF BALTIMORE E 22853

CERTIFICATE OF DEATH

1536 108

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? 20 yrs. mos. ds.

If U. S. Veteran specify WAR —

2. FULL NAME Agvald Larsen

(a) Residence: No. 3121 Remley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Talgeski Larsen

6. DATE OF BIRTH (month, day, year) August 28, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. A.B. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 3-26-36

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Testern Norway

FATHER

13. NAME Johan Larsen

14. BIRTHPLACE (city or town) (State or country) Testern Norway

MOTHER

15. MAIDEN NAME Amalia Gaustad

16. BIRTHPLACE (city or town) (State or country) Testern Norway

17. INFORMANT (Address) Records, US Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date April 13th 1936

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11 1936

22. I HEREBY CERTIFY, That I attended deceased from March 26 1936 to April 11 1936

I last saw him alive on April 11 1936 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, labar	3-24-36
Other contributory causes of importance: Meningitis, pneumococcus	4-8-36

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. E. Lawrence M. D.

(Address) U.S. Marine Hospital

M. D. B 1265-9

F 22854

F 22854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. 25-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Amelia F. Walter

(a) Residence: No. 1927 Guilford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Walter

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66 ~~yr.~~	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore and
(State or country)

FATHER

13. NAME ? Schultz

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Royal H. Chacker

(Address) 1926 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 13th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED [illegible] 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9th, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	[illegible]

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

F 22855

F.M. 22855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

207-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8 Ward)

Length of residence in city or town where death occurred 8 yrs. 4 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S Veteran specify WAR .....

2. FULL NAME Margaret Brooks

(a) Residence: No. 1418 N. Bethel St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) November 15, 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	4	24 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME George W. Brooks.

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret C. Constance

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT George W. Brooks.

(Address) 1418 N. Bethel St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Mem. Park Date April 13 1936

19. UNDERTAKER Hurst & Hilt Jr.

(Address) 1616 Chester St.

FILED 19 ..... Registrar

OCCUPATION IS VERY IMPORTANT. See INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11 1936.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Injury (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound Fracture of Skull	

Other contributory causes of importance:

Shock

Was an operation performed? No Date of .....

For what disease or injury? — Date of .....

Name of operation — What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Date of injury 4/11 1936

Where did injury occur? Hoffman St. near Broadway Balto, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Railroad tracks

Manner of injury Struck by an electric train

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) Paul Wheeler Coroner M. D.

(Address) 1919 E. North Ave.

M. D. P. 12548

F 22856

F 22856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Levendale Home St. 27-17 Ward)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? 77 yrs. mos. ds.

2. FULL NAME Isaac Spandauer

(a) Residence: No. Belevedere & Greenspring ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel

6. DATE OF BIRTH (month, day, year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
25	77	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Simon Rudnick
(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Date 4/12 1936

19. UNDERTAKER Sol Levinson & Bros
(Address) 1127 E Balto st

FILED 19 Huntington Hillman

12 1500

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 11, 1935 to April 11, 1936

I last saw him alive on April 11, 1936 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	April 7
Hypertensive Cardio Vascular Disease	

Other contributory causes of importance:

Cataract, left eye
Chronic Bronchitis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Edmund Levin M. D.

(Address) Levendale

F 22857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-2

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 W. 27th St. (15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Yetta Sonnenborn

If U. S. Veteran specify WAR

(a) Residence: No. 4319 Reisterstown Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Solomon

6. DATE OF BIRTH (month, day, year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Kaufmen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Leah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs J Reamer

(Address) 501 W. 27th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rosedale Date 4/12 19 36

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto St

20. FILED 4-12-1936 Huntington Station

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 1936, to April 9, 1936

I last saw h[illegible] alive on April 9, 1936 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 1 yr

Other contributory causes of importance:

Chronic myocardial degeneration — 1 year

Hypertension — 10 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Typical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Julian Sherry M. D.

(Address) 3411 Forest Park Ave

F 22858

F 22858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Baltimore City Hospitals F-13400
CITY OF BALTIMORE: (No. Tuberculosis Division St., 9-9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Lee Hare

(a) Residence: No. 1215 E. Lanvale st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Hare

6. DATE OF BIRTH (month, day, year) Sept. 13, 1887

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
48 49	6	27 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Service man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Phoenix Maryland

FATHER

13. NAME William Hare
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Curtis
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date April 13 1936

19. UNDERTAKER John C. Miller
(Address) 2433-35 E. Biddle St

21. FILED 12 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1936 to April 9, 1936
I last saw h. in alive on April 9, 1936 Death is said to have occurred on the date stated above, at 8.50 m. p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown
Tuberculous meningitis	1 week

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clin. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Arthur Kaufman, M. D.
(Address) 13 Balto. City Hosp.

22859 F 22859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward) 6 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Henry Smith

(a) Residence: No. 712 Bartlett Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Elizabeth Smith.

6. DATE OF BIRTH (month, day, year) August 19, 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	7	10 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore. Maryland.

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Maryland ?

MOTHER

15. MAIDEN NAME Annie Frisbee

16. BIRTHPLACE (city or town) (State or country) Maryland ?

17. INFORMANT Mary E. Smith
(Address) 712 Bartlett Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 13 1936

19. UNDERTAKER John G. Miller
(Address) 2433-35 E. Oliver St

20. FILED 12 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1935 to April 10, 1936

I last saw h.im alive on April 10 1936 Death is said to have occurred on the date stated above, at 4 15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	4
Intra-Mural thrombosis	Dec 16

Other contributory causes of importance:

Multiple infarcts to Lungs & Kidneys	12-16-35
Encapsulated empyema Left lung.	?

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Robert H. Ivers M. D.

(Address) Union Memorial Hospital

31 22860 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22860

CERTIFICATE OF DEATH

131

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 15-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. — mos. — da. How long in U. S. If of foreign birth? — yrs. — mos. — da.

2. FULL NAME Elizabeth Hughes

If U. S. Veteran specify WAR .....

(a) Residence: No. 1715-Rosedale St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. T. Hughes

6. DATE OF BIRTH (month, day, year) 2/24/74

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Bustin

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Betty Bradford

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records — JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date 4/13 1936

19. UNDERTAKER Henry Wm. Mears and Son

(Address) 505-7 W Calvert St.

20. FILED 4-13-1936 Harrington Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1936 to April 9, 1936

I last saw her alive on April 9, 1936. Death is said to have occurred on the date stated above, at 4 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial asthma	1/2/36
Arteriosclerotic Cardio-vascular disease	?
Myocardial insufficiency	
Other contributory causes of importance:	
Arteriolar nephropathy	?
? Pulmonary Fibrosis	?

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Herbert Dickert, M. D.

(Address) Johns Hopkins Hospital

22861 ✓ F 22861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 340 W. Biddle St. 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John S. McKim

(a) Residence: No. 340 W. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Eliza

6. DATE OF BIRTH (month, day, year) Aug 6 – 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Govans Md.

FATHER

13. NAME John McKim

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Harriet ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Eliza McKim
(Address) 340 W. Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date April 12 1936

19. UNDERTAKER Mrs. George E. Holland
(Address) 1345 Druid Hill Ave

20. FILED Huntington Pettiway
Registrar.

R 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 31, 19..., to April 9, 19...

I last saw him alive on April 9, 1936 Death is said to have occurred on the date stated above, at 5:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	
Other contributory causes of importance: Nephritis (chronic)	

Was an operation performed? XXX Date of

For what disease or injury? XXX

Name of operation XXX Date of

What test confirmed diagnosis? XXX Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? XX Date of injury , 19

Where did injury occur? XXX
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place XXX

Manner of injury XXX

Nature of injury XXX

24. Was disease or injury in any way related to occupation of deceased?

XXX If so, specify

(Signed) H. A. White M. D.

(Address) 1344 Druid Hill Avenue

22862 ✓ F 22862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 E. Chase St. St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William J. Donaldson Sr.

(a) Residence: No. 713 E. Chase St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nora M. Donaldson

6. DATE OF BIRTH (month, day, year) May 9, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Jail Guard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City Jail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 Yrs

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Wm. Donaldson

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Mary Irwin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Nora M. Donaldson

(Address) 713 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date April 13, 1936

19. UNDERTAKER Elmer W. Conklin

(Address) 924 E. Eager St.

20. Filed APR 12 1936 Registrar [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1936 to April 9, 1936

I last saw h. alive on April 9, 1936 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3/29/36
Due to Influenza	3/26/36
Myocarditis	1 yr Early
Other contributory causes of importance:	
Arteriosclerosis	1 yr Early

Was an operation performed? No Date of

For what disease or injury? None

Name of operation Date of

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thomas J. Hluke M. D.

(Address) 502 E. 22nd St.

Spec.—2-29-28—L. F. S.—500 Bks.

Shilmany

F 22863 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ F 22863

46-B

CERTIFICATE OF DEATH

REGISTERED NO. 10732

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 737 N Central ST., (WARD)

2—FULL NAME Lewis Shilmany

(a) RESIDENCE NO. 737 N Central ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine D. Shilmany

6 DATE OF BIRTH (month, day, and year): Aug 22, 1883

7 AGE: Years 52 | Months 6 | Days 20 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Store Keeper

(b) General nature of industry, business, or establishment in which employed (or employer): in Business

(c) Name of employer: Nashville Tenn.

9 BIRTHPLACE (city or town) (State or country): Nashville Tenn.

PARENTS

10 NAME OF FATHER: John Shilmany

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Catherine D. Shilmany
(Address) 737 N. Central Ave

15 Filed [illegible] Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/11/36.

17 I HEREBY CERTIFY, That I attended deceased from 3/2/36, 19..., to 4/11/, 1936.

that I last saw him alive on 4/11/ 1936

and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows: Carcinoma of Stomach.

(duration) yrs. 1 mos. 9 ds.

CONTRIBUTORY (Secondary) Secondary carcinoma right thigh. (duration) yrs. 1 mos. 9 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? X ray.

(Signed) George a Bunten M. D.

4/11/, 1936 (Address) 1518 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. | DATE OF BURIAL: April 15 1936

20 UNDERTAKER: Elmer W. Conklin | ADDRESS: 824 E Eager

4-17-1936

22864 ✓ F 22864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 93-C

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE, MD. St. ..... Ward 7-4)

Length of residence in city or town where death occurred 74 yrs. ..... mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR. .....

2. FULL NAME Mary Latleif

(a) Residence: No. Old Frederick Road St. H Grace Lane Ward 2 (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of Henry St. Latleif

6. DATE OF BIRTH (month, day, year) Apl. 23-1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Highland (State or country) Howard Co., Md.

FATHER

13. NAME William Stromberg

14. BIRTHPLACE (city or town) (State or country) Howard Co., Md.

MOTHER

15. MAIDEN NAME Justine Spinder

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Helena M. Gibbons

(Address) Old Frederick Road & St. Agnes' Lane

18. BURIAL, CREMATION, OR REMOVAL

Place St. Louis' Cemetery, Clarksville, Md. Date Apl. 14, 1936

19. UNDERTAKER Elmer St. Conklin, (Address) 924 E. Eager St.

20. FILED 12 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1936 to April 10, 1936.

I last saw her alive on April 10, 1936 Death is said to have occurred on the date stated above, at 30. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arteriosclerosis	
2. Chronic myocarditis	

Other contributory causes of importance:

Was an operation performed? No Date of ✓

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) F. M. Magenella M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

F 22865

F 22865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 N. Duncan St., 6-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary Mannel

If U. S. Veteran specify WAR .....

(a) Residence: No. 417 N Duncan St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John A. Mannel

6. DATE OF BIRTH (month, day, year): Sept. 7, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: John Hornickle

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Anna Stucka

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: John A. Mannel

(Address) 417 N Duncan St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 14 1936

19. UNDERTAKER: Funkhouser & Son

(Address) 1906 Eastern Ave

FILED PR 14 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 10, 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 1, 1936 to April 10, 1936

I last saw h Sa alive on April 9, 1936. Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec. 35

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) William J. Reamer M. D.

(Address) 504 Cathedral St

F 22866

22866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 E Lanvale St., 2 Ward) City Hosp 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Hudlicka

(a) Residence: No. 1515 E Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Hudlicka

6. DATE OF BIRTH (month, day, year) March 25 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

FATHER

13. NAME Joseph Marek

14. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

17. INFORMANT Emil Hudlicka
(Address) 1515 E Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Jan 13 1936

19. UNDERTAKER Knell Brock & Son
(Address) 1926 Eutaw Pl

20. FILED JAN 17 1936 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1934 to April 9, 1936

I last saw her alive on April 9, 1936 Death is said to have occurred on the date stated above at 8:15 A m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Arteriosclerosis

Date of onset July 1934

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leon J. Hudlicka M. D.

(Address) 4700 Pennsylvania Ave

22867 Dr. Fred Herman 1710 E. 33rd St F 22867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2762 Fenwick Ave Ward) 9-b

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Lily M. Silverwood

(a) Residence: No. 2762 Fenwick Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND (or) WIFE of Wesley L. Silverwood

6. DATE OF BIRTH (month, day, year) June 9th 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	9 10	27 0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William H. Shader

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Laura V. Bright

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Wesley Silverwood
(Address) 2762 Fenwick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date April 13th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

R 131986 Huntington Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9th 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1st 1936 to April 9 1936

I last saw h alive on April 9-36 Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	Chronic
Other contributory causes of importance: Chronic Interstitial Nephritis	3 yrs

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. F. Herman M. D.

(Address) 1710 E. 33rd St

F 22868

10930 F 22868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis Johnson

(a) Residence: No. 809 Franklin St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1885 ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51 50 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Int Auburn Date 4-13 1936

19. UNDERTAKER Jas. Jos. Flannery

(Address) 1139 Druid Hill Ave. corner of Huntington Ave

20. FILED ..... 19 ..... Registrar.

4 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/9 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/3 1935 to 4/9 1936

I last saw him alive on 4/9 1936 Death is said to have occurred on the date stated above, at 4½ p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10 days

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

F 22869

F 22869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp. St. 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nelson Ringgold. If U. S. Veteran specify WAR World

(a) Residence: No. 411 N. Schroeder St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col.	~~Married~~ Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

6. DATE OF BIRTH (month, day, year) 9-13-1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 3-16-36

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frank Ringgold

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Ida Norfolk

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Martha Nelson (Stepmother)
(Address) 411 N. Schroeder St.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date 4-13-1936

19. UNDERTAKER Chas. G. Cooper
(Address) 514 N. Calhoun St.

PR 13 1936 . 19 Hunter Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Rheuben . M. D.
Coroner

(Address) 1919 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 22870 F 22870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 7 7-14 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rachel Waters

(a) Residence: No. 4608 Roland Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-9-1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rosetta Moore

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 4/13 1936

19. UNDERTAKER Chas. E. Cook
(Address) 514 N. Calhoun St Huntington, Indiana

G. [illegible] 19 .....
Registrar.

[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/9 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/11 1935 to 4/9 1936

I last saw her alive on 4/9 1936 Death is said to have occurred on the date stated above, at 7 40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

F 22871 Dabkowski F 22871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Lyndenham Hospital

CITY OF BALTIMORE: (No. ..... St., 2-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Theresa Victoria Dabkowski DABKOWSKI

If U. S. Veteran specify WAR .....

(a) Residence: No. 2038 C Platt St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 27, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Dabkowski

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Catharine Harent

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Father

(Address) 2038 C Platt St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date April 13 1936

19. UNDERTAKER John M Welby & Sons

(Address) 401 S Chester St Huntington Williamsport, Md.

APR 13 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1936 to April 12, 1936

I last saw her alive on April 12, 1936. Death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcic meningitis	4 4 36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. C. Stiller Jr. M. D.

(Address) Lyndenham Hospital

22872

1.3355 F 22872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Williams NEE JOHNSON.

(a) Residence: No. 1010 N. Carey St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12- -1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	✓		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Daniel Fisher

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lucy Sorrell

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnsons Cemt Date April 13 1936

19. UNDERTAKER Edgar A. Wilson
(Address) 1010 E. Baltimore St. Funeral Director

. 19 Registrar.

13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/10/1936

22. I HEREBY CERTIFY, That I attended deceased from 4/1/1936 to 4/10/1936

I last saw her alive on 4/10/1936 Death is said to have occurred on the date stated above, at 2 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular renal Disease	6 mo.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert L. Reitz M. D.

(Address) Balto City Hosp.

M. D. F. 1568-9

F 22873

F 22873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4721 Harford Road St. 27-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas A Airey

(a) Residence: No. 4721 Harford Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Sarah A Airey

6. DATE OF BIRTH (month, day, year) ~~1856~~ 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher - 13

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen Business

10. Date deceased last worked at this occupation (month and year) Retired 18 years

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Edward Airey

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown (State or country)

17. INFORMANT Mrs John W Fredericks

(Address) 4721 Harford Road

18. BURIAL, CREMATION, OR REMOVAL

Greenmount Cemetery Date April 13 1936

19. UNDERTAKER Mrs Albert E Fuller

(Address) Harford Rd

FILED R 15 1936 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11 1936

I HEREBY CERTIFY, That I attended deceased from April 1 1936 to April 11 1936

I last saw him alive on April 10 1936 Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hemiplegia	

Other contributory causes of importance:

Arteriosclerosis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas Swink M. D.

(Address) 4706 Harford Rd

13475 F 22874

F 22874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Widzga

(a) Residence: No. 806 E. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Constance

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 14 1936

19. UNDERTAKER John Grebliauskas

(Address) 423 S. Eaton St. Huntington Williams, Nor

FILED APR 13 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/8 1936 to 4/12 1936

I last saw him alive on 4/12 1936 Death is said to have occurred on the date stated above, at 4 3/4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	?
Cerebral Hemorrhage	4 days

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

F 22375

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22875

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 W. Pratt St. St., 18-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Antanos Genclickis — U. S. Veteran — specify WAR .....

(a) Residence: No. 806 W. Pratt St. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithunania

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Lithunania

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Lithunania

17. INFORMANT Chas. Limontavici US.

(Address) 129 Scott St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary Date April 13 19 36

19. UNDERTAKER John L. Blanckfas

(Address) 423 S. Paca St.

PR 13 1936 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. H. Cullen M.D. Coroner

(Address) 2257 W. North Ave.

22876

STATE OF MARYLAND—CERTIFICATE OF DEATH F 22876

1. PLACE OF DEATH

County ..... Registration Dist. No. 82-a

Village or City Baltimore, Md. No. 2403 Maryland Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. mos. ds How long in U. S. if of foreign birth? yrs. mos. ds.

17 26

2. FULL NAME Amelia F. Davis

(a) Residence: No. 2403 Maryland Ave St., Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) June 20, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
80	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home Duties

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME John C. Davis

14. BIRTHPLACE (city or town) Maryland.
(State or country)

MOTHER

15. MAIDEN NAME Mary A. Davis

16. BIRTHPLACE (city or town) Maryland.
(State or country)

17. INFORMANT Howard S. Davis
(Address) 2403 Maryland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Mount Date Apr. 13, 1936

19. UNDERTAKER George J. Smith
(Address) 1906 Eutaw Place.

20. FILED [illegible] Huntington Williams, Registrar.

APR 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 10 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mar 23, 1932 to April 10, 1936

I last saw her alive on April 9, 1936, death is said to have occurred on the date stated above, at 1 0 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
arteriosclerosis	1930?
Other **Contributory Causes** of importance:	
cerebral hemorrhage	4/5/36

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George D. Kemp M. D.

(Address) 3930 Edmondson Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

IMPORTANT. See instructions on back of certificate.

9732

F 22877

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22877

CERTIFICATE OF DEATH

✓ 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Annie Lewis

If U. S. Veteran specify WAR .....

(a) Residence: No. 810 Madison Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William J. Lewis

6. DATE OF BIRTH (month, day, year): 9-5-18[illegible] ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Jacob Bender

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Charlotte Small

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Blanche E Cossing

(Address): 528 E. 23 and St

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: April 15 1936

19. UNDERTAKER: John C. Mitchell Sons

(Address): 1960 Eutaw Place

20. FILED ..... 19 ..... Registrar.

~~Attorney for Witness, Ky~~

R 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-5, 1935 to 4-12, 1936

I last saw her alive on 4-12, 1936 Death is said to have occurred on the date stated above, at 2:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Gangrene Left Leg (Diabetic)	4-10-36
Other contributory causes of importance: Terminal Bronchopneumonia	4-11-36

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson, M. D.

(Address) Balto. City Hosp.

F 22878

F 22878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., W. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Annie Mears

(a) Residence: No. Cambridge, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Stonewall Mears

6. DATE OF BIRTH (month, day, year) 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cambridge Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT C. Crumpton Funeral Home

(Address) Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Md. Date April 14 1936

19. UNDERTAKER John D. Mitchell & Son

(Address) 600 Eutaw Place

FILED Huntington, Williams & Co.

R 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-11 1936 to 4-13 1936

I last saw her alive on 4-12 1936. Death is said to have occurred on the date stated above, at 1:45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardiovascular disease - Congestive heart failure	1935

Other contributory causes of importance:

none

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) I. Freeman, M. D.

(Address) University Hospital, Balt. Md.

M. D. B. 1268-9

22879 HEALTH DEPARTMENT—CITY OF BALTIMORE F 22879

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 Marshall St. 23-2 Ward) Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marco Lansone

(a) Residence: No. 1108 Marshall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lansone

6. DATE OF BIRTH (month, day, year) Oct. — 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sicily Italy

FATHER

13. NAME Joseph Lansone

14. BIRTHPLACE (city or town) (State or country) Sicily Italy

MOTHER

15. MAIDEN NAME Rosa Mozzino

16. BIRTHPLACE (city or town) (State or country) Sicily Italy

17. INFORMANT Mrs. Mary Lansone
(Address) 1108 Marshall St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date April 14 1936

19. UNDERTAKER Elizabeth Hartle Inc.
(Address) 115 E. Mulberry St.

20. DATE RECEIVED APR 13 1936 Registrar Harrington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1936, to April 10, 1936

I last saw him alive on April 10, 1936. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Arterial Nephritis	?
Uremia	3 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? clinical & Lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. A Barranco, M. D.

(Address)

M. D. B 1968-9
22880

F 22880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 734 Hemipel Court (Hosp.) 6-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maggie Burnett Cook

If U. S. Veteran specify WAR .....

(a) Residence: No. 734 Hemipel Court Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John D Cook

6. DATE OF BIRTH (month, day, year) 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT John D Cook
(Address) 734 Hemipel St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date April 13th 1936

19. UNDERTAKER Mrs Richard A Elwood & daughter
(Address) 1129 Caroline St

19..... 19..... Registrar

APR 13 1936 Huntington Avenue, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy 3	Mos. 18 1936

Other contributory causes of importance: —

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation no Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George L. Allen M. D.
Coroner

(Address) 5 E Pleasant St

OCCUPATION is very important. See instructions on back of certificate.

22881 F 22881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No. U-10597

1. PLACE OF DEATH Baltimore City Hospitals Tuberculosis Division St., 11-4 Ward)
CITY OF BALTIMORE: (No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Blackwell

(a) Residence: No. 935 Linden ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Collin Blackwell

6. DATE OF BIRTH (month, day, year) March 15, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Truly Knight

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Cornelia Thomas

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date April 13 1936

19. UNDERTAKER Mrs Robert A Elliott-daughter
(Address) 1129 Hartlines St

20. FILED Huntington Pallbearer Supt.
APR 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 18, 1935 to April 8, 1936

I last saw her alive on April 8, 1936 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	May 1935
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Karlson, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important.

F 22882

F 22882 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5511 Carter Ave St., 27-th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ferdinand E. Czarnowsky

If U. S. Veteran specify WAR Spanish Amer War

(a) Residence: No. 5511 Carter Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helena Czarnowsky

6. DATE OF BIRTH (month, day, year) March 25 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Francis Czarnowsky

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT F. Vernon Czarnowsky

(Address) 3005 Batavia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date April 13/36

19. UNDERTAKER Leonard J. Burch

(Address) 2421 Harford Ave.

APR 13 1936 ... Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/10/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4/9 . 1936 to 4/10 . 1936

I last saw h alive on 4/10 . 1936 Death is said to have occurred on the date stated above, at 1:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	4/10

Other contributory causes of importance:

Was an operation performed? none Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) S. A. Alessi M. D.

(Address) 6217 Harford Rd.

F 22883

F 22883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 E. Madison St. 10-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hattie Flosach Finch

If U. S. Veteran specify WAR .....

(a) Residence: No. 1206 E. Madison St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write 'the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Finch

6. DATE OF BIRTH (month, day, year) Jan 17 - 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Gilbs Stout

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Mary Etta Stout

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Herman Finch

(Address) 1219 E Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 4/13 19 36

19. UNDERTAKER Robt. C. Williams

(Address) 515 N. Gilmor St

Huntington Williams, M.D.

(Signed)

Registrar.

20. Filed ... 19 ...

R 13196

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above. 8.50 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Phthisis.	Feb 1936

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..... 19.....

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Geo. L. Allen M. D.

Coroner

(Address) 850 Cathedral St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 22884

F 22884 HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH Home For Incurables Balto Md

CITY OF BALTIMORE: (No. 700 W 40th St., 15th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Elizabeth L Sapp

(a) Residence: No. 700 W 40th St., Balto Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of Joseph Sapp

6. DATE OF BIRTH (month, day, year) September 5 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co

FATHER

13. NAME David Hull

14. BIRTHPLACE (city or town) (State or country) Carroll Co

MOTHER

15. MAIDEN NAME Sarah Little

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Home For Incurables

(Address) 700 W. 40th St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date April 13 1936

19. UNDERTAKER Wm J Tickner & Sons

(Address) Mrs Emma Lee Huntington Williams

20. FILED APR 13 1936 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 12 1933 to April 10th 1936

I last saw h[illegible] alive on April 10th 1936 Death is said to have occurred on the date stated above, at 10.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Right Hemiplegia	1933

Other contributory causes of importance:

Coronary Thrombosis	April
Uremia	4th 1936

Name of operation None Date of ...

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

F 22885

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22885

CERTIFICATE OF DEATH

X107-a

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Ann Jackson

If U. S. Veteran specify WAR .....

(a) Residence: No. Mitchellville Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Washington Jackson

6. DATE OF BIRTH (month, day, year) Feb 17 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 2 yrs.

11. Total time (years) spent in this occupatinn

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm. Pilgman

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Helen Conte

(Address) Mitchellville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mitchellville Date April 14 1936

19. UNDERTAKER Frank Mrs Mary Wood

(Address) Mitchellville Md

20. FILED ..... 19 ..... Registrar Huntington Williams, M.D.

R 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/5, 1936, to 4/12, 1936

I last saw h ee alive on 4/12, 1936 Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	4/7/36
Arterio-Sclerosis	

Other contributory causes of importance:

Was an operation performed? Yes Date of 2/13/36

For what disease or injury? Arterio sclerotic gangrene left leg

Name of operation Amputation left leg Date of 2/13/36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C A Reece M. D.

(Address) University Hospital

F 22886 — F 22886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

53E

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 Argyle Ave STR. 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Clark Halloway

(a) RESIDENCE NO. 913 Argyle Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 6 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo Halloway

6 DATE OF BIRTH (month, day, and year): May 1855

7 AGE: Years 80 81 | Months 11 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Essex Co Va.

PARENTS

10 NAME OF FATHER: McMahon

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER: Adalie Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Essex Co Va

14 Informant: Robert Wright

(Address) 913 Argyle Ave

Filed APR 13 1936, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 13 1936

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1935, to Apr 10, 1936, that I last saw her alive on Apr 10, 1936, and that death occurred, on the date stated above, at 3.05 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Spleen

(duration) — yrs. 7 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernard S. French, M. D.

4/13, 1936 (Address) 2329 Arunah Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cem. | DATE OF BURIAL: 4/14 1936

20 UNDERTAKER: Francis A. Hemley | ADDRESS: 576 W Biddle St

TION is very important. See instructions on back of certificates.

F 22587 ✓ F 22587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH — 12186 — 8-1 — Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Susan Morgan

(a) Residence: No. 1412 N. Bethel St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry W.

6. DATE OF BIRTH (month, day, year) 12-6-1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Patrick McManus

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Henlan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mount Calvaire April 14-36

19. UNDERTAKER Jos. J. Stern & Sons
(Address) 3500 Huntington Ave

Filed . 19 Huntington Williams, M.D. Registrar.

R 131936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-11-36

22. I HEREBY CERTIFY, That I attended deceased from 2-8-36, 1936 to 4-11, 1936

I last saw her alive on 4-11, 1936. Death is said to have occurred on the date stated above, at 2.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Cellulitis Rt. Foot	2-8-36
Gangrene Rt. Foot	4-3-36

Other contributory causes of importance:

Was an operation performed? yes Date of 4-3-36

For what disease or injury? Gangrene Rt. Foot

Name of operation Mid-thigh amputation Date of 4-3-36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

F 28488 F 28[illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34-9-107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 23-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1896 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frances Howard

(a) Residence: No. 1034 Sharp St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1876 ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) South Carolina
(State or country)

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME Harriett

16. BIRTHPLACE (city or town) S. Carolina
(State or country)

17. INFORMANT Records of Balto. City Hospts
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem Date 4/14/ 1936

19. UNDERTAKER Frances A. Idemsley
(Address) 3 & 5 W. Biddle St Baltimore, Md

[illegible] 19[illegible] Registrar.

13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/10/1936

22. I HEREBY CERTIFY, That I attended deceased from 2/15 1936 to 4/10 1936

I last saw h[illegible] alive on 4/10 1936 Death is said to have occurred on the date stated above, at 12 40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days
Myocardial insufficiency	"
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Valentine Reuter M. D.

(Address) Balto City Hosp.

22889

HEALTH DEPARTMENT—CITY OF BALTIMORE

22889

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Hosp. Registered No. 15 15 82-a

CITY OF BALTIMORE: (No. ..... St., 15 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Irwin Crump. If U. S. Veteran specify WAR .....

(a) Residence: No. 2641 Loyola Southway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Maggie Crump

6. DATE OF BIRTH (month, day, year) Nov 21st 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & P

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Thaddeus Crump

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Fannie Taylor

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Velma Crump.
(Address) 2641 Loyola Southway

18. BURIAL, CREMATION, OR REMOVAL
Place Wilson Cemetery Date 4/13/36 19

19. UNDERTAKER Bernard J. Finch
(Address) 5135 Harford Road

20. FILED 19 Registrar

APR 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11th 1936

22. I HEREBY CERTIFY, That I attended deceased from April 10 1936 to April 11th 1936

I last saw him alive on April 11th 1936 Death is said to have occurred on the date stated above, at 7.22 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro - vascular accident	April 10

Other contributory causes of importance:

Hypertension

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. A. Kane M. D.

(Address) Mercy Hosp.

F 22880 ✓ F 22890

3120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

128

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

2. FULL NAME Helen Lench (Skowronska) If U. S. Veteran specify WAR .....

(a) Residence: No. 2210 Portugal St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 5/15/75

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Andrew Barzok

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Helen Renzok

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem Date April 15, 1936

19. UNDERTAKER Wm. S. Fialkowski
(Address) 2007 Eastern Ave

FILED ..... 19 ..... Registrar

R 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 7, 1936 to Apr 10, 1936

I last saw her alive on Apr 10, 1936 Death is said to have occurred on the date stated above, at 5 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute hemorrhagic pancreatitis	April 4

Other contributory causes of importance:

Bronchitis, bronchopneumonia
Heart disease

Was an operation performed? Yes Date of April 7, 1936

For what disease or injury? Exploratory Laparotomy for

Name of operation Acute pancreatitis Date of April 7, 1936

What test confirmed diagnosis? Biopsy of pancreas Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Dehla, M. D.

(Address) Johns Hopkins Hospital

22891 HEALTH DEPARTMENT—CITY OF BALTIMORE 22891

CERTIFICATE OF DEATH

11-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 N. Lakewood Ave., ... Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry W. Dashner

(a) Residence: No. 827 N. Lakewood Ave., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna M. Dashner

6. DATE OF BIRTH (month, day, year) Aug 4 1885

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm Dashner

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Elizabeth Anschutz

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. E. Dashner
(Address) 827 N. Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 4/13/36 19

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Orleans St

19 Huntington, West Virginia

APR 13 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 6 1936 to April 10 1936

I last saw h[illegible] alive on April 9 1936 Death is said to have occurred on the date stated above, at 4:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Thrombosis	
Post influenza, bronchitis	10 days
Gall Bladder inflammation	8 days

Other contributory causes of importance:
Neurosis of years duration

Was an operation performed? no Date of no

For what disease or injury? none

Name of operation Physical Exam Date of no

What test confirmed diagnosis? (Was there an autopsy?)

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. T. Clift M. D.

(Address) 1011 No Charles St

F 22892 ✓ F 2289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1832 Bolton St., 14-1 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 3 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Linda May Bantz If U. S. Veteran specify WAR None

(a) Residence: No. 1832 Bolton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Jan. 5 - 1866

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
70	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edward Bantz M. D.

14. BIRTHPLACE (city or town) (State or country) Frederick Maryland

MOTHER

15. MAIDEN NAME Melinda A. Coblentz

16. BIRTHPLACE (city or town) (State or country) Middletown Maryland

17. INFORMANT Mrs. Estella B. Evand (Sister)
(Address) 1832 Bolton

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Apr/13/1936

19. UNDERTAKER Stewart Mosen Co.
(Address) 108 W. North Ave.

20. FILED _____ 19 Huntington Williams, M.D. Registrar.

R 13 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 11 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above. 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza.	4/6/36.

Other contributary causes of importance: acute cardiac dilatation.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C Mann M. D. Coroner

(Address) 1215 Hanover

F 22893

M. D. B. 1268-9

F 22893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

169

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 8-6 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Wright

(a) Residence: No. 1608 East Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Wright

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME John H. Preller

14. BIRTHPLACE (city or town) (State or country) Baltimore and

15. MAIDEN NAME Elizabeth Fraunholtz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. J. Leo Preller

(Address) 3506 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem. Date April 14 1936

19. UNDERTAKER Henry Hoelk Sons Inc.

(Address) 301 E. Eager St. Huntington Williams, W. Va.

19 Registrar.

R 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/10-36
mental trouble	about 2 weeks prior
	Mar 28 36

Other contributory causes of importance: Post Operative Melancholia

Was an operation performed? yes Date of Mar 21-1936

For what disease or injury? Acute Appendicitis

Name of operation Appendectomy Date of 3 21 36

What test confirmed diagnosis Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 4/10 1936

Where did injury occur? St Agnes Hospital
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Jim Hospital

Manner of injury Jumped out 4th story window

Nature of injury Fracture of pelvis. Legs + foot

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos H Phillips M. D.
Coroner

(Address) 1930 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

F 22834 ✓ F 22834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1426 Woodall St., 24-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME James J. Ryan

(a) Residence: No. 1426 Woodall St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura E. Ryan

6. DATE OF BIRTH (month, day, year) Oct. 5, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Baltimore

10. Date deceased last worked at this occupation (month and year) Dec. 24, 1935

11. Total time (years) spent in this occupation 25 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Ryan

14. BIRTHPLACE (city or town) (State or country) Don't know

MOTHER

15. MAIDEN NAME Harriett Joyce

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT George E. Ryan
(Address) 109 E. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date April 14 1936

19. UNDERTAKER A. Louis Byers
(Address) 1100-02 Eutaw Place

..... 19 ..... Registrar.

APR 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 13 1935 to April 12 1936

I last saw him alive on Apr 12 1936 Death is said to have occurred on the date stated above, at 1:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Glandular Carcinoma of neck	1/4
Other contributory causes of importance: Pneumonia	2d.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. E. Campbell M. D.

1936 (Address) 144 Hanover St

F 22895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. 378

1. PLACE OF DEATH South Baltimore Gen. Hosp. St., 7 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred 4yrs. 1mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Noah Jefferson

(a) Residence: No. 5402 Ready Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Helen Jefferson

6. DATE OF BIRTH (month, day, year) June 29-1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Letter Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation, month and year June 30-1931

11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) (State or country) Baltimore City Md

FATHER

13. NAME Noah Jefferson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Gardner

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Wm Jefferson
(Address) 5402 Ready Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Apr 14 1936

19. UNDERTAKER Franklin W. Belt
(Address) 709 W 23 St

Huntington Williams, M.D.
Registrar.

R 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1936, to April 11, 1936

I last saw him alive on April 11, 1936 Death is said to have occurred on the date stated above, at 2:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/11
Other contributory causes of importance: Hypertension Cardio-Vascular disease	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify,

(Signed) Terrence Devlin, Jr. M. D.
(Address) South Baltimore Gen. Hosp.

OCCUPATION IS VERY IMPORTANT. See instructions on the back of certificate.

F 22896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 22896

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 Evesham Ave St., 37-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary D Johnston

(a) Residence: No. 414 Evesham Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of James H Johnston

6. DATE OF BIRTH (month, day, year) July 6 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila Pa

FATHER

13. NAME Steven C Singleton

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Emily F Jones

16. BIRTHPLACE (city or town) (State or country) N J

17. INFORMANT Mrs James H Johnston

(Address) 414 Evesham Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date April 13 1936

19. UNDERTAKER John F Denny

(Address) 715 Light St

Huntington Williams, Reg.

FILED APR 13 1936 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10 1936

22. I HEREBY CERTIFY, That I attended deceased from March 9th 1936 to April 10th 1936

I last saw her alive on April 9th 1936. Death is said to have occurred on the date stated above, at 9 40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	April 36
Type III pneumococcic	

Other contributory causes of importance:

Hypertension	1895?
Arteriosclerosis	1915?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? No.

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) A E Chalfant M. D.

(Address) 6205 York Road

AaCo. 5-31 250B

F 22897 HEALTH DEPARTMENT—CITY OF BALTIMORE F 22897

CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH

Registered No. 25-5

CITY OF BALTIMORE: (No. Franklin Square Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 5 mos. 6 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amelia C. Trimpe

(a) Residence: No. 4823 Pennington Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John H. Trimpe

7. DATE OF BIRTH (month, day, year) Nov. 3 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired (37)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) Not Known (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known (State or country)

17. INFORMANT Mrs. Minnie E. Trimpe
(Address) 4823 Pennington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Apr. 13, 1936

19. UNDERTAKER John F. Kenney
(Address) 715 Gilmor St

APR 13 1936

Filed ..., 19... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 19, 1936 to April 9, 1936

I last saw h[illegible] alive on April 9th 1936 death is said to have occurred on the date stated above, at 8:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Auricular fibrillation	1935
Cerebral embolism	3-30-36

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify. ...

(Signed) J. Ewer Moore, M. D.

(Address) Franklin Square Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 22898 ✓ F 22898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3025 Windsor Ave. St. 15-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Cornelia G. Hudgins

(a) Residence: No. 3025 Windsor Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John S. Hudgins

6. DATE OF BIRTH (month, day, year) July 31, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mathews Co., Va.

FATHER

13. NAME James Brooks

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Irvin M. Hudgins

(Address) 3030 Gwynns Falls Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Apr. 15, 1936

19. UNDERTAKER John J. Denny

(Address) 715 Light St.

Filed APR 13 1936, 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 6/36, 19..., to Apr 11/36, 19...

I last saw her alive on Apr 11 36 6.30 p. m. 19... Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

	Date of onset
about 1 yr. Pneumonia-Bronchs	5/35
Other contributory causes of importance:	
Arterio-sclerosis	1928
Hypertension myocarditis about 1 yr.	1928

Was an operation performed? no Date of .....

For what disease or injury? none

Name of operation none Date of .....

What test confirmed diagnosis? request Was there an autopsy? no

23. If ~~death was due to external causes~~ (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Walter Dubbit M. D.

(Address) 2220 Harlem Blvd

F [redacted]

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. [redacted]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1202 E. Lafayette Ave. St., 9-9 Ward)

Length of residence in city or town where death occurred 65 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Sabina Vaubel

(a) Residence: No. 1202 E. Lafayette Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Vaubel

6. DATE OF BIRTH (month, day, year) Sept. 5th, 1853.

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
82	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Schwitzer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME (Unknown)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth S. Ascendorf (Daughter)

(Address) 1202 E Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date April 13, 1936

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Ave.

PR 13 1936

H. Custer Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April - 9 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 - 1936, to April 9 - 1936.

I last saw her alive on April - 8 - 1936. Death is said to have occurred on the date stated above, at 11-30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arterio Sclerosis	April 1-36
Other contributory causes of importance: Chronic Myocarditis -	Jan 7-36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Gill Hall M. D.

(Address) 1631 E. North Ave

Spec.—1-12-33—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

22900

CERTIFICATE OF DEATH.

108

F 22900

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1411 W. Lanvale ST., 16-2 WARD)

2-FULL NAME Robert Lee Rollins

(a) RESIDENCE NO. 1411 W. Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): S.

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 11, 1916

7 AGE: Years 19 Months 10 Days 28 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Sam Cohen

9 BIRTHPLACE (city or town) (State or country) Balto. County

PARENTS

10 NAME OF FATHER Robert Rollins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Essex Co. Va

12 MAIDEN NAME OF MOTHER Bessie Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norfolk Va

14 Informant (Address) Mrs. Robert Rollins 1411 W. Lanvale St.

15 Filed APR 13 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 9 1936

17 I HEREBY CERTIFY, That I attended deceased from Apr. 3, 1936, to Apr. 9, 1936,

that I last saw h alive on Apr. 9, 1936

and that death occurred, on the date stated above, at 4:15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Acute Pleurisy

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. A. Gaylord, M. D.

, 19 (Address) 522 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem. DATE OF BURIAL 13 1936

20 UNDERTAKER V. A. Brooks ADDRESS 1463 N. Carey St.

THION is very important. See instructions on back of certificates.

M. D. B. 1268-2.

22901

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22901

CERTIFICATE OF DEATH

92-w

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1517 N Carey St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E Cook

(a) Residence: No. 1517 N Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Charles ~~H~~ Cook

6. DATE OF BIRTH (month, day, year) ? 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0057

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Pinkney

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Sarah White

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Charles H Cook
(Address) 1517 N Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 4-14 1936

19. UNDERTAKER George A. Gibson
(Address) 1730 Druid Hill Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH (month, day, year) Apr 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1936 to Apr 11 1936

Last saw h~~e~~er alive on Apr 10 1936 Death is said to have occurred on the date stated above, at 1 ~~P~~ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	Nov 36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify

(Signed) E William Frey M. D.
(Address) 1928 Penna Ave

V. S. 3

OCCUPATION is very important. See instructions on back of certificate.

22902

T 22902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 Boyd St. 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 3 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John L. Krentzberg

If U. S. Veteran specify WAR

(a) Residence: No. 1023 Boyd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine L. Hartel

6. DATE OF BIRTH (month, day, year) Dec 16-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bassler's Bayson & Eutaw Sts

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frederick L. Krentzberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Hort

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Cath. L. Krentzberg
(Address) 1023 Boyd St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 4/14 1936

19. UNDERTAKER John J. Gowan & Son
(Address) 1901 Bolton St

APR 14 1936 Eaton Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/11 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1. 1936, to April 11. 1936

I last saw him alive on April 11. 1936. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pharynx.	6 mo

Other contributory causes of importance:

none

Was an operation performed? none Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Path Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas. Norton, M. D.

(Address) 888 N. Loudon St

OCCUPATION is very important. See instructions on back of certificate.

F 22903 ✓ F 22903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 N. Streeper St. 6-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth 70 yrs. mos. ds.

2. FULL NAME John Butta

(a) Residence: No. 121 N. Streeper St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Theresa Emma Butta

6. DATE OF BIRTH (month, day, year) Sept 17/49

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph Butta

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Carmella Gamzia

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Wife Theresa E. Butta
(Address) 121 N. Streeper

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem Date 4/14/36 19

19. UNDERTAKER Frank V. Pipitone
(Address) 2818 E. Balto St

20. FILED 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1936 to Apr 1936

I last saw him alive on Apr 10, 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	2/1/36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eugene L. Cesarano M. D.

(Address) 514 Drury Lane

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. R. 1268-9

F 22904

22904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1534 ½ Fulton Ave St., 15-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 8 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Amelia Dukes

(a) Residence: No. 1534 ½ Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of George W. Dukes

6. DATE OF BIRTH (month, day, year) August 5th 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----

10. Date deceased last worked at this occupation (month and year) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jeremiah Collins

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Charlotte Euler

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs Mazie A. Deems

(Address) 1534 N. Fulton Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date April 15th 36

19. UNDERTAKER from Stephens - Sias

(Address) North + Penna Ave.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12 . 1936

22. I HEREBY CERTIFY, That I attended deceased from March 30 . 1936 to April 12 . 1936

I last saw h[illegible] alive on April 12 . 1936 Death is said to have occurred on the date stated above, at 1.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/6/36
Other contributory causes of importance: Chronic Valvular Heart Disease	4/2/12

Name of operation — Date of —

What test confirmed diagnosis None . Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — . 19 —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John D. Quinn, M. D.

(Address) 1507 N. Fulton Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 22905 ✓ F 22905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH St. Agnes Hospital — Registered No. .....

CITY OF BALTIMORE: (No. Wilkens & Catea Sts. 3) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William E. Burke — If U. S. Veteran specify WAR .....

(a) Residence: No. 2549 Hillsworth Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — ~~HUSBAND of~~ ~~(or) WIFE of~~ Ida Gertrude Burke

6. DATE OF BIRTH (month, day, year) January 31, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	4-	2	12 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Highway Department

10. Date deceased last worked at this occupation (month and year) March 24, 1936

11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (City or town) Balto. County (State or country) Maryland

FATHER

13. NAME Frank Burke

14. BIRTHPLACE (city or town) Baltimore County (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Campbell

16. BIRTHPLACE (city or town) Prince George County (State or country) Maryland

17. INFORMANT Mrs. Ida Gertrude Burke

(Address) 2549 Hillsworth Road

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date April 14, 1936

19. UNDERTAKER Joseph B. Cook

(Address) 1007 W. Baltimore St.

20. Filed ..... Registrar.

APR 13 1936 ... Eastern ... (AM)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1936 to April 11, 1936

I last saw h/m alive on April 10, 1936 Death is said to have occurred on the date stated above, at 9:07 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Diabetes Mellitus	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. J. Williamson M. D.

(Address) St. Agnes Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-B

22906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16-6 186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward)

Length of residence in city or town where death occurred 5 yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clara Lotman

(a) Residence: No. 2832 Harlem Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Lotman

6. DATE OF BIRTH (month, day, year) Oct. 18th 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Chesapeake City Md.

FATHER

13. NAME Mr. Hallworth

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Elizabeth Sweed

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Harry Lotman
(Address) 2832 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oakdale Cem. Date April 15 1936

19. UNDERTAKER Joseph D. Cook Sr.
(Address) 1003 W. Baltimore St.

20. FILED ..... 1936 ..... Registrar

R 131936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12th 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial pneumonia	

Other contributory causes of importance: Broncho pneumonia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Feb 3. 1936

Where did injury occur? Balto Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury fell on ice in back yard.

Nature of injury Fracture of femur

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. F. Mengert M. D.
Coroner

(Address) 1010 S. Ellwood Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 22907

22907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 183 Grace 7

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Fountain Home Port of Bond to Fountain Home Wharf St., 2-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME George Moric

(a) Residence: No. Seamans Shelter 508 S. Conn. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman 10 Sec
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oiler & Water Tender
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country) "

FATHER

13. NAME "
14. BIRTHPLACE (city or town) "
(State or country) "

MOTHER

15. MAIDEN NAME "
16. BIRTHPLACE (city or town) "
(State or country) "

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Public Cemetery Date April 5, 1931

19. UNDERTAKER .....
(Address)

20. FILED 19 ..... Registrar

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1931

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Autopsy	
drowning	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide accident Date of injury April 3 31
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury drowning

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) V. M. Knight, M. D. Coroner
(Address) 1010 S. Edwards Ave.

Use OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 22908

HEALTH DEPARTMENT—CITY OF BALTIMORE

22908

CERTIFICATE OF DEATH

183 Grave 6

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Found floating in the water at

CITY OF BALTIMORE: (No. Pier 6 Light St. St., 22-1 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Unknown (C)

(a) Residence: No. Do not know. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	----------		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S.D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Public Cemetery Date April 13 19 36

19. UNDERTAKER .....
(Address)

20. FILED APR 13 1936 Huntington Williams, M.D. Health Officer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) found April 4, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Drowning.

Probably accidental.

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otto Steinhardt, M. D.
4/8/36 (Address) 1017 St. Charles St. Coroner

M. D. B 1268-9

22909

✓ F 22909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-D.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 17-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Williams

(a) Residence: No. 614 Bradley st. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) April 2, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
				12 Hrs

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ruth Williams

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Dept Records

(Address) Lunacy Dept.

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Md. Date April 13, 1936

19. UNDERTAKER .....

(Address) .....

FILED ..... 19 ..... Registrar .....

R 13 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic of NewBorn	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, state how .....

(Signed) H. H. Wellman M. D.

(Address) 2757 N. Howard

OCCUPATION is very important. See instructions on back of certificate.

F 22910 # 13102 ✓ F 22910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospital St. Ward) 401

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Cook

(a) Residence: No. 48 Market Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married (Separated)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 5-1-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer 57

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Casey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date 4/15 1936

19. UNDERTAKER Charles P. Towells
(Address) 113 N Eutaw St

20. FILED 4/13 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/10 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/21 1933 to 4/10 1936

I last saw him alive on 4/10 1936 Death is said to have occurred on the date stated above, at 9 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	23 days
Gangrene of left leg	6 days
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.
(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 22911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 22911

X 210-9

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. ..... St., 25-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William D. Clark

If U. S. Veteran specify WAR .....

(a) Residence: No. 2706 E 2nd St Ward Miami Florida

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Laura Clark

6. DATE OF BIRTH (month, day, year) 7-23-1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bee Tracks

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Melanie Clark

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Julia L

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs. Julia Hosey

(Address) 618 Woodcrest Ave Jersey City N J

18. BURIAL, CREMATION, OR REMOVAL

Place Jersey City N J Date April 13 19 36

19. UNDERTAKER Leo J. Feeley

(Address) 100 W Fayette St

13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12/36 - 3:10 P.M.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Hemorrhage (cerebral thrombosis)	

Other contributory causes of importance: .....

Was an operation performed? yes Date of 4/12/36

For what disease or injury? Injuries

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/12 19 36

Where did accident occur? Washington Blvd, Near Waterloo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

How did injury occur? Automobile ran into truck

Nature of injury Cut crossed wound

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Willard Bailey, Auto Coroner, M. D.

(Address) 907 N Charles St

OCCUPATION is very important. See instructions on back of certificate.

22912

STATE OF MARYLAND—CERTIFICATE OF DEATH

F 22912

1. PLACE OF DEATH

County ..... Registration Dist. No. 46-E

Village or City Baltimore Md. No. 520 Rock Glen Rd St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Ann Wolter

If U. S. Veteran, specify WAR .....

(a) Residence: No. 520 Rock Glen Road St.; Ward. If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Andrew H. Wolter

6. DATE OF BIRTH (month, day, and year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. .....

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Fauquier County (State or country) Va.

FATHER

13. NAME Daniel W. Thompson

14. BIRTHPLACE (city or town) Loudon County (State or country) Va

MOTHER

15. MAIDEN NAME Sarah N. Hall

16. BIRTHPLACE (city or town) Fauquier County (State or country) Va.

17. INFORMANT Andrew H. Wolter (Address) 520 Rock Glen Road

18. BURIAL, CREMATION, OR REMOVAL

Place Washington Date 4/18, 1936

19. UNDERTAKER W W Chapelle Co (Address) Washington D.C.

20. FILED ..... 19... Registrar

APR 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 14 (Day), 1936 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1936, to Apr. 14, 1936

I last saw her alive on Apr. 14, 1936, death is said to have occurred on the date stated above, at 3:15 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	1934

Other Contributory Causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. N. Triplett M. D.

(Address) 1326 W Lombard St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore. Requesting U. S. No. 1. Baldo. md.

TION is very important. See instructions on back of certificate.

F 22913

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22913

CERTIFICATE OF DEATH

1 93-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1289 William St., 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 7 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George H. Tydings

If U. S. Veteran specify WAR .....

(a) Residence: No. 1289 William St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane McDowell Tydings

6. DATE OF BIRTH (month, day, year) Sept. 12, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME George Tydings

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Maria Finnessy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Jane Tydings

(Address) 1289 Williams

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 4/15 1936

19. UNDERTAKER Margaret L. Flynn

(Address) 1432 Light St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/13 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/8 1936 to 4/13 1936

I last saw him alive on 4/12 1936 Death is said to have occurred on the date stated above, at 12.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 mos
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Mitchell M. D.

(Address) 1279 Williams St

OCCUPATION is very important. See instructions on back of certificate.

R 14 1936

F 22914

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22914

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 E. Randall St. 23-2 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Charles M. Green

(a) Residence: No. 14 E. Randall St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Mattie G. Green

6. DATE OF BIRTH (month, day, year) May 25th 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Obrecht & Lynch

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Washington Co Md

FATHER

13. NAME Joseph Green

14. BIRTHPLACE (city or town) (State or country) Washington Co Md

MOTHER

15. MAIDEN NAME Ellen Steinmetz

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mattie Green
(Address) 14 E. Randall St

18. BURIAL, CREMATION, OR REMOVAL
Place Londons Park Date April 14th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

Huntington Williamson, W Va
Registrar

FILED APR 1. 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12th 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 2 1936 to April 12 1936

I last saw him alive on April 12 1936 Death is said to have occurred on the date stated above, at 7th a.m.

The principal cause of death and related causes of importance were as follows:

	Date of Death
Uraemia Coma	April 12 1936
Chronic Nephritis	1935
Chronic Prostatitis	1935

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. A. Hamilton M. D.

(Address) 14 E. Randall St

OCCUPATION is very important. See instructions on back of certificate.

F 22915

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22915

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3419 Esther Place North Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Deborah A. Brown

(a) Residence: No. 3419 Esther Place City ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ ~~HUSBAND of~~ (or) WIFE of James E. Brown

6. DATE OF BIRTH (month, day, year) Nov 8th 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Chester Md

FATHER

13. NAME Thomas Gardner

14. BIRTHPLACE (city or town) (State or country) Chester Md

MOTHER

15. MAIDEN NAME Charles Anna Grimes

16. BIRTHPLACE (city or town) (State or country) Stevensville Md

17. INFORMANT Wm T. Brown (Son)

(Address) 524 S. Quail St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date April 14th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED APR 14 1936 Huntington Williamsport Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1932, to April 12 - 1936

I last saw her alive on April 12 - 1936. Death is said to have occurred on the date stated above, at 1.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension - Hydrothorax	1932
Coronary Thrombosis April 12 -	1936

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward J. McGuire, M. D.

(Address) 3507 Fait Ave

OCCUPATION is very important. See instructions on back of certificate.

22916 HEALTH DEPARTMENT—CITY OF BALTIMORE 22916

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 Braumont Ave St. 7-10 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marie L. Abbott

(a) Residence: No. 530 Braumont Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ (or) WIFE of Maxwell E. Abbott

6. DATE OF BIRTH (month, day, year) June 19th 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Henry W. Ledebur

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Thaer

16. BIRTHPLACE (city or town) (State or country) Pittsburg Pa

17. INFORMANT Maxwell Abbott
(Address) 503 Braumont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date April 15th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 Huntington Ave Baltimore, Md.

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12th 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1935 to Apl 12 1936.
I last saw h.. alive on April 12 1936 Death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1935

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Joseph J Kinzer M. D.

(Address) 2700 Hereford Ave

APR 14 1936

22917 E 22917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Life St. 124-S Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Irene Ray Freestman

(a) Residence: No. 309 Freestman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wellon

6. DATE OF BIRTH (month, day, year) 9/7/01

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md Forest

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Bennett

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Kuntz
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 4/14 1936

19. UNDERTAKER Robert L. Young
(Address) 804 N. Caroline St.

APR 14 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1936, to Apr 10, 1936

I last saw her alive on Apr 10, 1936 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction, post operative	4-10-36

Other contributory causes of importance:

None

Was an operation performed? yes (2) Date of 4-2-36, 4-6-36

For what disease or injury? Uterine fibroids - paralytic ileus

Name of operation Hysterectomy - enterostomy Date of 4-6-36

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Bernard Brack M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 22918 F 22918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1425 E. Fayette St 5-1 St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilson Chalk.
If U. S. Veteran specify WAR .....

(a) Residence: No. 1425 E. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word).
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (Junk Dealer)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va
(State or country)

FATHER

13. NAME John Chalk.

14. BIRTHPLACE (city or town) Va
(State or country)

MOTHER

15. MAIDEN NAME Frances Wilson

16. BIRTHPLACE (city or town) Va
(State or country)

17. INFORMANT Frances Chalk
(Address) 34 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL
Place Hobson Va. Date 4/14 1936

19. UNDERTAKER Robert L. Young
(Address) 804 N. Caroline St.

20. FILED APR 14 1936 E. F. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12 1936

22. I HEREBY CERTIFY, That I attended deceased from April 6th 1936 to April 12 1936

I last saw h... alive on April 12 1936. Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar-pneumonia	April 6th, 1936

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) I.G. Nicholson M. D.

(Address) 2220 Eutaw Pl.

OCCUPATION is very important. See instructions on back of certificate.

F.D. 22919

F 22919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital 210-M

CITY OF BALTIMORE: (No. ..... St., 8-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Norman Stebbing

(a) Residence: No. 1713 E. Federal St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy

6. DATE OF BIRTH (month, day, year) Feb 8, 1914 Age 22 - 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
22	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John W. Stebbing

14. BIRTHPLACE (city or town) (State or country) Cresaptown Md

MOTHER

15. MAIDEN NAME Ida J. Mercer

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT John W. Stebbing

(Address) 1713 E. Federal St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date April 4th 1936

19. UNDERTAKER Wm. Cook

(Address) 1217 St. Paul St

20. FILED ... 1936 Washington Baltimore, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/10/36 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence

(Inquest, Autopsy or Inquiry)

obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? Yes Date of 4/10/36

For what disease or injury? Fractured Skull

Name of operation Trephining Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/10 . 1936

Where did injury occur? Mathew & St Paul

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Automobile collided into Gasoline Truck

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert Bailey Pyle M. D.

(Address) 514 Park Ave Balto

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

V 566

F 22920

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22920

CERTIFICATE OF DEATH

+V/31

Registered No. 20906

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hosp. St. 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME William G. Aaron

(a) Residence: No. 326 Glass Ave. St. Cambridge Ward Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Dean Aaron

6. DATE OF BIRTH (month, day, year) May 19 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	0	25-14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ship masters C

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. fisherman C

10. Date deceased last worked at this occupation (month and year) 3-28-36

11. Total time (years) spent in this occupation 16 yrs

12. BIRTHPLACE (city or town) (State or country) Taylor's Island Maryland

FATHER

13. NAME William Aaron

14. BIRTHPLACE (city or town) (State or country) Cambridge, Md.

MOTHER

15. MAIDEN NAME Sally Phillips

16. BIRTHPLACE (city or town) (State or country) Taylor's Island Maryland

17. INFORMANT Deceased

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Md Date 4/16 1936

19. UNDERTAKER Frank E. Albaugh

(Address) Cambridge Md.

20. FILED ... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-10- 1936 to 4-13 1936

I last saw him alive on 4-13 1936 Death is said to have occurred on the date stated above, at 7:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1923
Nephritis, Chronic interstitial	1930

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? physical exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. W. T. Saunders M. D.

(Address) U. S. Marine Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V 9 3

APR 14 1936

F 22921

F 22921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5010 Belair Road St. 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME James Allison Langley

(a) Residence: No. 5010 Belair road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian E Langley

6. DATE OF BIRTH (month, day, year) april 4 th 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year) 2 mos 11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Dallan Langley

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Elizabeth Hammond

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Ruth Byrne

(Address) 5010 Belair road

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Memorial Park Apr 15 1936

19. UNDERTAKER John Allen & Son

(Address) 2008 Eutaw Place Huntington Williams, Inc.

19 . Registrar

R 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12 th 1936

22. I HEREBY CERTIFY, That I attended deceased from June 5 1935 to April 12 1936

I last saw h alive on April 11 1936 Death is said to have occurred on the date stated above, at 3.15 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2 years ago
Generalized Arteriosclerosis	
Chronic Interstitial Nephritis	
Arterial Hypertension	
Other contributory causes of importance:	
Cardiac Dilatation and Uremia	3 days ago

Was an operation performed? no Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Course & Urinalysis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Gilbert Cassard M. D.

(Address) 2025 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 22922 # 12067 F 22922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Priscilla Kimick (or Kiemig)

If U. S. Veteran specify WAR .....

(a) Residence: No. 1007 S. Kenwood Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-28-1844

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
91	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Elijah Bafter

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rachael Brown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem Date April 14 1936

19. UNDERTAKER John Ulrich

(Address) 200 E Oliver St

20. FILED ..... 19 ..... Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/11, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19..., to 4/11, 1936.

I last saw her alive on 4/11 1936 Death is said to have occurred on the date stated above, at 7:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12 days
Hypertensive Cardio vascular disease.	8 yrs.

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter, M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

R 141936

F 22923

F 22923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 N Port st St., 6-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Katherine Merritt

If U. S. Veteran specify WAR

(a) Residence: No. 423 N Port st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William C Merritt

6. DATE OF BIRTH (month, day, year) 4.16/ 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. athome

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jacob Wilhide

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catherine Crader

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Cathryn Zick
(Address) 423 N Port st

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date April 14 1936

19. UNDERTAKER John Allen's
(Address) 2008 Pulaski Hwy Huntington Williams, Md

APR 14 1936 FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/11 th 1936

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1935 April 11, 1936

I last saw her alive on April 11 1936 at 1.30 pm Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1934
Other contributory causes of importance: Hemiplegia (rt)	9 days

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Samuel P Wolfe M. D.

(Address) 1331 E Madison

OCCUPATION is very important. See instructions on back of certificate.

F 22924

F 22924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 445 N. Lakewood Ave. St. 6-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna L. Riéselmann

If U. S. Veteran specify WAR .....

(a) Residence: No. 445 N. Lakewood Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late, Joseph Riéselmann

6. DATE OF BIRTH (month, day, year) Apr. 5/1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Herman Lauke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Carrie Riéselmann

(Address) 445. N Lakewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer. Date Apr. 15 1936

19. UNDERTAKER Lilly & Fulton

(Address) 407 E. Monument St.

FILED 19 Registrar

APR 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 11/36

22. I HEREBY CERTIFY, That I attended deceased from Apr. 11, 1936 to ..... 19.....

I last saw h.. alive on Apr 11, 1936 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	[illegible] yrs
Aorta dilatation	Apr 11
Other contributory causes of importance:	
Marked overweight	yrs.
Injected leg ulcer (right)	2 mos

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Flois 24 S. Bond M. D.

(Address) Balto Md

OCCUPATION is very important. See instructions on back of certificate.

F.D. 22925

F 22925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 187-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 East ..... St. 5-K Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carrie E. Kelley

(a) Residence: No. 512 East St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	✓		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 00?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John Williams
(Address) 512 East St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 4-14 1936

19. UNDERTAKER Bryant & Jamie H. Knight
(Address) 1118 McCulloh St

Huntington Williams, N.D.

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchial	4/1936
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Verne F. Wallace M. D.
Coroner

(Address) 1031 St. Paul St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 14 1936

F 22926 F 22926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 12462 5 W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Martin

If U. S. Veteran specify WAR .....

(a) Residence: No. 253 N. Exeter St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mollie

6. DATE OF BIRTH (month, day, year) 7-6-1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Alex

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Louise ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lancaster Va. Date 4-14- 1936

19. UNDERTAKER Broadwater & Harris & W. Wright

(Address) 128 Mc Elderry St Huntington Williams, W. Va.

19. FILED ..... 19 ..... Registrar

PR 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/11/1936

22. I HEREBY CERTIFY, That I attended deceased from 3/11/1936 to 4/11/1936

I last saw him alive on 4/11/1936 Death is said to have occurred on the date stated above, at 7:32 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular renal disease	4 mo?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

State CAUSE OF DEATH in plain terms, so that a layman may understand. OCCUPATION is very important. See instructions on back of certificate.

F 22927

F 22927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ X 52

Registered No. 20376

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hosp. St., 11th-6 Ward)

Length of residence in city or town where death occurred ... yrs. 2 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ____

2. FULL NAME Emory Sullivan

(a) Residence: No. Oxford, Maryland St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mrs Iva Sullivan

6. DATE OF BIRTH (month, day, year) Oct. 21, 1888

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
47	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. boatman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gov. boat
10. Date deceased last worked at this occupation (month and year) 3-26-35
11. Total time (years) spent in this occupation 1 1

12. BIRTHPLACE (city or town) (State or country) Oxford, Md.

FATHER

13. NAME Luke Sullivan
14. BIRTHPLACE (city or town) (State or country) Oxford, Md.

MOTHER

15. MAIDEN NAME Ella Corkran
16. BIRTHPLACE (city or town) (State or country) Oxford, Md.

17. INFORMANT Deceased
(Address)

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL
Place Oxford, Md Date 4-14 1936

19. UNDERTAKER John A. Mitchell & Sons
(Address) Agts Eastern Express Huntington Williams, Yds

FILED ... 19 ... Registrar.

R 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-20-36 to 4-13 1936

I last saw him alive on 4-13 1936 Death is said to have occurred on the date stated above, at 4:22 p.m.

The principal cause of death and related causes of importance were as follows:

Prickle Cell Epithelioma Left face — Date of onset Jan 1935

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-22-36

For what disease or injury? Biopsy epithelioma face

Name of operation Biopsy Date of 1-22-36

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. T. Sowder M. D.

(Address) U.S. Marine Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 22928 F 22928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 66-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 328 S. Robinson St. 1-V Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Minnie Lee Kanely

(a) Residence: No. 328 S. Robinson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John G. Kanely

6. DATE OF BIRTH (month, day, year) Oct. 18, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties ✓ 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harpers Ferry W. Va.

FATHER

13. NAME Jacob Ash

14. BIRTHPLACE (city or town) (State or country) ---- ----

MOTHER

15. MAIDEN NAME Mary Throter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mildred Nemee
(Address) 328 S. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemy Date Apr. 15, 1936

19. UNDERTAKER John O. Mitchell & Sons.
(Address) 1900 Eutaw Place

Huntington Williams, M.D.
Registrar

FILED APR 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .. to Apr. 12 1936

I last saw her alive on Apr. 12 1936. Death is said to have occurred on the date stated above, at 7.58 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia (Left)	

Other contributory causes of importance:

Myocarditis
Aortic Thrombosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Joseph Lowney, M. D.

(Address) 141 S. Ellwood Ave

OCCUPATION is very important. See instructions on back of certificate.

F 22929 F 22929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 Woodall St St., 24-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 56 yrs. ... mos. ... ds.

2. FULL NAME Mary M. George

If U. S. Veteran specify WAR

(a) Residence: No. 1412 Woodall St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert J. George.

6. DATE OF BIRTH (month, day, year) Oct 5 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55 56	5 6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 00 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Fredrick George

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Dekalker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Ernst George Son.
(Address) 1412 Woodall St.

18. BURIAL, CREMATION, OR REMOVAL
Place Pulaski Hill Date April 17. 1936

19. UNDERTAKER Charles L. Stevens
(Address) 1501 E. Fort Ave.

20. FILED [illegible] 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13. 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15 1935 to April 13 1936

I last saw HER alive on April 13 1936 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Indefinite
Other contributory causes of importance:	
Acute Dilatation of Heart	4/12/36

Was an operation performed? no Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

4/14/36 (Signed) L. O. Campbell M. D.
(Address) 1614 Hanover St.

OCCUPATION is very important. See instructions on back of certificate.

F 228830

F 228830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 S. Exeter St., 3-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Isaac Forman

(a) Residence: No. 209 S. Exeter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph M. Forman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris R. Forman
(Address) 127 E. Gay st

18. BURIAL, CREMATION, OR REMOVAL
Place Henry Berg Date 4/14/36

19. UNDERTAKER Jack Levin Co
(Address) 1439 E. Baltimore st

Filed 19 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12/36. 19

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1936, to April 12, 1936

I last saw him alive on April 12, 1936. Death is said to have occurred on the date stated above, at 9 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	March 27 1936
Chr. arteris. Sclerosis	2

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nathan J. Davidov, M. D.

(Address) 3228 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

PR 14 1936

F 22931

F 22931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54

Registered No. .....

1. PLACE OF DEATH

13503 6-4

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? 31 yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lena Zuskin

(a) Residence: No. 214 N. Washington St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David

6. DATE OF BIRTH (month, day, year) 1883 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52	52 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hwf. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Simon Klitzner

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Date 4-14-36

19. UNDERTAKER Jack Levin Inc. 1439 E. Baltimore St. Huntington Pittsburgh, Pa.

(Address)

....., 19 ..... Registrar.

PR 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/11 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/9 1936 to 4/11 1936

I last saw her alive on 4/11 1936 Death is said to have occurred on the date stated above, at 7:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	36 hrs.
Cerebral Hemorrhage	48 hrs.
Other contributory causes of importance: Diabetes mellitus	7 yr.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

M. D. (Signed) Robert A. Reitz M. D.

(Address) Baltimore City Hosp.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. EACH statement of OCCUPATION is very important. See instructions on back of certificate.

F 22932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 22932

1. PLACE OF DEATH 2811 Ulman Ave — 15-12 ✓97 Registered No.

CITY OF BALTIMORE: (No. ..... St., 15th Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Cohen

(a) Residence: No. 2811 Ulman Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hirsch Cohen

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rumania

FATHER

13. NAME Israel Siegel

14. BIRTHPLACE (city or town) (State or country) Rumania

MOTHER

15. MAIDEN NAME Bessie

16. BIRTHPLACE (city or town) (State or country) Rumania

17. INFORMANT Esther C. Harris

(Address) 2811 Ulman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New York City Date 4/16/36

19. UNDERTAKER Jacob Lewis Inc.

(Address) 1429 E Baltimore St

20. FILED 4/15 19 36 by Huntington for Williams & Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/13/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 10th, 1936 to April 13th, 1936

I last saw h alive on April 3rd 1936 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	1 yr
Other contributory causes of importance: Acute Cardiac Dilatation	1 day

Name of operation None Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Michael A. Abrams, M. D.

(Address) 2360 Eutaw place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 22933

22933 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals Th. Div. Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4100 St., 17 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Irene Hollmond

(a) Residence: No. 585 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 6 1905

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
30	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook (not)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME John Hollmond

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Rose Smith

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 4/16 1936

19. UNDERTAKER T. M. Jackson
(Address) 716 N Pennsylvania ave

20. FILED 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1936 to April 11, 1936
I last saw her alive on April 11, 1936 Death is said to have occurred on the date stated above, at 4.30 p. m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan 1936
Tranverse Myelitis	Jan 1936
(Fatal complication)	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Arthur Kaufman M. D.

(Address) Balto. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PRINTED

22934 F 22934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 16-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Bradford

If U. S. Veteran specify WAR .....

(a) Residence: No. 719 Mount St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ------ Bradford

6. DATE OF BIRTH (month, day, year) 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. 090

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mary E. Fisher

(Address) 719 Bruce St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4/15 19 34

19. UNDERTAKER Gill Jackson

(Address) [illegible]

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1934

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) [illegible] M. D. Coroner

(Address) [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 14 1934 C

F 22935 — 200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22935

CERTIFICATE OF DEATH.

✓ 18

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 26-9 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis F. Ruth

(a) RESIDENCE NO. 3701 Eastern Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of X

6 DATE OF BIRTH (month, day, and year) Mar. 8/36

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
		1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) infant child

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Robert L. Ruth

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Rosette Kuehn

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Md.

14 Informant Robert L. Kuehn

(Address) 3701 Eastern Ave.

Dated ..... 19 ..... Registrar Huntington Williams, MD

R 14 1936

CORONER'S CERTIFICATE OF DEATH

X

16 DATE OF DEATH (month, day, and year) April 13 1936

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

meningicoccus meningitis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

4/13/1936 (Address) 1010 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem. Date of Burial April, 14/36

UNDERTAKER C. Miller & Son ADDRESS 2334 Jefferson St

very important. See instructions on back of certificate.

F.D. 22936 F 22936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 McCulloh St., 14-W Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary P. Henry

(a) Residence: No. 1419 McCulloh St, St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of D. V. Henry ?

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 50-55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Accomac Co. Va.,

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John Pullman
(Address) 1822 David Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Date 4/14/36. 19

19. UNDERTAKER Mr. Jas. H. Holland
(Address) 1631 David Hill Ave
Huntington Williams

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/11 . 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1 . 1936 to April 11 . 1936
I last saw h[illegible] alive on April 11, 1936 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Nephritis Diffuse	
Other contributary causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) D. V. Halsey M. D.

(Address) 1752 E. Fayette St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 14 1936

F. D. 22537

F 22537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

206-1

1. PLACE OF DEATH City Hospitals

CITY OF BALTIMORE: (No. ..... St. 13-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ora Candee (Canida)

(a) Residence: No. 1402 Whitelock St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter Candee

6. DATE OF BIRTH (month, day, year) Feb 7 1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Nelson Butler

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Eliz Watts

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Lena Butler
(Address) 916 Carlton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Northumberland Va. Date 4/15 1936

19. UNDERTAKER Thomas E. Kelson
(Address) 1313 Pennsylvania Ave

20. FILED ..... 19 ..... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	3/15/36

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/15 1936

Where did injury occur? North Point Pk & Canton RR
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road Crossing

Manner of injury Collided with freight

Nature of injury Fractured skull & caught fire

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

Signed Fulton Bentley Acting M. D.
Coroner

(Address) 5142 Park Hgts

PR 14 1936

SEE CAUSES OF DEATH in plain terms, so that it may be properly classified. Place OCCUPATION in very important. See instructions on back of certificate.

F 22933 F 22938

31165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL 15-1

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Jackson

(a) Residence: No. 1427 Mount St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/17/35-

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

FATHER

13. NAME John Jackson

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Maria Hutchins

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Friends -

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4/15 1936

19. UNDERTAKER Thomas E. Kelly

(Address) 1303 Pennsylvania Ave

Huntington Williams, M.D.

Registrar.

FILED ..... 19 .....

APR 14 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1936 to April 12, 1936

I last saw him alive on April 12, 1936 Death is said to have occurred on the date stated above, at 2 25-a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia - primary	3-29-36
Other contributory causes of importance: Pneumococcus Meningitis	4-10-36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X. Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lydia B Edwards M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

22939

HEALTH DEPARTMENT—CITY OF BALTIMORE

22939

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3009 Harview Ave St., 27-5 Ward)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Meinschein

(a) Residence: No. 3009 Harview Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Meinschein

6. DATE OF BIRTH (month, day, year) Dec 13/1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Hoos

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Smith

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Leland Clemmer
(Address) 3009 Harview Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 4/14/36

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Orleans St

APR 14 1936

E. Eugene Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 1930, to April 10 1936

I last saw her alive on April 10 1936 Death is said to have occurred on the date stated above, at 10 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Prior to 1930
Chronic interstitial nephritis	
Other contributory causes of importance:	
Acute bronchitis	4/6/36
Pulmonary oedema	4/10/36

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation none Date of —

What test confirmed diagnosis? clinical + urinalysis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) A. M. Bacon, M. D.

(Address) 2810 Taylor Ave. Hamilton P. O.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

22940 HEALTH DEPARTMENT—CITY OF BALTIMORE 22940

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5918 Kavon St., 26-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Joseph Bauer.-

If U. S. Veteran specify WAR .....

(a) Residence: No. 5918 Kavon Street.— St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	~~Single~~ Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of — Gillian Bauer.

6. DATE OF BIRTH (month, day, year) May 8, 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automobile Body

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Joseph and Stewart Co

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) City Baltimore

FATHER

13. NAME Joseph Bauer.

14. BIRTHPLACE (city or town) (State or country) Deceased.- Heart Disease-Angina

MOTHER

15. MAIDEN NAME Delia E. Reed.

16. BIRTHPLACE (city or town) (State or country) Deceased Cancer of Stomach

17. INFORMANT Mrs Gillian C Bauer

(Address) 3718 Kavon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. April 15 1936

19. UNDERTAKER Edward W. Conkling

(Address) 924 E. Eager St.

APR 14 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1936 to April 12, 1936

I last saw him alive on April 12, 1936. Death is said to have occurred on the date stated above, at 8.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease.-	
Chronic Myo Carditis.-	
Cardiac failure	5 mos.

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? None.

Name of operation None Date of —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) James E. White M. D.

(Address) 5102 Harford Road

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22941 ✓ F 22941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — Registered No. 2734

CITY OF BALTIMORE: (No.) 5924 Theodore Ave. (St.) (Hamilton) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Pauline Schwesinger — If U. S. Veteran specify WAR

(a) Residence: No. 5924 Theodore Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec.-5-1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6077

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George C. Schaffer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Josephine Holsman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Leo. G. Kirchner (Address) 2784 Tivoly Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date April 15, 1936

19. UNDERTAKER Henry Hoeke's Sons Inc (Address) 1301 E. Eager St.

20. DATE RECEIVED . 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April-12-1936

22. I HEREBY CERTIFY, That I attended deceased from 4-11-1936 to 4-12 1936

I last saw her alive on 4-12 1936 Death is said to have occurred on the date stated above, at 2.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1931?
Acute cardiac dilatation	4-11-36
Other contributory causes of importance:	
Chr. Interstitial nephritis	1931

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? obvious Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. A. Alessi, M. D.

(Address) 6217 Harford Rd.

PR 14 1936

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22942

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22942

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 4314 Penhurst St. 28-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick Mortimer Ketchum

If U. S. Veteran specify WAR .....

(a) Residence: No. 4314 Penhurst St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate H. Carter, Ketchum

6. DATE OF BIRTH (month, day, year) August 31-1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	7	13½	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Investment

10. Date deceased last worked at this occupation (month and year) Oct 35

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Frederick M. Ketchum

14. BIRTHPLACE (city or town) (State or country) Conn.

MOTHER

15. MAIDEN NAME Charlotte Martini.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Kate H. Ketchum

(Address) 4314 Penhurst Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 4/15/36 19

19. UNDERTAKER Geo. Wilbur & Son

(Address) 2603 Edmondson Ave

APR 14 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19 1935 to April 13 1936

I last saw him alive on April 12 1936 Death is said to have occurred on the date stated above, at 4.45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	5 mos
Myocarditis Chronic	1 mo.
Pernicious Anaemia	3 mo
Other contributory causes of importance: Chronic Interstitial Nephritis	3 mo

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation no Date of .....

What test confirmed diagnosis? Blood Urinalysis W.R. etc Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. F. A. Stevens, M. D.

(Address) 2878 Harford Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22943

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22943

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH 600 N. Monroe St

CITY OF BALTIMORE: (No. Baltimore, Md St. 16-e Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susan Lydia Stewart

If U. S. Veteran specify WAR .....

(a) Residence: No. 600 N. Monroe St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Stewart

6. DATE OF BIRTH (month, day, year) July 20 1844

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
91	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co

FATHER

13. NAME James McKelvey Hammett

14. BIRTHPLACE (city or town) (State or country) St. Mary's Co.

MOTHER

15. MAIDEN NAME Rebecca Watts

16. BIRTHPLACE (city or town) (State or country) St. Mary's Co

17. INFORMANT Sallie Wrightson

(Address) 600 N. Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary City, Md Date Apr. 15 19 36

19. UNDERTAKER Roland L. Tetler

(Address) 611 N. Monroe St.

20. FILED APR 14 1936 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12 1936

22. I HEREBY CERTIFY, That I attended deceased from July 7/35 19... to April 12/36 19... last saw her alive on April 12/36 19... Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation — Date of onset July 7/35

Other contributory causes of importance: Nephritis — Date of onset ...

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Exam Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Henry B. Hollyday, M. D.

(Address) 120 Eden

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. H. 1268-9

F 22944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3116 Hanover St., (Hospital or Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Andrew W. Kenecome

(a) Residence: No. 3116 Hanover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma L. Stansbury

6. DATE OF BIRTH (month, day, year) 3/31/1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	—	13 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME J. Kenecome

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Schultz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs A. F. Kenecome

(Address) 3116 Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 4/14/36, 19

19. UNDERTAKER J. J. Tobey & Sons

(Address) 321 E. Light St.

20. FILED ..... By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1936, to April 11, 1936.

I last saw him alive on April 11, 1936. Death is said to have occurred on the date stated above, at 11:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

Arteriosclerosis &
Chr Nephritis

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ....., 19 .....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John C. Schwenck, M. D.

(Address) 1337 S. Charles St

PR 14 1936

Huntington Williams, M.D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22945

10051 ✓ F 22945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 22-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Butts

If U. S. Veteran specify WAR .....

(a) Residence: No. 111 N. Hill St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen

6. DATE OF BIRTH (month, day, year) Oct. 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 0013

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 4/15/36 19

19. UNDERTAKER Isaiah L. Brown & Son
(Address) 1058 N. Montgomery St.

R 14 1936 [signature] Registrar

NR 18

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/21, 1935 to 4/12, 1936

I last saw him alive on 4/12, 1936 Death is said to have occurred on the date stated above, at 3-15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease	2 yr.
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1263-9

F 22946

22946

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH: Fort in harbor Fort Bond Ward 22-1

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clifton Albert Sutton

if U. S. Veteran specify WAR .....

(a) Residence: No. 425 S. Wilkens St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) June 30 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engine

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Nila Virginia

FATHER

13. NAME James Sutton

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Katherine Saunders

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Edith Sutton Brockenbrough

(Address) 2644 Penn Ave N.W. Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Herndon Va. Date Apr. 14. 1936

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED ..... Washington, D. C.

R 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide Accident Date of injury April 12 1936

Where did injury occur? Fort Bond Patapsco

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fort Bond (Harbor)

Manner of injury Fell overboard

Nature of injury Drowning (Fell from boat)

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. F. Wright M. D.

Coroner

(Address) 1010 S. Ellwood Ave.

Information should be carefully supplied. AGE: Supply the exact age at last birthday. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 22947

F 22947 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2533 Emerson St. 20-4 Ward)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bronf Krumholz

(a) Residence: No. 2533 Emerson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bronie Krumholz

6. DATE OF BIRTH (month, day, year) April 8 - 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	-	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME August Krumholz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bronie Krumholz

(Address) 2533 Emerson St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 5 1936

19. UNDERTAKER George L. Lehnert

(Address) 2101 Frederick ave.

FILED APR 14 1936 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12 1936

22. I HEREBY CERTIFY, That I attended deceased from March 24 1936 to April 12 1936

I last saw him alive on April 12 1936 Death is said to have occurred on the date stated above, at 9:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	1 Mon ago
Acute cardiac Dilatation	1 day ago

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? General findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Benjamin Miller M.D. M. D.

(Address) 2030 Wilkens ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22948 ✓ F 22948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1412 Presstman St., 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. 1 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jeanette H. Brown

If U. S. Veteran specify WAR

(a) Residence: No 1412 Presstman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Col.	married.

5a. If married, widowed, or divorced (or) WIFE of George D. Brown.

6. DATE OF BIRTH (month, day, year) Mar. 7, 1907.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year) Apr. 1936

11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles H. Gilles

14. BIRTHPLACE (city or town) (State or country) West Chester, Pa.

MOTHER

15. MAIDEN NAME Laura V. Carter

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT George Brown

(Address) 1412 Presstman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Balto. Md. Date Apr. 16, 1936

19. UNDERTAKER Thomas E. Nelson

(Address) 1303 Presstman St.

[illegible] 19 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 5, 1936 to Apr. 12, 1936.

I last saw her alive on Apr. 12, 1936. Death is said to have occurred on the date stated above, at 7.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Chronic Myocarditis	1 yr.
Other contributory causes of importance: Neurasthenia	3 mos. ago.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) C. T. Pifford M. D.

(Address) 1536 W. Lanvale St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 14 1936

A4Co. 5-31 250B

F 22949

F 22949 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 147

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Franklin Square Hosp. St., 19 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Grace Wolteneck

(a) Residence: No. ..... St., ... Ward. Reisterstown Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ewalt Wolteneck

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	—	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1031

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Dead Unknown

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Dead Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Emmanuel Md. Date April 14 19 36

19. UNDERTAKER [illegible]
(Address) [illegible]

Filed APR 14 1936, 19 ..... Registrar.

Reisterstown Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1936, to April 13, 1936

I last saw her alive on April 13 1936 death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious vomiting of pregnancy	12-35
Other contributory causes of importance:	
Malnutrition	?

Name of operation — Date of —

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) J. Dana Moores, M. D.

(Address) Franklin Square Hosp.

Information should be carefully supplied. Any wrong statement will be punishable by law. Please state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13426 ✓ F 22950

22950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Proper

If U. S. Veteran specify WAR

(a) Residence: No. 923 Druid Hill Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 6-21-1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md. Date April 14 1936

19. UNDERTAKER

(Address)

20. FILED APR 14 1936 19 ... Registrar

220 Huntington Avenue, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/7 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/5 1936 to 4/7 1936

I last saw him alive on 4/7 1936 Death is said to have occurred on the date stated above, at 5:35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central hemorrhage	?
Hypertension	?
Other contributory causes of importance:	
Arteriosclerosis	?

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A. Reiter, M. D.

(Address) Bon Secours Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15

vs 2

F 22951

✓ F 22951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B #8355

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Patterson

If U. S. Veteran specify WAR

(a) Residence: No. 1814 Druid Hill Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Patterson

6. DATE OF BIRTH (month, day, year) 1846?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Jefferson Hall

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place University of Md Date April 14, 1936

19. UNDERTAKER [illegible] (Address)

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/24, 1935 to 4/9, 1936

I last saw her alive on 4/9, 1936 Death is said to have occurred on the date stated above, at 6 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

92

APR 14 1936

2250

F 22952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals 12024 St., 5-1 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bessie Teal

(a) Residence: No. 16 Painters' Court St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of 1891 ?

6. DATE OF BIRTH (month, day, year) 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date April 13, 1936

19. UNDERTAKER Commissioner Health.
(Address)

APR 14 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-11, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-2, 1936 to 4-11, 1936

I last saw her alive on 4-11, 1936. Death is said to have occurred on the date stated above, at 12:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scoliosis Spine (Cause Unknown)	?
Hypertensive Cardio-Vascular Disease	?
Other contributory causes of importance: Terminal Bronchopneumonia	4-10-36

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation None Date of No

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson, M. D.

(Address) Balto. City Hosp.

220 Nov

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 2508

F 22953 ✓ F 22953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1416 Rutter St., 14-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant Baby Jenkins

(a) Residence: No. 1416 Rutter St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-13-36

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 3 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Byrnes Jenkins

14. BIRTHPLACE (city or town) Camden
(State or country) S C

MOTHER

15. MAIDEN NAME Grace Davis

16. BIRTHPLACE (city or town) Camden
(State or country) S C

17. INFORMANT Grace Jenkins
(Address) 1416 Rutter

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Hope Date Apr 14 1936

19. UNDERTAKER
(Address)

20. FILED ... Huntington Wilkinson ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-14, 1936 to 4-14, 1936

I last saw h... alive on 4-14 1936 death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) J. E. McRae, M. D.

(Address) 1126 Druid Hill

Information should be carefully supplied. All items should be filled EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22854

22954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3717 Roland Ave St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theodore R. Harris

If U. S. Veteran specify WAR

(a) Residence: No. 3717 Roland Ave. St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida V. Harris

6. DATE OF BIRTH (month, day, year): August 6-1870

7. AGE: Years 65 | Months 8 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Carroll Co. Maryland

FATHER

13. NAME: John Harris

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Catherine ——

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. Ida V. Harris

(Address): 3717 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: April 15- 1936

19. UNDERTAKER: Horace E. Burgee

(Address): 3631 Falls Road

PR 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 13. 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 5 1936 to April 13 1936

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 10:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	1935
Other contributory causes of importance:	
Tuberculosis of kidney	2 yrs
Pernicious anemia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Patrick H. , M. D.

(Address) 1920 N. Charles

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 22955

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22955

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rebecca R. Furman

If U. S. Veteran specify WAR .....

(a) Residence: No. 2808 Springhill Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Jacob Furman

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Berman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jacob Furman

(Address) 2808 Springhill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Herring Run Date 4/14, 1936

19. UNDERTAKER Sol Levinson & Bros

(Address) 1127 E Balto St

APR 14 1936 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure — Uremia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Karl Schaefer, M. D. Coroner

(Address) 1912 E. Baltimore Ave.

N. B.—WHILE BLANKS, WITH UNDERLINING ITALICS, ARE PROVIDED FOR CONVENIENCE, ALL INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

F 22956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 St Paul Street St., 11-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Garnett Chisolm

(a) Residence: No. 929 St. Paul St. St., 11 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Edings Chisolm

6. DATE OF BIRTH (month, day, year) May 16-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington - D.C.

FATHER

13. NAME Edgar Malcolm Garnett

14. BIRTHPLACE (city or town) (State or country) Essex Co - Virginia

MOTHER

15. MAIDEN NAME Emily Dennis Hayward

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT W. G. Chisolm

(Address) 4741 E 184 St New York

18. BURIAL, CREMATION, OR REMOVAL

Place Hollywood Cemetery Richmond Va Date April 5 1936

19. UNDERTAKER Harry W. Tenkins Sons

(Address) [illegible]

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13 1936

22. I HEREBY CERTIFY, That I attended deceased from July 39 to April 13 1936

last saw her alive on April 12 1936. Death is said to have occurred on the date stated above, at 7.45 a.m. 4/13/36

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	
Original left breast.	
Metastasis to lung (left).	April 3-4 '35
Glands.	

Other contributory causes of importance:

Name of operation Removal Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Hagerty M. D.

(Address) 140 E 72nd St New York

APR 14 1936

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22957 ✓ F 22957

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 121

1. PLACE OF DEATH U.S. Marine Hospital

CITY OF BALTIMORE: (No. ..... St., 12-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 1 mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles W. Gallion

If U. S. Veteran specify WAR World

(a) Residence: No. Garland, Md. (Usual place of abode) St., ... Ward. ..... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise V. Vogelgesang

6. DATE OF BIRTH (month, day, year) March 12, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steamfitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O.D.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas J. Gallion

14. BIRTHPLACE (city or town) (State or country) Sewell Md.

MOTHER

15. MAIDEN NAME Florence Tipton

16. BIRTHPLACE (city or town) (State or country) Joppa Maryland

17. INFORMANT (Address) Records, U.S. Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place U.S. National Date April 16, 1936

19. UNDERTAKER (Address) A. Howard Evans 1423-25 Charlest Huntington, W. Virginia

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936 to April 13, 1936

I last saw him alive on April 13, 1936 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess, appendiceal	3-1-36
Other contributory causes of importance:	
Abscess of liver	4-1-36

Was an operation performed? yes Date of 3/9 & 4/13/36

For what disease or injury? Abscesses

Name of operation Incision & Drainage 3-9-36 Exploratory Laparotomy 4/13

What test confirmed diagnosis? Oper. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) T. M. H. Anderson M. D.

(Address) U.S. Marine Hospital

Information should be entirely supplied. Age should be stated in years, months and days if under one year. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 14 1936

M. D. B 1268-0

22958

F 22958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2603 Maryland Avenue St. 12-6 Ward)

Length of residence in city or town where death occurred 60 years mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Fitzmaurice

(a) Residence: No. 2603 Maryland Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1861

7. AGE Years	Months	Days	If LESS than 1 day ##### or ..... min.
75	9	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard County Maryland

FATHER

13. NAME James Fitzmaurice

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Julia Hughes

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Della Kelley
(Address) 14 W. Burke Ave. Towson Md.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date April 15, 1936

19. UNDERTAKER George Gabriel & Sons Inc.
(Address) 1735 Harford Ave.

Filed APR 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary occlusion	Apr 12
Other contributory causes of importance: Chronic Myocarditis	Years

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31950 F 22959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 12-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in (city) (or town) where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Roxanna Wagstaff

If U. S. Veteran specify WAR .....

(a) Residence: No. 1529 Barclay St., ... Ward. Hal ii N

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5-2-80

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	56	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Ule Wagstaff

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Sylvia Yancy

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Roy Boro N.C. Date April 14 1936

19. UNDERTAKER Rayner Sanders

(Address) 1413 E Preston St

20. FILED APR 14 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from march 17, 1936 to April 12, 1936

I last saw her alive on April 12, 1936 Death is said to have occurred on the date stated above, at 12[05] A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	9/11/36
arteriosclerotic heart disease	1935
adenomata of thyroid	1907
hypothyroidism ?	1925
Other contributory causes of importance:	
chronic bronchitis	1935

Was an operation performed? yes Date of 9/11/36

For what disease or injury? Adenomata of thyroid

Name of operation double partial lobectomy Date of 9/11/36

What test confirmed diagnosis? exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Ormond S. Camp, M. D.

(Address) Johns Hopkins Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 1-4-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME George F. Lingner

(a) Residence: No. 11 2 E. Clement St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Agnes Owings Lingner

6. DATE OF BIRTH (month, day, year) July 23. 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Provident Saving Bank
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 3 mos.

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Matthew Lingner
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary A Frang
16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. Clara Reiter
(Address) 1208 Homewood ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. a.a. Date 4/17 1936

19. UNDERTAKER Margaret J. Flynn
(Address) 1122 Light St.

20. Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1936 to April 14 1936
last saw him alive on April 14 1936. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	?
Metastatic Carcinomatosis	?

Other contributory causes of importance:

Was an operation performed? Yes Date of 8/7/35, 1/13/36
For what disease or injury? Carcinoma of Sigmoid
Name of operation Cecostomy Date of 8/7/35
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jno. F. Gunacker M. D.
(Address) Mercy Hospital

Information should be carefully supplied. Any blanks in this CERTIFICATE must be explained. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 14 1936

22961

F 22961

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1249 Knop Court St., 24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Ida Boreing

If U. S. Veteran specify WAR .....

(a) Residence: No. 1249 Knop Court St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Boreing

6. DATE OF BIRTH (month, day, year) Oct 13. 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

FATHER

13. NAME George Wheatley

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mont Knore

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Wm. Hammond

(Address) 408 E. Gittings St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date 4/17 1936

19. UNDERTAKER Margaret L. Flynn

(Address) 1412 Light St.

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 13/36. 19

22. I HEREBY CERTIFY, That I attended deceased from Apr. 11/36. 19 ... to Apr. 13/36. 19

I last saw her alive on Apr. 13/36. 19 . Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
	Apr. 11/36.
Cerebral Hemorrhage.	
Other contributory causes of importance:	
Unknown	
Chronic Arterio Sclerosis	

Was an operation performed? No Date of None

For what disease or injury? None

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

(Signed) Henry Haasschmidt M. D.

(Address) 933 Hanover.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 14 1936

M. D. P. 1768-9

F 22962

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22962

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 S. Belnord ave St., 1-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 50 yrs. ... mos. ... ds.

2. FULL NAME Maryanna Turek

(a) Residence: No. 616 S. Belnord ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Luka Turek

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none prd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jury Gulban

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Maryanna Fortuna

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Sophia Stein

(Address) 616 S. Belnord ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date April 15 1936

19. UNDERTAKER John J. Weber

(Address) 501 S. Chester St.

20. FILED ... Registrar.

APR 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1934 to April 11, 1936

I last saw her alive on April 10, 1936 Death is said to have occurred on the date stated above, at 6 55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (Rt. Hemiplegia)	2yr ago
Thrombosis	2yr ago
Uraemia (asphyxia)	3 days ago

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew Turczanski, M. D.

(Address) 2057 E. Eastern Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22963

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22963

CERTIFICATE OF DEATH

✓ 131

Registered No. [redacted]

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3916 Park Heights St., (Ward) 15-12

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Fannie E Zimmerman

(a) Residence: No. 3916 Park Heights St., ... Ward. ...
(Usual place of abode) 2 yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of George H.

6. DATE OF BIRTH (month, day, year) Oct 17, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Evans

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Ann Waters

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Beulah E Bledsoe

(Address) 3916 Park Heights

18. BURIAL, CREMATION, OR REMOVAL

Place [redacted] Date 4/15/36

19. UNDERTAKER William Cobb

(Address) 1217 St Paul St

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to April 14 1936, 19 ... I last saw h... alive on April 12 1936 Death is said to have occurred on the date stated above, at 4:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Chronic nephritis + edema	2 yrs
	3 weeks
Other contributory causes of importance: acute Heart failure	1

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) H E Poulson, M. D.

(Address) 3909 Garrison Blvd

APR 15 1936

Information should be carefully supplied. Avoid abbreviations. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 22964

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22964

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2435 Shirley ave St., 15-12 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Pisach Ezekiel Stichman

(a) Residence: No. 2435 Shirley ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Late Bluma

6. DATE OF BIRTH (month, day, year): 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rabbi

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Nathan Stichman

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Hanna Shayatt

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Rubin Stichman

(Address) 2435 Shirley ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rosedale Date 4/15, 1936

19. UNDERTAKER: Sol Levinson & Bros

(Address) 1127 E. Baltimore St.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1936, to April 14, 1936

I last saw him alive on April 14, 1936. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset .....

Other contributory causes of importance:

Cardiac Asthma

Was an operation performed? — Date of —

For what disease or injury?

Name of operation. — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ernest Levin M.D. M. D.

(Address) 1711 W. North Ave.

APR 15 1936

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 22965

F 22965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hos St., 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Smith

(a) Residence: No. 413 Somerset St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	Col.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ozell Smith

6. DATE OF BIRTH (month, day, year) Feb 12 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

FATHER

13. NAME Charles Smith Sr.

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

MOTHER

15. MAIDEN NAME Eliza Fraser

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT Charles Smith Sr

(Address) 926 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place St Marys Co Md Date 4-17 1934

19. UNDERTAKER Visitation G. Bailey

(Address) 1421 Eutaw Pl

Huntington Williams

Registrar

APR 15 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schnepfer, M. D. Coroner

(Address) 1919 E. North Ave

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Please use

M. D. B. 1268-9

F 22966

F 22966 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 Fayette St. 10-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Emma E. Nicholas

(a) Residence: No. 914 Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced (or) WIFE of: Nathaniel Nicholas (deceased)

6. DATE OF BIRTH (month, day, year): 1867

7. AGE: Years 69 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto., Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): ✓

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): ✓ ✓

17. INFORMANT: Mary B. Burke

(Address) 914 Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date 4-15-, 1936

19. UNDERTAKER: Mrs Chas G. Bailey

(Address) 1421 Jefferson St

20. FILED APR 15 1936 [illegible] (Registrar)

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 4-12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan-15, 1936 to 4-12, 1936

I last saw h[illegible] alive on 4-12, 1936 Death is said to have occurred on the date stated above, at 7:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy	2/15
Acute Endocarditis	1/15
Hypertrophic Cirrhosis	1/15
Nephritis	✓
Arteriosclerosis	✓

Other contributory causes of importance:

Emphysema and Acute Bronchitis & Grippe followed by Influenza

Name of operation ..... Date of .....

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19.....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Jas. V. Burke M. D.

(Address) 924 Fayette St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 22967

F 22967 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 154

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2451 N. Calvert St., 12-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Williams

(b.) Residence: No. 2451 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 12, 1936

7. AGE Years	Months	Days	If LESS than 1 day, 2 hrs. or min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Roy E. Williams

14. BIRTHPLACE (city or town) (State or country) Dinwiddie, Va.

MOTHER

15. MAIDEN NAME Katherine Ware Rice

16. BIRTHPLACE (city or town) (State or country) Essex County, Va.

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL Undertaker J. J. Hopkins

Place Carnegie Embalming Co. Date April 13, 1936

19. UNDERTAKER

(Address)

APR 15 1936 Huntington Ave. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1936, to April 12, 1936.

I last saw him alive on April 12, 1936. Death is said to have occurred on the date stated above, at 4:15 P. m.

The principal cause of death and related causes of importance were as follows:

Prematurity, (6 months) — Date of onset —

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Allen Jackett, M. D.

(Address) 1123 St. Paul St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22968

F 22968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 12134 St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. 537 McMechen St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas

6. DATE OF BIRTH (month, day, year) 1885 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Peter Kenner

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Ellen Weaver

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Cem. Date April 17th 1936

19. UNDERTAKER Mrs Robert A Elliott-daughter

(Address) 1129 Hanover st.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-26, 1935 to 4-13, 1936

I last saw h er alive on 4-13, 1936 Death is said to have occurred on the date stated above, at 1:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibromyomata of Uterus	?
Hypertensive Cardio-Vascular disease	?
Other contributory causes of importance: Terminal Bronchopneumonia	4-12-36

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation None Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson M. D.

(Address) Balto. City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vs 3

PR 15 1936

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

22969 + ✓ F 22969

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 2 dys. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ dys.

2. FULL NAME John T. Loots

If U. S. Veteran specify WAR

(a) Residence: No. Woodsboro Fredrick Co., Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hellan Loots

6. DATE OF BIRTH (month, day, year) April 30, 1892

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
43	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John J. Loots

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Susan E. Forney

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. John Loots

(Address) Woodsboro

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Hope Cemetery Date April 17 1936

Strosburg Md.

19. UNDERTAKER Hurley & Waugh

(Address) Woodsboro, Md.

19 ___ Filed ___ 19 ___ Registrar

APR 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures of Skull	

Other contributory causes of importance:

Was an operation performed? ___ Date of ___

For what disease or injury ___

Name of operation ___ Date of ___

What test confirmed diagnosis? Clinical, Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury 4/14, 1936

Where did injury occur? Frampton Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Struck on head with flat iron

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) R. K. Nelson, M. D.

Coroner

(Address) 2757 W. Lexington

N. B.—WRITE PLAINLY, WITH INK AND PEN. ALL QUESTIONS MUST BE ANSWERED. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. Exact statement of information should be in plain terms, so that it may be properly classified. CAUSE OF DEATH is very important. See instructions on back of certificate. OCCUPATION

V 56

M. D. H. 1268-9

F 22970

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22970

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Washington Apts St. 11-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME DANIEL RICHARD RANDALL

(a) Residence: No. Wash. apts. Mt Vernon Place St. ... Ward. ...

(Usual place of abode) CHARLES ST BALTO. MD (Non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	Widowed

5a. If married, widowed, or divorced HUSBAND of (~~WIFE~~) ELIZABETH HARDING RANDALL

6. DATE OF BIRTH (month, day, year) 12/25/64

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: LAWYER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: STATE ACCIDENT COMMISSIONER

10. Date deceased last worked at this occupation (month and year) 3/31/36

11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (city or town) (State or country) ANNAPOLIS MD

FATHER

13. NAME ALEXANDER RANDALL

14. BIRTHPLACE (city or town) (State or country) ANNAPOLIS MD

MOTHER

15. MAIDEN NAME ELIZABETH Blanchard

16. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

17. INFORMANT Lee Randall McCandlish

(Address) R.F.D. TOWSON. BALTO Co. MD.

18. BURIAL, CREMATION, OR REMOVAL

Place GREENMOUNT Date 4/15 1936

19. UNDERTAKER Henry W. Flannigan Sons Inc

(Address) ordered by medical fuller

APR 15 1936 Easton, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13th 1936

22. I HEREBY CERTIFY, That I attended deceased from March 14th 1936 to April 13th 1936

I last saw him alive on April 13th 1936 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Sclerosis	1924
Myocarditis	
Chronic Bilateral interstitial Pneumonia Bronchial Stricture,	March 3rd April 11th 36

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. B. Gamble Jr. M. D.

(Address) 3406 N. Charles

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 22971

16-8 V82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Stuckey

If U. S. Veteran specify WAR .....

(a) Residence: No. 3332 Edmondson Ave., St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Berta A. Stuckey 1875

6. DATE OF BIRTH (month, day, year) Nov. 11 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) April 1934

11. Total time (years) spent in this occupation 40 Years

12. BIRTHPLACE (city or town) ..... (State or country) Pa.

FATHER

13. NAME Wm. Stuckey

14. BIRTHPLACE (city or town) ..... (State or country) Pa.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) ..... (State or country) Pa.

17. INFORMANT Berta Stuckey

(Address) 3332 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date April 16. 1936

19. UNDERTAKER Geo H. Sittle

(Address) 2700 Edmondson Ave

Huntington Williams M.D.

Registrar

FILED APR 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1936 . 19

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. H. Sittle M. D.

(Address) 2737 W. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. P. 1368-9

F 22972

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22972

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2719 E Madison St) (7-K Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna C Clark

(a) Residence: No. 2719 E Madison St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

3a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Edward R Clark

6. DATE OF BIRTH (month, day, year) Nov 14, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	63	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John P. Hay

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anna Hancock

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Carroll R Clark
(Address) 7 Aiken Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Moorland Park Date Apr 17 1936

19. UNDERTAKER Wm Leach
(Address) 124 St Paul St

20. FILED APR 15 1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 31. to April 14 36.
I last saw her alive on April 14 1936 Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atherosclerosis	
Hypertension	Jan 1 31
Cardiac Hypertrophy	

Other contributory causes of importance:

Cardiac Failure	April 15 36

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Robert L. Kirk M. D.
(Address) 3126 Harford Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be careful to see that all information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 22973

F 22973 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 601 N. Fremont St. 17-3 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles White.

If U. S Veteran specify WAR

(a) Residence: No. 601 N. Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Beatrice White

6. DATE OF BIRTH (month, day, year) Oct. 10 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hanover (State or country) Va

FATHER

13. NAME Jorge White.

14. BIRTHPLACE (city or town) Hanover (State or country) Va.

MOTHER

15. MAIDEN NAME Elizabeth Ball

16. BIRTHPLACE (city or town) Hanover (State or country) Va

17. INFORMANT Beatrice White. wife
(Address) 601 N. Fremont St

18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Va. Date 4/15/36 19

19. UNDERTAKER Wm. Jorge E. Holland
(Address) 1631 Druid Hill Ave

APR 15 1936 19 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said (I) find that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above. 2:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of head	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/27, 1936
Where did injury occur? 601 N. Fremont
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Fell down stairs
Nature of Injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Hamm, M. D.
(Address) 126 Hanover. (Coroner)

N. B.—WRITE PLAINLY, WITH PENCIL OR INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 14 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Hunter

If U. S. Veteran specify WAR .....

(a) Residence: No. 306 N. Calhoun St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed, or divorced, HUSBAND of (or ~~WIFE of~~) Ora E. Hunter.

6. DATE OF BIRTH (month, day, year) Feb. 2. 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	~~48~~ 47	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roofing Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Roofing 2086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Laurens S. C.

FATHER

13. NAME Green Hunter

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Emily Johnson

16. BIRTHPLACE (city or town) (State or country) Laurens S. C.

17. INFORMANT Martin Hunter

(Address) 306 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Apr. 15, 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St

Huntington Williams, Reg.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest, Autopsy or Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above, 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance: None

Was an operation performed? no Date of -

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos. H. Phillips M. D.

Coroner

(Address) 1939 Edmondson Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 6

PR 15 1936

F 22875 F 22875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 N. Carrollton Ave St., 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah E. Johnson

(a) Residence: No. Col. age mem't women's Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vincent Johnson

6. DATE OF BIRTH (month, day, year) 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Parker Bevans

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Angeline ?

16. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

17. INFORMANT Annie Wilson

(Address) 112 W. 135th New York, N. Y.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date April 15 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 22 S. Schroeder St.

Huntington Williams, Reg.

APR 15 1936

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936 to April 10, 1936

I last saw her alive on April 10, 1936. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Whelton M. D.

(Address) 1230 Druid Hill Ave

INSTRUCTIONS.—THIS CERTIFICATE, WITH ALL BLANKS PROPERLY FILLED, MUST BE DELIVERED TO THE UNDERTAKER. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

22976 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ~~22976~~

CERTIFICATE OF DEATH

X V 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 7 dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John R. Miller

If U. S. Veteran specify WAR .....

(a) Residence: No. Hazelthorpe Road Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 7, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Albert L. Miller

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Mary Campion

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Mrs. Mary Miller

(Address) Hazelthorpe Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross A.A. Co. Date 4/16/ 1936

19. UNDERTAKER John J. Gowan & Son

(Address) 924 E. Eden St.

APR 15 1936 ... Washington Boulevard

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 4/14/36

22. I HEREBY CERTIFY, That I attended deceased from 4/11/36, 19..., to 4/14/36, 19...

I last saw him alive on 4/14/36, 19... Death is said to have occurred on the date stated above, at 5:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	4/11/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) William G. Stafford M. D.

(Address) Univ. Hospital

F 22977

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22977

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 S. Fulton St., 19-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine Kurtz Schmale

If U. S. Veteran specify WAR .....

(a) Residence: No. 224 S. Fulton Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jos. Schmale

6. DATE OF BIRTH (month, day, year) July 30-1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Kurtz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katie Kurtz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harry Schmale

(Address) 224 S. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date April 17 1936

19. UNDERTAKER Jos. H. Valentine

(Address) 2326 Aiken St.

20. FILED ... 19... by ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 1934, to April 14, 1936

I last saw her alive on April 14, 1936 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	2 yrs
Ch. Interstitial nephritis	7 "

Other contributory causes of importance:

Cerebral Hemmhorage	April 13 '36

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Albert Scagnetti, M. D.

(Address) 1724 W. Lombard St.

APR 15 1936

N. B.—WHITE PAPER. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

17 22978 F 22978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-a

1. PLACE OF DEATH University Hospital 15-17
CITY OF BALTIMORE: (No. ..... St. ..... Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Harrison
If U. S. Veteran specify WAR .....

(a) Residence: No. 2607 Keyworth St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white.	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓ ✗

6. DATE OF BIRTH (month, day, year) 4-11-36

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	/		4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER
13. NAME Richard A. Harrison
14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER
15. MAIDEN NAME Rose Gordon
16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Edwin Grayden Date 4/15/36

19. UNDERTAKER Jas. L. Lowe Sr.
(Address) Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/15/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4/11/36 . 19 . to 4/15/36 . 19

I last saw h.im alive on 4/15/36 . 19 . Death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	
Hemorrhagic Disease of Newborn	

Other contributory causes of importance:

Congenital Atelectasis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Hugh B. McNally M. D.
(Address) University Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 15 1936

F 22979

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22979

CERTIFICATE OF DEATH

157-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 1-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred N. B. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Funderburk

(a) Residence: No. 2141 Cambridge Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-18-36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Hospitals

FATHER

13. NAME Willie

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Hosslie Calloway

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Body held for Pathological Study

19. UNDERTAKER

(Address)

20. FILED APR 15 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-9-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-18-36, 19 to 4-9-36, 19

I last saw her alive on 4-9-36, 19. Death is said to have occurred on the date stated above, at 5.30p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	
Hydrocephalus	1-31-3

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) Eugene Sterling, M. D.

(Address) Balto. City Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 3

F 22980

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22980

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH St Agnes Hospital Registered No.
CITY OF BALTIMORE: (No. ~~25 Bloomsbury Ave~~ St Agnes Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos. 4 ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME John Conner If U. S. Veteran specify WAR

(a) Residence: No. 25 Bloomsbury Ave St., Ward. Catonsville
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna K. Conner

6. DATE OF BIRTH (month, day, year) Dec. 8, 1894

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
41	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Inspector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber
10. Date deceased last worked at this occupation (month and year) 3/1936
11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Howard Co Maryland

FATHER

13. NAME John Conner
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Bowers
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Hospitals.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cem Date Apr. 17 1936

19. UNDERTAKER Easton Bros
(Address) Ellicott City

19. DATE FILED APR 15 1936 Registrar Easton Williamson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 11, 1936 to Apr. 14, 1936
I last saw him alive on Apr 14, 1936 Death is said to have occurred on the date stated above, at 8:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. V. Williamson, M. D.
(Address) St. Agnes Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 22981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 22981

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Penitentiary Hosp. St. 10-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Jackson

(a) Residence: No. 954 Forrest St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 15th 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28 29	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Lemuel Jackson (dead)

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Martha Lockman

16. BIRTHPLACE (city or town) (State or country) Lancaster, South Carolina

17. INFORMANT Kinsell

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md. Date April 15 1936

19. UNDERTAKER

(Address)

(Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3rd 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1st 1931 to April 3rd 1936

I last saw him alive on April 3rd 1936. Death is said to have occurred on the date stated above, at 4.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2-17-36

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John F. Aubrey M. D.

(Address)

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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PR 15 1936

2260 THE MORGUE

F 22982

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22982

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD St.) 8-2w Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ... (Civil or Spanish American War)

2. FULL NAME John Froebert

(a) Residence: No. 1829 N. Collington Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Mary Froebert

6. DATE OF BIRTH (month, day, year) 5-12-1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman Mfg

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Morland Mem Pk Date 4-17 1936

19. UNDERTAKER (Address)

20. FILED Huntington Wilkinson Registrar

APR 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13 1936

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1936 to April 13, 1936

I last saw him alive on April 13, 1936. Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Peptic ulcer	
2. Hemorrhage	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

N. B.—WHITE PLAINLY, WITH PEN AND INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22983

22983 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH ✓23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3038 Boston St., 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Siminski

If U. S. Veteran specify WAR .....

(a) Residence: No. 3038 Boston St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 2 1889

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	46	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 20

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Matusz Siminski

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Kaminski

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Siminski
(Address) 1240 S. Boston St.

18. BURIAL, CREMATION, OR REMOVAL Cem
Place St. Stanislaus Date April 16 1936

19. UNDERTAKER Stephen J. Fialkowski
(Address) 1000 S. Linwood Ave

PR 15 1936 Washington Hill, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15 1936

22. I HEREBY CERTIFY, That I attended deceased from April 7 1936 to April 13 1936

I last saw him alive on April 13 1936 Death is said to have occurred on the date stated above, at 6.50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	
Myocardial Insufficiency	1 day

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Signs of death Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. B. Bromsbar, M. D. M. D.

(Address) 3037 O'Donnell St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22984 STATE OF MARYLAND—CERTIFICATE OF DEATH F 22984

1. PLACE OF DEATH

County ~~Baltimore Co~~

Registration Dist. No.

Village or City Baltimore No. 5218 St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Wm Nelson Price

If U.S. Veteran, specify WAR

(a) Residence: No. 5218 Biddison Lane St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susie S. Price.

6. DATE OF BIRTH (month, day, and year) Jan. 22 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86 yrs.	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Painter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1925 | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

FATHER

13. NAME Benjamin Price.

14. BIRTHPLACE (city or town) Fairfax Va. (State or country)

MOTHER

15. MAIDEN NAME Sarah Hinson.

16. BIRTHPLACE (city or town) Churchtown Md. (State or country)

17. INFORMANT Harry B. Price. (Address) 5218 Biddison Lane.

18. BURIAL, CREMATION, OR REMOVAL West Nottingham Md. Date April 17 1936

19. UNDERTAKER T. E. Tyson. (Address) Parkton Md.

20. FILED 1936 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 4/13/36 (Month) (Day) 193 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 4/12/36 to 4/13/36

I last saw h alive on 4/13/36; death is said to have occurred on the date stated above, at 9 a. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	

Other **Contributory Causes** of importance: Hypostatic Pneumonia

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Hubert Holley M.D.

(Address) 5703 Harford Rd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 15 1936

22985

HEALTH DEPARTMENT—CITY OF BALTIMORE

22985

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 60 yrs. ..... mos. ..... ds.

2. FULL NAME Makiano Restivo

If U. S. Veteran specify WAR .....

(a) Residence: No. 3407 Rogers Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Restivo

6. DATE OF BIRTH (month, day, year) Nov 26, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75 years	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Salvatore Restivo

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Philip Restivo

(Address) 3407 Rogers ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date April 16, 1936

19. UNDERTAKER Frank V. Pepitone

(Address) 2815 E. Baltimore St

20. FILED APR 15 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 36

22. I HEREBY CERTIFY, That I attended deceased from April 10, 36 to April 12, 36

I last saw him alive on April 12, 1936. Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Decompensation	2/11/36
Ruptured Gall-Bladder	2/10/36
& Peritonitis	
Bronchial Pneumonia	2/12/36

Other contributory causes of importance:

Arteriosclerosis

Pulmonary Emphysema

Was an operation performed? Yes Date of April 10 1936

For what disease or injury? Ruptured Gall-Bladder

Name of operation Laparotomy Date of 4/10/36

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Earle D. Wilder M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13500

F 22986 HEALTH DEPARTMENT—CITY OF BALTIMORE # 22986

CERTIFICATE OF DEATH

34J-131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 17-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elsie Smith If U. S. Veteran specify WAR

(a) Residence: No. 701 Edmondson Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lee

6. DATE OF BIRTH (month, day, year) 9-7-1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Rubin Westery

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Hester

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Dougl Mem. Park Date April 18, 1936

19. UNDERTAKER Adolphus Halstead

(Address) 712 David Hill Ave.

20. FILED APR 18 1936 Huntington Nottingham & Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/9/36, 1936, to 4/15, 1936

I last saw h alive on 4/15, 1936. Death is said to have occurred on the date stated above, at 3:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	?
Uremia	2 months

Other contributory causes of importance:

Arteriosclerotic nephritis	?

over

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) T. Weinberg, M. D.

(Address) Balto. City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22987 (Koop) F 22987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√50

1. PLACE OF DEATH St. Agnes' Hospital
CITY OF BALTIMORE: (No. Baltimore Md. St., 9-6 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 55 yrs. 8 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mela Fiorette Koops
If U. S. Veteran specify WAR
(a) Residence: No. 2031 E. 31st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 8 - 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	8.	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary & stenographer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1009
10. Date deceased last worked at this occupation (month and year) Feb 1 - 1936
11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER
13. NAME Louis B. Koops
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Anna Mary Schmeer
16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mrs. Anna Mullen
(Address) 2031 E. 31st St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Apl 17, 1936

19. UNDERTAKER Wm. F. Nickum & Sons
(Address) North & Penna Ave

19 . . . Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1935 to April 14, 1936
I last saw h[illegible] alive on April 14, 1936 Death is said to have occurred on the date stated above, at 11.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma breast & ulceration of many years	

Other contributing causes of importance:

Pulm. tract & Kidneys Metastases. Mediastinum	Abt 1

Was an operation performed? Yes Date of Feb. 5-1936
For what disease or injury? Carcinoma breast.
Name of operation Radical breast Date of
What test confirmed diagnosis? Microscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did Injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.
(Address) 2. N. Eden St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 15 1936

F 22988

F 22988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 Belleville Ave 2 W-2 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. 37 mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Samuel V. Clow

If U. S. Veteran specify WAR .....

(a) Residence: No. 511 Belleville Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Grace C. Clow.

6. DATE OF BIRTH (month, day, year) Oct. 28, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	71	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 062

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lacelli Cont. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md.

FATHER

13. NAME Nathaniel Clow.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elzena Evans.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Grace C. Clow.

(Address) 511 Belleville Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Apr. 15 1936

19. UNDERTAKER Wm. J. Poetker Sons

(Address) Huntington Williams, Md.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-8, 1936 to 4-14, 1936

I last saw h.. alive on 4-14, 1936. Death is said to have occurred on the date stated above, at 5:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	4/8/36

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. Thayer M. D.

(Address) 4800 Leh Hgts Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ALL information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 15 1936

F 22989

22989 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp St. 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Mrs Mary Maben

If U. S. Veteran specify WAR .....

(a) Residence: No. 805 Hamilton Terrace St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. Taylor Maben

6. DATE OF BIRTH (month, day, year) Nov. 8, 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beautician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ------- South Carolina

FATHER

13. NAME David Clary

14. BIRTHPLACE (city or town) (State or country) ------- South Carolina

MOTHER

15. MAIDEN NAME Lena R. Hughes

16. BIRTHPLACE (city or town) (State or country) ------- South Carolina

17. INFORMANT Mrs. Alfred H. Maben

(Address) 2244 Brookfield Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date 4/16 1936

19. UNDERTAKER Henry H. Mears & Son

(Address) 805 N. Gilmor St.

20. FILED Washington Village

APR 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-15 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-5-36, 19.., to 4-15-36, 19..

I last saw h[illegible] alive on 4-15-36, 19.. Death is said to have occurred on the date stated above, at 12-25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic appendicitis	
Post operative Pneumonia	
Other contributory causes of importance:	
Myocardial failure	

Was an operation performed? yes Date of .....

For what disease or injury? Appendicitis

Name of operation appendectomy Date of 4-6-36

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W. P. Stephens, M. D.

(Address) Md. Gen. Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22990

22990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 9-6 Ward)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Young

(a) Residence: No. 627 Nelsent Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Margaret Young.

6. DATE OF BIRTH (month, day, year) Jan. 2. 1877.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	3	13.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME John Young.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Gosnell.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Margaret Young
(Address) 627 Nelsent Ave. Balto Md

18. BURIAL, CREMATION, OR REMOVAL
Place Taylorsville Cemetery April 18 1936

19. UNDERTAKER C. M. Welty
(Address) Taylorsville Md.

APR 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-15 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-14 1936 to 4-15 1936

I last saw him alive on 4/15 1936 Death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Bleeding gastric ulcer	4-12-3
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. Hart W. Farr M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 22991

M. D. B. 1268-9

F 22991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 W. Baltimore St. St., 18-1 Ward)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John T. Eberhart

(a) Residence: No. 910 W. Baltimore, St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah Eberhart

6. DATE OF BIRTH (month, day, ~~year~~) March 21 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64		24 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME ~~Henery Eberhart~~

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Isabella Wallace

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Chas. Eberhart
(Address) 910 W. Balto. St.

18. BURIAL, CREMATION, OR REMOVAL
Fulton Funeral Home 4/16/36

19. UNDERTAKER Geo. A. Fayette Fulton
(Address) Huntington Williams, Mortuarr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1936. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Cli. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. R. Cullen M. D.
Coroner

(Address) 2737 W. North Ave.

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 15 1936

F 22992

22992 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Arrendell

If U. S. Veteran specify WAR .....

(a) Residence: No. Capon Springs, W. Va. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nat Arrendell

6. DATE OF BIRTH (month, day, year) August 26 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME John Ward

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget McCormick

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Greenmount Cem. Date April 17, 1936

19. UNDERTAKER Geo. J. Farley

(Address) 1800 N. Forrest St.

Huntington West Virginia

APR 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-22, 1936, to 4-15, 1936

I last saw her alive on 4-15, 1936. Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-26-35
Other contributory causes of importance:	
Bronchopneumonia	4-11-36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edwin Knowles M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 22993

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22993

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH 827 Eastern Ave

CITY OF BALTIMORE: (No. 827 Eastern Ave St., 3-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dominic Bruno

(a) Residence: No. 827 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, ~~or divorced~~ HUSBAND of (~~or WIFE~~ of) Anna Bruno

6. DATE OF BIRTH (month, day, year) April 21 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Potenza Italy

FATHER

13. NAME Francesco Bruno

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Antonia Panelli

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Frances Cuneo

(Address) 910 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. April 17-36

19. UNDERTAKER Frank Della Rocca

(Address) 52 N Monday St

APR 16 1936 Huntington Williams ND

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936, to April 13, 1936.

I last saw him alive on April 13, 1936. Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	2 Yrs
Arter Sclerosis	
Bronchial Asthma	4 Years

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John L. Valentine M. D.

(Address) 1650 Monday

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 22994

F 22994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH 932 N. Bradford St.

CITY OF BALTIMORE: (No. 932 N. Bradford St. St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? 16 yrs. mos. ds.

2. FULL NAME Giovanni Colandrea

(a) Residence: No. 932 N. Bradford St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widoved

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of of the late Eleonora

6. DATE OF BIRTH (month, day, year) Feb. 15 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Piverno-Roma Italy

FATHER

13. NAME Antonio Colandrea

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Antonio Colandrea
(Address) 932 N. Brad-Ford St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Ap. 16 1936

19. UNDERTAKER Frank Della Rose
(Address) 52 N. Motley St.

20. FILED APR 16 1936 19 Lexington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-14-1936

22. I HEREBY CERTIFY, That I attended deceased from 4-7-1936 to 4-14-1936

I last saw him alive on 4-13-1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Hypertension.	Years
Chronic Valvular disease of heart —	
Other contributory causes of importance: Pulmonary infarct with Acute dilatation of heart —	3 days

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. D. Guarneschelli M. D.

(Address) 1000 Eutaw Pl. Balto. City

F 22995

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22995

93-c

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 Englewood ST. 71-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Patton Braid

(a) RESIDENCE NO. 15 Englewood, Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Ho Wes Road

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter S. Braid

6 DATE OF BIRTH (month, day, and year) 12-5-1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired.

(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Savanah, Georgia.

PARENTS

10 NAME OF FATHER: George Patten

11 BIRTHPLACE OF FATHER (city or town) (State or country): Mass.

12 MAIDEN NAME OF MOTHER: Mary Thomson

13 BIRTHPLACE OF MOTHER (city or town) Columbia (State or country) South Carolina.

14 Informant: Emilie Braid Cole

(Address) 15 Englewood, Road.

15 Filed APR 6 1936, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15th 1936

17 I HEREBY CERTIFY, That I attended deceased from October, 1935, to April 15, 1936

that I last saw her alive on April 14, 1936

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis. cor

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Illeus

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Electrocardiogram

(Signed) A. T. Richards, M. D.

, 19 (Address) General Dispensary, S. S. Baltimore, Maryland

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arlington Cem. Delaware Co. DATE OF BURIAL: April 18 19 36

20 UNDERTAKER: William Cook ADDRESS 1217 St Paul

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N. D. P. 1263-9

F 22996

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22996

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 N. Washington St., 9-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 8 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Schlencher

(a) Residence: No. 1215 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Augustus Schlencher

6. DATE OF BIRTH (month, day, year): November 3, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tanner 2086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Leather - Mill

10. Date deceased last worked at this occupation (month and year): 1 yr

11. Total time (years) spent in this occupation: 50 yrs

12. BIRTHPLACE (city or town) (State or country): Berlin Europe

FATHER

13. NAME: William J. Schlencher

14. BIRTHPLACE (city or town) (State or country): Berlin Europe

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Europe

17. INFORMANT: Mrs. Howard Smith (Daughter)
(Address): Forge Road Perry Hall - Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Carmel Cemetery Date: April 18, 1936

19. UNDERTAKER: Howard V. Bligh Jr.
(Address): 1418 E. Gay St.

[illegible] 19 [illegible] Registrar

PR 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1935 to Apr 15, 1936

I last saw him alive on Apr 15, 1936 Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	Apr 1 35

Other contributory causes of importance:

Name of operation: Physical Diagnosis Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. E. Kegler, M. D.

(Address) 1301 N. Park Pk

L 22997 ✓ F 22997

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 18-3 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Drocella

(a) Residence: No. 853 W. Lombard St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Drocella

6. DATE OF BIRTH (month, day, year) Sept., 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	7	✓	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 4/16 1936

19. UNDERTAKER John J. Bowen & Son
(Address) 99 Hollins Street

Filed ..... 19..... [illegible]

APR 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-14 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-17 1936 to 4-14 1936

I last saw him alive on 4-14 1936 Death is said to have occurred on the date stated above, at 10:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Varicose Ulcers Both Legs	?
Hypertensive Cardio-vascular Disease	?
Other contributory causes of importance: Terminal Bronchopneumonia	4-10-36

Was no operation performed? No Date of —

For what disease or injury? None

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

22998 Kolski ✓ F 22998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

149-a-108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Helen M. Kalski Collins

(a) Residence: No. 325 S. Washington St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Kalski

6. DATE OF BIRTH (month, day, year) October 11, 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Ludwig Boczar

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Antonia Rajsarek

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT (Address) James Kalski 325 S. Washington St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Cem. Date April 8, 1936

19. UNDERTAKER (Address) W. F. Sadowski & Sons 604 Eastern Ave.

20. FILED 19 Registrar

APR 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-9, 1936, to April 14, 1936

I last saw h[illegible] alive on April 14, 1936 Death is said to have occurred on the date stated above, at 8:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	4-5-36
Other contributory causes of importance: Cardiac Decompensation	4-12-36

Was an operation performed? YES Date of April 8, 1936

For what disease or injury? Cervical Stenosis

Name of operation Laparotracheotomy Date of 4-5-36

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Frank W. Peyton M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. D. B. 1945-6

F 22999

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22999

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 W Preston St., 11-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susan W. Hushbach

(a) Residence: No. 5 W. Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gordon H Hushbach

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elkton (State or country) Maryland

FATHER

13. NAME Isaac Hard

14. BIRTHPLACE (city or town) Elkton (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Fagan

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Miss Alice Smith

(Address) 3d West Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Elkton cemetery Date Apr 17 1936

19. UNDERTAKER H W Pentzien

(Address) Elkton Maryland

APR 15 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16 1936

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1936 to April 16 1936

I last saw him alive on April 16 1936 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 9 1936
Other contributory causes of importance: Bronchopneumonia	April 14 1936

Name of operation None Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Miller M. D.

(Address) 2030 Wilkens Ave

F 23000 HEALTH DEPARTMENT—CITY OF BALTIMORE F 23000

CERTIFICATE OF DEATH

Registered No. 107-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 706 N Stricker St. 16-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Arthur Carroll Wallace
If U. S. Veteran specify WAR

(a) Residence: No. 106 N Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 13-1933.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	6	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Carroll Wallace
14. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

MOTHER
15. MAIDEN NAME Elsie Lesley
16. BIRTHPLACE (city or town) (State or country) Shrewsbury Co Pa

17. INFORMANT Elsie I Wallace
(Address) 706 N Stricker St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Apr. 16 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 Huntington Williams, Reg.
19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	April 11 1936.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Widal Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Dr. Allen M. D.
Coroner
(Address) 1 W Lexington St.

APR 16 1936

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23001 Bks.

F 23001

F 23001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2624 W Saratoga St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane Heinzell

(a) RESIDENCE NO. 2624 W Saratoga St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 Color or Race: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Madison Heinzell

6 DATE OF BIRTH (month, day, and year): ? ? 1876

7 AGE: Years 60 Months ? Days ? IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 70

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ?

(State or country) St Marys Co Md

PARENTS

10 NAME OF FATHER Frank Lumsdale

11 BIRTHPLACE OF FATHER (City or town)

(State or country) St Marys Co Md

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) St Marys Co Md

14 Informant George Lumsdale

(Address) 2044 Fremont Ave

APR 16 1906 19 Arlington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-14 19 3

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1932, to April 14 19 3

that I last saw h[illegible] alive on April 12, 19 3

and that death occurred, on the date stated above, at 2:30 P[illegible]

The CAUSE OF DEATH* was as follows:

myocarditis

(duration) 1 yrs. mos. d[illegible]

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) 1 yrs. mos. d[illegible]

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? microscopical ex[illegible]

(Signed) N. Atwell Jones M[illegible]

19 (Address) 1123 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery

Date of Burial: Apr. 17 19[illegible]

UNDERTAKER: Mrs Katie R Williams

ADDRESS 32[illegible] Schroeder

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-2[illegible] F. S.—100 Bks.

IF 23062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

REGISTERED NO. IF 23062

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 309 N. Mount St. 19-1 WARD)

2—FULL NAME Leah Connelley

(a) RESIDENCE NO. 309 N. Mount ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Connelly

6 DATE OF BIRTH (month, day, and year): 1871

7 AGE: Years 65; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife (Ho 31)

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Samuel Wise

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Lydia —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Dorothy Gaudt

(Address): 309 N. Mount

15 Filed [illegible] 19 [illegible] At Funeral Home, Inc.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 12, 1936

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1936, to April 12, 1936

that I last saw her alive on April 7, 1936

and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. Douglas Sheppard, M. D.

4/15, 1936 (Address) 1063 Myrtle Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Apr 16 19

UNDERTAKER: Mrs Katie R. Williams

ADDRESS 322 Edmon

APR 16 1936

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

File #23043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. H-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ✓ ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis Barnes

(a) Residence: No. 412 Taylor Lane (Usual place of abode) Catonsville Md. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) March 14, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Louis Barnes

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Bessie Watkins

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Bessie Barnes

(Address) 412 Taylor Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Western Star Date Apr 17, 1936

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 S Edwards St Huntington W Va

19. FILED ..... 19 ..... Registrar, M. D.

APR 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	
Diabetic Coma	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. R. Carlson M. D. Coroner

(Address) 2707 W. Lanvale

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information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S-6

F 23004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospitals St., 18-1 Ward)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Phonnex

(a) Residence: No. 905 W. Fayette St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lula Phonnex

6. DATE OF BIRTH (month, day, year) 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Marie Bingle (Address) 905 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Apr. 17 1936

19. UNDERTAKER Mrs Katie R Williams (Address) 322 S Schroeder St.

Mrs. E. F. Williams, Funeral Director

Registrar.

PR 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Chronic Valvular Disease of Heart	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) D. C. Sellers M. D.
Coroner

(Address) 2757 W. North

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 23005

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 Round Hill Road St., 9-2 Ward)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lelia Tall Holmes

(a) Residence: No. 1211 Round Hill Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richmond B. Holmes

6. DATE OF BIRTH (month, day, year) Nov. 30, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Otis J. Tall

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Onia B. Braughton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT R. B. Holmes
(Address) 1211 Round Hill Road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date April 16 19 36

19. UNDERTAKER John O Mitchell & Sons
(Address) 1900 Euta W. Place
Huntington Williams, Jr.
Registrar.

20. FILED APR 16 1936 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 24 1933 to Apr 14 1936

I last saw h[illegible] alive on Apr. 12 1936. Death is said to have occurred on the date stated above, at 12.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis 1st stage 1st onset with pleurisy	Oct 1931
	1st 4/2
Other contributory causes of importance: Tuberculosis of Intestines	Nov. 1933

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? typical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify. .....

(Signed) John A Kutscher, M. D.

(Address) 12 S. Eager St.

INSTRUCTIONS: Information required should be furnished by person best qualified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 23006

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23006

CERTIFICATE OF DEATH

95-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 5-1 (Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Betty Thornton

(a) Residence: No. 1243 E Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	unknown

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 3/17/90

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleaning
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Johnson's
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Alex Rogg
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Molly Morden
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cemetery Date April 16 1936

19. UNDERTAKER Mitchell & Bailey
(Address) 1421 Jefferson St

APR 16 1936 Lexington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936 to April 11, 1936
I last saw her alive on April 11, 1936 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure, due to hypertension	
Bundle-branch block and arterio-sclerosis	3/22/36
Other contributory causes of importance:	
arteriosclerosis	1933
Hypertension	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? EKG Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify .....

(Signed) Joseph T. Sabin Jr. M. D.

(Address) Johns Hopkins

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23007 ✓ F 23007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. da. How long in U. S. If of foreign birth yrs. mos. da.

2. FULL NAME Mrs Ann. Litelman Titleman

If U. S. Veteran specify WAR

(a) Residence: No. 232 Harrison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female. 4. Color or Race: Jewish White. 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Abraham Litelman

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
60 -			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home 6037

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Russia.

FATHER

13. NAME ? Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME ? not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Washington Rd Date 4/16/36, 19

19. UNDERTAKER Jos. Levy Inc
(Address) 1439 E. Baltimore St.

20. [illegible] 19 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1936 to April, 1936

I last saw her alive on April 15, 1936 Death is said to have occurred on the date stated above, at 1:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Hypertension Cardiovascular disease.	?
b	
c	
d	
Other contributory causes of importance: Carcinoma of Rt Lip	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edwin Kopeles M. D.

(Address) Mercy Hospital

APR 16 1936

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23008 ✓ F 23008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH South Baltimore Gen Hosp — Registered No. ____

CITY OF BALTIMORE: (No. ____ St. 23 d Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME James Solovin Galvin — If U. S. Veteran specify WAR ____

(a) Residence: No. 1001 S. Hanover St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wh	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓ — — —

6. DATE OF BIRTH (month, day, year) April 29, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlestown Mass.

FATHER

13. NAME James Galvin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Julia Carey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Julia V. Meaney

(Address) 19 Arthur St. Somerville Mass.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Apr. 17, 1936

19. UNDERTAKER Fred A. Krackel & Son

(Address) 1216 S. Charles St.

Huntington Williams, N.D.

20. FILED ____, 19 ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936 to April 14, 1936

I last saw him alive on April 14, 1936 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4/11

Other contributory causes of importance:

Arteriosclerotic cardiovascular disease	2

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19 ____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Wilcox Dorsey, M. D.

(Address) South Baltimore Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 16 1936

F 23009 ✓ F 23009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2404 Foster Ave St., 1-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William (Walenty) Pruchniewski If U. S. Veteran specify WAR .....

(a) Residence: No. 2404 Foster Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) Feb 14 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. formerly Tinner

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Walenty

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Urbanow

16. BIRTHPLACE (city or town) (State or country) " Poland

17. INFORMANT Mrs Anna Pruchniewski
(Address) 2404 Foster Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date April 17 1936

19. UNDERTAKER Martin W. Kilpatrick
(Address) 21 Huntington Ave, Williams, M.D.

..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy, or inquiry thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 1010 E. Eager Ave.

PR 181936

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23010 ✓ F 23010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

312125 18

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Jackson

(a) Residence: No. 1532 Mt. Holdersey st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/12/18.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
17	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. W. A. worker.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William ?

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Hattie Thompson

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 4/17/36

19. UNDERTAKER Robert McAdams
(Address) 15-15 McElderry Huntington Avenue, Md.

....., 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April - 14 . 1936

22. I HEREBY CERTIFY, That I attended deceased from April - 9 - ....., 1936, to April - 14 ....., 1936.
I last saw him alive on April - 14 ....., 1936. Death is said to have occurred on the date stated above, at 8 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	4/7/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Joseph J. Sadusk, Jr. M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 15 1936

F 23011 ✓ F 23011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 N Chester St., E-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Anna Mohr

If U. S. Veteran specify WAR .....

(a) Residence: No. 1213 N. Chester St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Mohr

6. DATE OF BIRTH (month, day, year) Jan 4 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Morline

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis Mohr (Son)

(Address) 1213 N Chester

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date April 18, 36

19. UNDERTAKER John Ullrich

(Address) 2008 Orleans St

APR 16 19 .. 19 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 16, 1936 to April 15, 1936

I last saw h.. alive on April 14, 1936 Death is said to have occurred on the date stated above, at 205a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism	10 Min.
Mitral Regurgitation (Chronic)	7 Dy
Other contributory causes of importance:	
Chr Interstitial Nephritis	7 Dy

Was an operation performed? Yes Date of June 17 1936

For what disease or injury? Strangulated Hernia

Name of operation Herniotomy Date of 1-17-36

What test confirmed diagnosis? Unknown Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos F A Storms M. D.

(Address) 2878 Hanover Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23012

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23012

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH Franklin Square Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 19-W Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Lee

(a) Residence: No. 2841 W. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4 15 1936

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Howard Lee

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Irma Willer

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Howard Lee
(Address) 2841 W Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date April 16 19 1936

19. UNDERTAKER John Ullrich
(Address) 2008 Orleans Street

PR 16 1936

19.. Huntington Williams, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/15, 19 36

22. I HEREBY CERTIFY, That I attended deceased from 4/15 7:40 A.M., 19 36, to ..., 19 ..

I last saw him alive on 4/15 19 36 death is said to have occurred on the date stated above, at 7:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pre-mature Infant 32 wks.	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Huntington Williams, M. D.

(Address) 120 W. Fayette

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23013

F 23013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3017 Alameda Blvd St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Magdalena Schmidt

(a) Residence: No. 3017 Alameda Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lew D Schmidt

6. DATE OF BIRTH (month, day, year) 8-14-1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Chas A Schumann (Address) 3017 Alameda Blvd

18. BURIAL, CREMATION, OR REMOVAL Place Balto County Date 4-18 1936

19. UNDERTAKER Leonard J Buck (Address) 5305 Harford Rd

Registrar

APR 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 15 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1935 to Apr 15 1936

I last saw h alive on Apr 15 1936. Death is said to have occurred on the date stated above, at 5 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hemiplegia	4/14/36
Other contributory causes of importance: Chronic Val. Heart Dis.	1 yr.
Pneumonia age	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Phys. Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of Injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify

(Signed) L. W. Mayer M. D.

(Address) 1520 E. 33rd St.

OCCUPATION is very important. See instructions on back of certificate.

F 23014 F 23014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6014 Smith Ave St., 27-15 Ward.)

Length of residence in city or town where death occurred 82 yrs. 8 mos. 21 ds. How long in U. S. If of foreign birth 82 yrs. 8 mos. 21 ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME Kate Guider

(a) Residence: No. 6014 Smith Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: C. Charles Guider

6. DATE OF BIRTH (month, day, year): July 25 1853

7. AGE: Years 82 | Months 8 | Days 21 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (City or town) (State or country): Baltimore Maryland

FATHER

13. NAME: John Wheat

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Elizabeth Stoltis

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mrs Evelyn A Guider
(Address) 6014 Smith Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date April-17 19 36

19. UNDERTAKER: Stewart & Moran Co.
(Address) 108 W Pratt Ave

Huntington Williams, M.D.
Registrar.

APR 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 15 1936

22. I HEREBY CERTIFY, That I attended deceased from May 12 1935 to April 15 1936

I last saw her alive on April 10 1936. Death is said to have occurred on the date stated above, at 12 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis About 15 years	
Cardiovascular Renal 5½ years	

Other contributory causes of importance:

Pulmonary Tuberculosis About 1 year	

Was an operation performed? no Date of .....

For what disease or injury? none

Name of operation none Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J Williams Todd M. D.

(Address) 2217 Dorsch Road

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M F 23015 F 23015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Hope Retreat St., 28-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S. If of foreign birth 60 yrs 0 mos. 0 ds.

2. FULL NAME Mary Agnes Donohue

(a) Residence: No. Mount Hope Retreat Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Matthew Donohue

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Katherine Heffron

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mt Hope Records

(Address) City

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Apl 17 '36

19. UNDERTAKER Steward Moore Co.

(Address) 108 W Mt Royal Ave

Huntington Williams

Registrar.

APR 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15. 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1926 to April 15 1936

I last saw her alive on Apr. 15 1936 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Chr. Pulmonary Tuberculosis	

Other contributory causes of importance:

Senile Pneumonia	1902

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton P. Hill M. D.

(Address) Mt Hope Retreat.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. R. 1968-3

F 23016

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23016

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mouth Hospe Retreat St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. — mos. — ds. How long in U. S. If of foreign birth? 50 yrs. 0 mos. 0 ds.

2. FULL NAME Catherine E Stack Washington, D C

(a) Residence: No. 2212 N Capitol St, St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 9-1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME Edward Dalton

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary O'Reilly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Sophie Runds City

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date April 18 1936

19. UNDERTAKER E Lewis Miller Co.

(Address) 1300 Harford Ave

Filed ... 19 ... Registrar.

APR 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 1935 to Apr. 16 1936

I last saw h... alive on April 10 1936 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asteric sclerosis	?
Senile dementia	8 mos.
Other contributory causes of importance:	
Left lobar pneumonia	2 dys.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Duncan P. Glazier M.D.

(Address) 3316 Harford Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23017

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23017

CERTIFICATE OF DEATH

#11739 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St. H-1 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Frederick

If U. S. Veteran specify WAR

(a) Residence: No. 2 S. Frederick St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florida

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date April 6 1936

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] 1936
Washington, D.C.

2266

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/14 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/16/36 to 4/14 1936

I last saw him alive on 4/14 1936 Death is said to have occurred on the date stated above, at 11:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	?
Chronic Bronchitis	?
Other contributory causes of importance:	
Bullous emphysema	?

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) [illegible], M. D.

(Address) Balto. City Hosp.

VS 9

INSTRUCTIONS.—Fill in all items. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23018 12216 F 23018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 133

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 20 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Christopher Harrington
If U. S. Veteran specify WAR .....

(a) Residence: No. 1529 E. Lombard St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, year) 4-5-1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Anne Gray

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT B.C.H. records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University Grd Date August 1936

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-9, 1936 to 4-14, 1936

I last saw h living alive on 4-14, 1936 Death is said to have occurred on the date stated above, at 3:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis, Left. (Cause unknown)	2-8-36
Other contributory causes of importance:	
	2-18-36

Was an operation performed? Yes Date of 3-10-11-36

For what disease or injury? Pyelonephritis 2-18-36

Name of operation Cystoscopy Date 3-10-36 4-11-36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, state how .....

(Signed) Frank Wilson Jr. M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

2203

F 23019

F 23019 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH Baltimore City Hospitals U-13497 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Tuberculosis Division St., 14th Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Gurnett Penn

(a) Residence: No. 1711 Madison ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 12, 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
27	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Errand boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME George Penn

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date April 16, 1936

19. UNDERTAKER Commissioner Health.
(Address)

20. FILED ..... 19 ..... Registrar

APR 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1936 to April 12, 1936

I last saw him alive on April 12, 1936 Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Sept. 1935

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Arthur Kaufman, M. D.

(Address) Baltimore City Hospitals

Vs 7

OCCUPATION is very important. See instructions on back of certificate. Exact statement of trade, profession or particular kind of work must be given. CAUSE OF DEATH in plain terms, so that it may be properly classified.

13474 F 23020

F 23020 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

17-134-95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Napper

(a) Residence: No. 500 W. Camel St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-4-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Jake

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Minnie ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B.C.H. Records

(Address)

18. DISPOSITION ~~Interred~~ Buried May 19-1936

Place ~~Mount Auburn Cemetery~~ Mt. Auburn Cem.

19. UNDERTAKER [illegible] Funeral Home

(Address)

For Wm. B. WOODALL

20. FILED 19 Registrar

~~2205 Lafayette Ave~~ Lafayette Ave, Balto

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/8, 1936 to 4/13, 1936

I last saw him alive on 4/13, 1936 Death is said to have occurred on the date stated above, at 2 05/12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease.	1 yr.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosps.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23021

F 23021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-P

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 Pierce St. 14-1 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harriet Anderson

(a) Residence: No. 1705 Pierce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col'd	Mar.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jas Anderson

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Fayetteville N. C.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Julia Hall

(Address) 2094 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant View Cemetery Date Apr. 18, 1936

19. UNDERTAKER McKeter R. Williams

(Address) 322 N. Schroeder St. Huntington Williams, M.D.

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1936, to April 14, 1936

I last saw h alive on April 12, 1936. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Disease	1yr
	ovr
Other contributory causes of importance: Pulmonary Oedema	a d.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Norwood M. D.

(Address) 923 W Fayette

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3

APR 16 1936

F 23022

F 23022 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2830 Montebello Terrace St., 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Genevieve D. Boarman

(a) Residence: No. 2830 Montebello Terrace St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Robert G Boarman

6. DATE OF BIRTH (month, day, year): Jan. 13 1886

7. AGE: Years 50 | Months 3 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: William A Keagle

14. BIRTHPLACE (city or town) (State or country): Balto. Md

MOTHER

15. MAIDEN NAME: Mabel F. Merk

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT (Address): Mr. Robert G Boarman 2830 Montebello Terrace

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Redeemer Cem. Date Apr. 18 1936

19. UNDERTAKER (Address): Henry Theobald Sons, Inc. 301 E. Eager St.

20. FILED: 1936 Huntington Williamson Hyde

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 14 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/12 1936 to 4/17/36 1936

I last saw h... alive on 4/14/36 8 A.M. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Fat. Fracture — Date of onset .....

Other contributory causes of importance: Pulmonary Embolism

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diag... Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hyla A. Holden M. D.

(Address) 5703 Harford Rd

OCCUPATION is very important. See instructions on back of certificate.

R 161936

F 23023 (Deiter) F 23023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2222 N. Fulton Ave St., 70-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr John Deiter

(a) Residence: No. 2222 N Fulton St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 13 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Deiter

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Adalide Haffke

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Margt. Deiter (Sister)
(Address) 2222 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 17 1936

19. UNDERTAKER Geo. A Farley
(Address) 1800 W. Fayette St

20. FILED APR 16 1936 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1936 to April 15 1936

I last saw h[illegible] alive on April 14 1936 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

Disseminated Sclerosis of Brain & Spinal Cord. — Date of onset 3 years

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? No.

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19..

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None

(Signed) John T Cram M. D.

(Address) 612 N 40 St

OCCUPATION is very important. See instructions on back of certificate.

23024 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 23024

80

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 2-1-1 St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wm. Jackson

(a) Residence: No. 138 Russell St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Carrie Jackson

6. DATE OF BIRTH (month, day, year) July 16-1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W P

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm Jackson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Ford

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mamie Wheatley

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Apr. 16. 1936

19. UNDERTAKER Samuel H Chase & Son

(Address) 638 N. Gilmor

20. FILED Huntington Pittman, Registrar Apr 16

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 13. 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 29. 1936 to Apr 13. 1936

I last saw h/M alive on April 13. 1936 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tabes Dorsalis	5

Other contributory causes of importance:

Pyelonephritis	1935
Anemia	3/29/36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? S.P. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John M'C. Warren M. D.

(Address) University Hosp.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 23025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 23025

95-B

Registered No. 143

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mildred Jackson

(a) Residence: No. 2234 Etting St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 26 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	8	14 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Jackson

14. BIRTHPLACE (city or town) (State or country) Chas. River Charlesville Virginia

MOTHER

15. MAIDEN NAME Mollie Fitzgerald

16. BIRTHPLACE (city or town) (State or country) Crewe Virginia

17. INFORMANT Mollie Jackson
(Address) 2234 Etting St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Aug 18 1936

19. UNDERTAKER Samuel W. Chase Co
(Address) 638 N. Gilmor

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1936 to April 14 1936

I last saw her alive on April 14 1936 Death is said to have occurred on the date stated above, at 3 00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac decompensation	April 12 36
Rheumatic heart disease	Dec 35

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R. W. Jackson — M. D.

(Address) 600 N. Arlington —

OCCUPATION is very important. See instructions on back of certificate.

F 23026

F 23026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat Ward) 4-4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph E Burke

(a) Residence: No. 2009 W. Lanvale St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 26 1839

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37 ~~96~~ 96	-	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1900

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Peter J. Burke

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Catherine Ryan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Peter J. Burke

(Address) 2009 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Cem. Date April 18 1936

19. UNDERTAKER Joseph H Cook

(Address) 1003 W. Baltimore St.

20. FILED 19 Reg. Dist. No. Sub-Dist. No. Entered Number

APR 15 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 15 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1934 to April 15 1936

I last saw h alive on April 15 1936 Death is said to have occurred on the date stated above, at 2:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
demented Precox	4 yrs

Other contributory causes of importance: Pulmonary Tuberculosis ?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Damian P. Alay M. D.

(Address) 3316 Ford. Ave

F 23027 F 23027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2529 Hillsworth Road St., 28-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Frederick Parrish

(a) Residence: No. 2529 Hillsworth Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret A. Parrish

6. DATE OF BIRTH (month, day, year) March 23, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	-	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stone Mason

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER

13. NAME Edward Parrish

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

MOTHER

15. MAIDEN NAME Margaret Ann Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

17. INFORMANT Mrs. Maggie Haney
(Address) 2523 Hillsworth Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date April 17, 1936

19. UNDERTAKER Joseph H. Cooke
(Address) 1003 W. Baltimore St.

20. FILED Apr 16 1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 9, 1936 to Apr 14, 1936.
I last saw him alive on Apr 12, 1936 Death is said to have occurred on the date stated above, at 6.10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old Age	
Other contributory causes of importance: Prostatic Hypertrophy & Suppuration of Urine	3 dys ovr

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Observation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) G. C. Saunders M. D.

(Address) 4509 Liberty Heights Ave.

OCCUPATION is very important. See instructions on back of certificate.

APR 16 1936

M. D. B. 1268-9

F 23028

23028 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

X 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 - N. amity St. 18-1 Ward)

Length of residence in city or town where death occurred — yrs. — mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joe Easley

(a) Residence: No. 110 - N. Amity St. St., Ward. Durbin, W. Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Myra Harris Easley

6. DATE OF BIRTH (month, day, year) April 1, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
61	—	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) January, 1936

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Fort Springs W. Va.

FATHER

13. NAME Joe Easley

14. BIRTHPLACE (city or town) (State or country) Fort Springs W. Va.

MOTHER

15. MAIDEN NAME Harriett Balden

16. BIRTHPLACE (city or town) (State or country) Alderson W. Va.

17. INFORMANT Myra Harris Easley
(Address) 110 - N. Amity St

18. BURIAL, CREMATION, OR REMOVAL
Place Ft. Lawn Cem. Date 4-16-, 1936

19. UNDERTAKER Mrs. Geo. H. Holland
(Address) 1631 Eden St.

4 16 1936 Washington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1936 to April 13, 1936

I last saw h~~im~~ alive on April 13, 1936. Death is said to have occurred on the date stated above, at 6:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	4.3.36
Cerebral Hemorrhage	4.13.36
Other contributory causes of importance:	
Nephritis	1.13.36

Name of operation ..... Date of .....

What test confirmed diagnosis? Phy. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ..... leaving manual labor

(Signed) James M. Lair, M. D.

(Address) 865 W. Lexington St.

OCCUPATION is very important. See instructions on back of certificate.

F 23029

23029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

Registered No. 12743

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 4 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? ? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Hayes

(a) Residence: No. 134 N. Gay St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-12-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Government Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. W. A. work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Jas. J.

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Hospital Records

(Address) Carrie Roby, 6 Woodlawn Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date April 17 1936

19. UNDERTAKER Edward L. Kelly

(Address) 6411 Reisterstown Road

Huntington Apartments, Md.

20. FILED APR 17 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/14 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/30 1930 to 4/14 1936

I last saw him alive on 4/14 1936 Death is said to have occurred on the date stated above, at 6 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4/10/36
Other contributory causes of importance: old cerebral Thrombosis, Left	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Members Balto City Hosp M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

REV 3

F 23030

F 23030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Montrose Slade, M.D.

(a) Residence: No. Reisterstown, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Elizabeth Love Slade

6. DATE OF BIRTH (month, day, year): Jan 14-1862

7. AGE: Years 74 | Months 3 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Balto Co Md.

FATHER

13. NAME: William A. Slade
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Rebecca Talbott Slade
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Mrs Elizabeth L. Slade Reisterstown Md

18. BURIAL, CREMATION, OR REMOVAL: Place Druid Ridge Cem. Date April 18. 1936

19. UNDERTAKER (Address): Chas. E. Jones & Son 118 W. Lexington St

Huntington Williams, M.D.

R 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/15/36

22. I HEREBY CERTIFY, That I attended deceased from 4/14/36 to 4/15/36

I last saw him alive on 4/15/36 Death is said to have occurred on the date stated above, at 11-23 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	
Bronchial asthma	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ...../...../ 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John W. Barnaby M.D.

(Address) Maryland General Hosp

OCCUPATION is very important. See instructions on back of certificate.

F 23031

F 23031 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH Bon Secours Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore 2nd St., 11-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

Lifetime

If U. S. Veteran specify WAR .....

2. FULL NAME Mary E. Healy

(a) Residence: No. 100 S St Paul St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year): May 3 — 1886

7. AGE: Years 49 | Months 11 | Days 11 | If LESS than 1 day, hrs. or min. .....

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: John Healy

14. BIRTHPLACE (City or town) (State or country): Lynchburg Va

MOTHER

15. MAIDEN NAME: Marie A. McConnick

16. BIRTHPLACE (City or town) (State or country): Bermuda

17. INFORMANT (Address): Miss Catherine Healy 1001 S. St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL Place: Cathedral Cem. Date: April 17 36

19. UNDERTAKER (Address): Chas. H. Wade & Son 118 W. Saratoga St. Huntington Williams, Inc.

R 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 14th 36

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1936 to April 17, 1936

I last saw her alive on April 14, 1936 Death is said to have occurred on the date stated above, at 11½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic endocarditis	1930
Cardiovascular Renal disease	1935
Other contributory causes of importance: Uremic Coma	4-11-36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James A. Kemp, M. D.

(Address) Bon Secours Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 23032

F 23032 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. C. H. I. St., 11-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. v mos. v ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hilton Arrick, Jr.

(a) Residence: No. 209 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, year) Mar. 30, 1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Feb. 1936

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Hagerstown Maryland

MOTHER FATHER

13. NAME Hilton Arrick

14. BIRTHPLACE (city or town) (State or country) Baltimore County

15. MAIDEN NAME Ellen Powell

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Rev. Smith Hilton Arrick
(Address) 209 E. Biddle St

18. BURIAL, CREMATION OR REMOVAL London Park Cem Date April 18 1936

19. UNDERTAKER John O. Mitchell Sons
(Address) 1918 Eutaw Place

Huntington Williams

APR 16 1936

MEDICAL CERTIFICATE OF DEATH

O

21. DATE OF DEATH (month, day, year) April 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 24, 1936 to April 16, 1936

I last saw him alive on April 16, 1936 Death is said to have occurred on the date stated above, at 9:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic Meningitis	Apr. 4, 1936
Mastoiditis	Mar. 1, 1936
Scarlet fever	Jan. 1936

Other contributory causes of importance

Name of operation mastoidectomy (left) Date of Mar 4, 1936

What test confirmed diagnosis? spinal puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. L. Ackerman M. D.

(Address) Church Home & Infir.

OCCUPATION is very important. See instructions on back of certificate.

F 23033

B 23033 (048)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X ✓ 53-c

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Warren Suttles

(a) Residence: No. Bluff St. ..... Ward. N. Carolina
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-28-21

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	14	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME William Suttles

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Sallie Plemmons

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bennettsville S.C. Date April 18 1936

19. UNDERTAKER John D. Mitchell Funeral Home
(Address) 1700 Eutaw Place

20. FILED APR 16 1936 Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15 1936

22. I HEREBY CERTIFY, That I attended deceased from April 7 1936, to April 15 1936.
I last saw him alive on April 15 1936. Death is said to have occurred on the date stated above, at 11:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, malignant	1935

Other contributory causes of importance:

Was an operation performed? Yes Date of 4/13/36

For what disease or injury? Brain tumor

Name of operation Ventriculography Date of Yes

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward S. Stafford M. D.

(Address) The Johns Hopkins Hospital

M. D. F. 1568-9

23034

F 23034

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 E. Lombard St., 2-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret Korycka

(a) Residence: No. 313 S. Ann Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Korycki

6. DATE OF BIRTH (month, day, year) March 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Walas

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) [redacted]land

17. INFORMANT Mrs. Mary Rachuba

(Address) 1823 E. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date 4/17/36 19

19. UNDERTAKER John M. Wisky

(Address) 401 S. Chester St

20. FILED [redacted] Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1936 to April 14, 1936

I last saw her alive on April 13, 1936 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Breast 1/3 of Stomach — Date of onset

Owing to Uremia obstruction.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew Jaworski M. D.

(Address) 2517 E Eastern

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 23035

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23035

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH 1906

CITY OF BALTIMORE: (No. 1936 E. Pratt Street St., 2-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? 26 yrs mos. ds.

2. FULL NAME Catherine Mugowska

(a) Residence: No. 1936 E. Pratt Street St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Mugowski

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jerzy Wiczulis

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT George Mugowski

(Address) 1936 E. Pratt Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem Date 4/17/36 19

19. UNDERTAKER Jno M Weber

(Address) 401 S. Chester St

20. FILED 19 1936 Huntington Williams, Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1936, to April 17, 1936

I last saw h[illegible] alive on April 13, 1936 Death is said to have occurred on the date stated above, at 3:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchi - Pneumonia (Primary)	4/6/36
Myocardial Insuff.	2 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul J. Zeigler, M. D.

(Address) 2007 E. Pratt St.

F 23036

23036

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME B. Boy Riley

(a) Residence: No. 3731 Falls Rd. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-28-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2 weeks		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (illegible) None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Margt. Ruby

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mary Immaculate Date April 17, 1936

19. UNDERTAKER Eberhardt & Slye

(Address) 3615-17 Eastern Ave

APR 16 1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/15, 1936 to 4/16, 1936

I last saw him alive on 4/16, 1936. Death is said to have occurred on the date stated above, at 2:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Intestinal Obstruction	4/13
Erysipelas	4/15

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Irving Rosenbaum M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 23037

23037 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 20-7 Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dorothy Morgan

(a) Residence: No. 407 Dennison St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/18/35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Lee M Morgan

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ruth Seifert

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 4/17/36

19. UNDERTAKER J. J. Fahey & Son

(Address) 1318 Light St

20. FILED APR 16 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1936 to April 15, 1936

I last saw h alive on April 15, 1936 Death is said to have occurred on the date stated above, at 2:15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute primary pneumonia, lobar	11 days
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lydia B Edwards M. D.

(Address) Johns Hopkins Hospital

F 23038

23038 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

95-B

Registered No. 6-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 Mulliken St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Richards, Sr.

(a) Residence: No. 1726 Mulliken St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Serena Richards

6. DATE OF BIRTH (month, day, year): April 11, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hod Carrier

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Remington Va.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: William Richards Jr.
(Address): 1726 Mulliken St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Calvary Date: 4/17 1936

19. UNDERTAKER: Robert A. Young
(Address): 604 N. Caroline St

FILED: APR 16 1936 REGISTRAR: Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-14- 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-11- 1936, to 4-14- 1936

I last saw h alive on 4-13- 1936. Death is said to have occurred on the date stated above, at 3,15 A m.

The principal cause of death and related causes of importance were as follows:

Cardio-Renal disease — Date of onset: Unknown

Other contributory causes of importance:

Same.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W H Cargiss M. D.

(Address) 611 N. Caroline

23039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 1-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William J. Erlbeck
If U. S. Veteran specify WAR .....

(a) Residence: No. 643 South Linwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Tolly Erlbeck

6. DATE OF BIRTH (month, day, year) Dec 31 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME John Erlbeck
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Elizabeth Paul
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John Erlbeck
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 17, 1936

19. UNDERTAKER Frank V. Pipitone
(Address) 2815 E. Balt.

20. [illegible] Huntington Williams M.D.

R 16196

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1936, to April 14, 1936
I last saw him alive on April 14, 1936 Death is said to have occurred on the date stated above, at 12:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertrophy of Prostate	over
2. Chronic nephritis	
3. Chronic myocarditis	
Other contributory causes of importance:	
1. Uraemia	

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F. W. Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

23040 ✓ F 23040

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2413 Eutaw Place St. 13-1 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert L. Frank

(a) Residence: No. 2413 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jany. 11, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clothing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mngr. Employee 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Moses Frank

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Carrie Rosenstock

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Milton Frank,
(Address) 2413 Eutaw Place.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Cem. Date Apr. 17, 1936

19. UNDERTAKER Baird Sondheim & Son
(Address) 1202 Eutaw Place

20. FILED 4-16-1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 5. 1936 to April 16 1936

I last saw h.. alive on April 16 1936 Death is said to have occurred on the date stated above, at 9 A.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset

Chronic Nephritis

Other contributory causes of importance:

Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Julius Friedenwald, M. D.

(Address) 1013 N. Charles St.

M. D. B. 1268-9

✓ F 23041

23041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2344 Eutaw Place St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Kraus

(a) Residence: No. 2344 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Adler Kraus

6. DATE OF BIRTH (month, day, year) July 4, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Paper Box

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mnfgr. 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jacob Kraus

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ricka Fleishman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss. Kraus
(Address) 2344 Eutaw Place

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Balto. Hebrew Cem. Date Apr. 17, 1936

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED 16 1936 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from ~~April~~ Sept. 1930 to April 15, 1936

I last saw h~~im~~ alive on April 13, 1936 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	1931.

Other contributory causes of importance:

Arterio-sclerosis	?
Emphysema	1930.

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) 1107 St. Paul St.

M. D. B 1268-9

✓ F 23042

23042 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH Sinai Hosp Gen Hosp

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 24-4 Ward)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice McAvoy

(a) Residence: No. 1514 Covington St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Son

6. DATE OF BIRTH (month, day, year) Mar 17-1919

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
17		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machinist

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Mar Fallston Co Md

MOTHER FATHER

13. NAME Reuben McAvoy

14. BIRTHPLACE (city or town) (State) Fallston Co Md

MOTHER

15. MAIDEN NAME Fannie Morris

16. BIRTHPLACE (city or town) (State or country) Fallston Co Md

17. INFORMANT Reuben McAvoy

(Address) 1514 Covington St

18. BURIAL, CREMATION, OR REMOVAL Rock Creek Cem Dayton Md Grand St. 36

Place Date 19

19. UNDERTAKER Chas. L. Jeffries & Son

(Address) 1501½ Park Ave

16 1936 Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/15, 1936

22. I HEREBY CERTIFY That I took charge of the remains described above on ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fire Shock	4/15/36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 4/15, 1936

Where did injury occur? Route 2 Mass Mars Hill

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Automobile Accident & Parked

Nature of injury Auto truck

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Reuben Gurley Ayton M. D.

Coroner

(Address) 907 N. Charles St

✓ F 23043

23043 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4233 Euclid ave St., 18 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma A. Reinhold

(a) Residence: No. 4233 Euclid ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick W Reinhold

6. DATE OF BIRTH (month, day, year) Aug 3rd 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles H. Schmeltz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma L. Mossberger

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Frederick W. Reinhold

(Address) 4233 Euclid ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 4/17, 1936

19. UNDERTAKER Frederick A. Pole

(Address) 1210 W Lombard St

Registrar

APR 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936 to April 14, 1936

I last saw h.. alive on April 10, 1936 Death is said to have occurred on the date stated above, at 5 25 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma breast	5 yrs.
advanced Operation	
Local recurrence.	1 yr
Metastasis Lung. Pericardium	6 mo.
	6 mo.

Other contributory causes of importance:

Thrombosis L. Upper L. arm 6 mo.
Radium + X Ray treatment 6

Was an operation performed? Yes Date of March 1936

For what disease or injury? Carcinoma breast

Name of operation Radical Amputation Date of March-36

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas A. Reinhold M. D.

(Address) 2 E. Read St.

F 23044

HEALTH DEPARTMENT—CITY OF BALTIMORE

23044

CERTIFICATE OF DEATH

X 24

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 4-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Teresa Cecelia Carey

(a) Residence: No. Frederick Rd., Ellicott City St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 16 / 22

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	14	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month, day, year) 3/11/36

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Howard Co Maryland

MOTHER FATHER

13. NAME William Millard Carey

14. BIRTHPLACE (city or town) (State or country) Baltimore Co Maryland

15. MAIDEN NAME Marie Addison

16. BIRTHPLACE (city or town) (State or country) Howard Co Maryland

17. INFORMANT Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Johns Cem Date Feb 18 1936

19. UNDERTAKER J. Easton Sons
(Address) Ellicott City

20. FILED Huntington Williams
FEB 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 15 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-1 , 1936 to 4-15 , 1936

I last saw her alive on 4-15 , 1936 Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, Tuberculous	March 1936
Bronchopneumonia	4-13-36

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Laboratory + Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

No If so, specify .....

(Signed) Emrick Woodward Jr. M. D.

(Address) University Hosp.

F 23045 ✓ F 23045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46-9

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Allen Robert Frantz

(a) Residence: No. 45 N. Broad St. Waynesboro Penn. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mrs Laura Frantz

6. DATE OF BIRTH (month, day, year): March 10, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bather
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: A. R. Frantz. Bathing
10. Date deceased last worked at this occupation (month and year): March, 1936
11. Total time (years) spent in this occupation: 26 yrs

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

FATHER

13. NAME: Edward Frantz
14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Emma Hummel
16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT: Mrs Laura Frantz
(Address): 45 N. Broad St. Waynesboro Pa

18. BURIAL, CREMATION, OR REMOVAL.
Place: Hummelstown Pa Date: Apr 16, 1936

19. UNDERTAKER: H. H. Lackner Sons
(Address): Hbg Pa

20. FILED: Huntingdon Philadelphia, Apr
R 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1936, to April 16, 1936

I last saw h alive on April 16, 1936. Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma	11/35(?)

F 23046

F 23046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 4-13 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cora Elizabeth Hamm If U. S. Veteran specify WAR No Record

(a) Residence: No. 720 S Caldwell Ave Balto Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed~~ or ~~Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 13th 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Henry Hamm

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Russell

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Otto H. Hamm

(Address) 406 Clarkson Av Upton Springs Md

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 7th 1936

19. UNDERTAKER Wm Ash

(Address) 1217 St. Paul St

APR 17 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-14 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-13-36 to 4-14 1936

I last saw her alive on 4-14 1936 Death is said to have occured on the date stated above, at 9-25 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset 4-13-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis EKG Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard K. Long M. D.

(Address) Union Memorial Hospital

M. D. R. 1268-0

23047

F 23047

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2232 E. Chase St. 8-3 Ward)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Hamilton Naill No War Record

(a) Residence: No. 2232 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Naill

6. DATE OF BIRTH (month, day, year) Feb 22, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber 0604

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber shop

10. Date deceased last worked at this occupation (month and year) Jan 1932

11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

FATHER

13. NAME Nathaniel Naill

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Annie Naill (Address) 2232 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL Place Balto Date April 18 1936

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 15, 1935 to April 16, 1936

I last saw him alive on April 5, 1936 Death is said to have occurred on the date stated above, at 3:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Urinary Bladder	1932
Hypertension Cardio Vascular Disease	1930
Other contributory causes of importance: Pyelo cystatis	1933

Name of operation none Date of

What test confirmed diagnosis? Cystoscopic examinations Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Karl Grossman M. D.

(Address) 1212 N. Patterson Park Ave.

23048 ✓ F 23048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 125-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ~~Sta.~~ Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 4 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Anna Slagle

If U. S. Veteran specify WAR No Record

(a) Residence: No. 23 Dundalk Ave Dundalk Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married

6a. If married, ~~widowed, or divorced~~ (or) WIFE of: George Slagle

6. DATE OF BIRTH (month, day, year): Nov 1st 1902

7. AGE: Years 33 | Months 7 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: John Link

14. BIRTHPLACE (city or town) (State or country): Lithuania

MOTHER

15. MAIDEN NAME: Josephine Jeffrey

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: George Slagle

(Address) 23 Dundalk Ave - Dundalk Md

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date April 18 1936

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-16 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-4 1936 to 4-16 1936

I last saw her alive on 4-16 1936 Death is said to have occurred on the date stated above, at 3 50 a.m.

The principal cause of death and related causes of importance were as follows:

Liver abscess — Date of onset 3-1-36

Other contributory causes of importance: Bronchopneumonia — 4-10-36

Was an operation performed? Yes Date of 4-11-36

For what disease or injury? Liver abscess

Name of operation Laparotomy Date of 4-11-36

What test confirmed diagnosis? Clin & Path Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert W. Faure M. D.

(Address) University Hospital

F 23049 ✓ F 23049

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-13

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2800 Orleans St St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lisette C Fichner

(a) Residence: No. 2800 Orleans Street St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Fichner

6. DATE OF BIRTH (month, day, year) April 17 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

FATHER

13. NAME George C Kress

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Helen J Zeigelhofer

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Lambert J Fichner

(Address) 427 N Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 17 1936

19. UNDERTAKER John McSmith

(Address) 2008 Orleans St

20. FILED [illegible] Acting for Williams, Reg

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30 1936 to April 12 1936

I last saw h[illegible] alive on April 12 1936 Death is said to have occurred on the date stated above, at 820 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Vascular Disease	
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) David Krauss, M. D.

(Address) 1211 Cathedral St

F 23050

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 23050

CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH — Registered No. ____

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 6-B Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mandel Unger — If U. S. Veteran specify WAR ____

(a) Residence: No. 429 N. Patterson Pk. St., ____ Ward. ____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) ? 1874

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Hertzel Unger

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT B.CH. Records

(Address) Balto City Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rueedale Date April 17 1936

19. UNDERTAKER Sol Levinson Bro

(Address) 1127 E Baltimore St

Huntington Williams, M.D.

Registrar.

20. [illegible] 19 ____

17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/16 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/15 1936 to 4/16 1936

I last saw him alive on 4/16 1936 Death is said to have occurred on the date stated above, at 1.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	6 hrs.
Other contributory causes of importance: Cerebral thrombosis, left	4/14/36

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) Rosenberg M. D.

(Address) Balto. City Hosp.

F 23051 ✓ F 23051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barney Goldstein

If U. S. Veteran specify WAR

(a) Residence: No. 3405 Woodbrook Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
M	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Etta Goldstein

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57 ~~57~~			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Bus. 0016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Ben Goldstein

(Address) 2648 Owenso Ave.

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Herzog Assn Date 4-17-36 19

19. UNDERTAKER John J. Lewis & Son Inc.

(Address) 1437 E Baltimore St

Huntington Williams, MD

APR 17 1936 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-16 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-24 1936 to 4-16 1936

I last saw h~~im~~ alive on 4-16 1936 Death is said to have occurred on the date stated above, at 9.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lenticular Jubilation	4-16
Bacteremia (?)	4-14
Emphysema	10 yrs

Other contributory causes of importance:

Prostatism ~~Hypertrophy~~	now

Was an operation performed? Yes Date of 3-6-36

For what disease or injury? Hypertrophied prostate

Name of operation Prostatectomy Date of 3-6-36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D Goldstein, M. D.

(Address) Sinai Hosp.

F 23052 ✓ F 23052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

98

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Sinai Hosp St. 15-9 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Siegel

(a) Residence: No. 3916 Norfolk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Siegel

6. DATE OF BIRTH (month, day, year) 1-25-1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Merchandise

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Siegel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida Hazinoff

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rondale Date 4/17/36

19. UNDERTAKER Jas. Louis Sm. St.
(Address) 1439 E. Baltimore St.
Huntington Williams, Jr.

17 1936 , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/16/36 , 19

22. I HEREBY CERTIFY, That I attended deceased from April 7 , 1936 , to April 16 , 1936

I last saw h.me alive on 4/16/36 , 19 . Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
Septicemia	
Gangrene left leg	
Buergers disease	00

Other contributory causes of importance:

Was an operation performed? Yes Date of 4/8/36

For what disease or injury? Gangrene Left Leg

Name of operation Amputation Date of 4/8/36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert Abramson M. D.

(Address) Sinai Hosp.

F 23053

F 23053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 151-D

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Joyce Elaine Wilson

(a) Residence: No. Clarksville Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 2, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Provident Hosp. Balto. Md.

FATHER

13. NAME Walter Dorsey Meyers

14. BIRTHPLACE (city or town) (State or country) Clarksville, Md

MOTHER

15. MAIDEN NAME Jamie Elizabeth Wilson

16. BIRTHPLACE (city or town) (State or country) Clarksville, Md.

17. INFORMANT Jamie Elizabeth Wilson
(Address) Clarksville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Retained at hospital 19

19. UNDERTAKER

APR 17 1936

Huntington Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-8- 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-2- 1936, to 4-8- 1936

I last saw her alive on 4-8- 1936. Death is said to have occurred on the date stated above, at 10 1/2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	
Malformation of thoracic & abdominal organs	
Other contributory causes of importance: Large umbilical hernia (congenital)	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) George H. Pendleton M. D.
Provident Hosp
(Address)

F 23054 ✓ F 23054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No. 123-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. St., ... Ward)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Compton Compton

(a) Residence: No. 113 Hammerbocker Court St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Feb 11 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

FATHER

13. NAME [illegible] Compton

14. BIRTHPLACE (city or town) [illegible] (State or country)

MOTHER

15. MAIDEN NAME Mary Compton

16. BIRTHPLACE (city or town) [illegible] (State or country)

17. INFORMANT Sydenham Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 4/17, 1936

19. UNDERTAKER [illegible] & Son
(Address) 628 [illegible] Huntington, W. Va.

20. [illegible] Registrar

APR 17 1936 [illegible] Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 16, 1936 to Apr 16, 1936

I last saw h[illegible] alive on Apr 16, 1936. Death is said to have occurred on the date stated above, at 3[illegible] p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	4/15/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Lumbar puncture Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

[illegible] Frances D. Schwenker M. D.
(Address) Sydenham Hospital

F 23055 ✓ F 23055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sydenham Hosp St., 13-8 Ward.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph William SCZERBICKI
If U. S. Veteran specify WAR .....

(a) Residence: No. 3606 Parkdale Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 14, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Peter Sczerbicki

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Marie Harden

16. BIRTHPLACE (city or town) (State or country) Baltimore Co.

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Apr. 18 1936

19. UNDERTAKER M. F. Radziewski & Son
(Address) 814 Eastern Ave.

APR 17 1936 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1936 to Apr 16, 1936
I last saw h[im] alive on Apr 16, 1936 Death is said to have occurred on the date stated above, at 8 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Meningococcus septicemia	4-15-36
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Culture Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Irvine D. Schweicher, M. D.

(Address) Sydenham Hospital

F 23056 ✓ F 23056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 27-13 346-C

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 700 W. 40th St. ~~Rd~~ Ward)

Length of residence in city or town where death occurred 15 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sally Cummins Wilds

(a) Residence: No. 606 Edgevale Rd. Roland Park St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nathaniel F Wilds

6. DATE OF BIRTH (month, day, year) Sept. 15, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Smyrna Del.

FATHER

13. NAME Robert Hill

14. BIRTHPLACE (city or town) (State or country) Milford Del

MOTHER

15. MAIDEN NAME Frances Ann Cummins

16. BIRTHPLACE (city or town) (State or country) Smyrna Del.

17. INFORMANT Harry C. Parent M.D. (Address) 606 Edgevale Road

18. BURIAL, CREMATION, OR REMOVAL Place Smyrna Del. Date April 18, 1936

19. UNDERTAKER Robert S. Little (Address) 2700 Edmondson Ave Huntington Williams, Inc.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1935 to April 16, 1936

I last saw h[er] alive on April 16, 1936. Death is said to have occurred on the date stated above, at 10.03 a m.

The principal cause of death and related causes of importance were as follows:

Paralysis Agitans. — Date of onset 1925

Cardiovascular hypertensive disease

Chronic hypertrophic arthritis.

Other contributory causes of importance:

Fever of unknown origin, probably due to hidden cancer. — 4/1/36

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. Hampton Hopkins, M. D.

(Address) 217 Med. Arts Bldg.

FILED R 17 1936

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

23057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 23057

15-4 107-a

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1917 N. Bentalou St. St., W. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Lee Reilly

If U. S. Veteran specify WAR .....

(a) Residence: No. 1917 Bentalou St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles Edw. Reilly

6. DATE OF BIRTH (month, day, year) Mar. 16th, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0097

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Julius Edw. Jacobs

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Ellen Ammond

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Mr. Charles H. Reilly

(Address) 1917 Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apr. 20th 19 36

19. UNDERTAKER Wm. J. Pickney & Sons

(Address) North & Penna Ave

17 1936 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16th 19 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Pneumonia	about 10, a.m.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Hann Coroner M. D.

(Address) 1215 Hanover St.

OCCUPATION is very important. See instructions on back of certificate.

F 23058

23058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 25-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 5 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Emma M. Brown

(a) Residence: No. 5234 Pinkerton Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or Divorced — HUSBAND of (or) WIFE of — George W. Brown

6. DATE OF BIRTH (month, day, year) Oct. 25, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	5	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER
13. NAME Leonard Hartzell.
14. BIRTHPLACE (city or town) (State or country) Balto. (Deceased)

MOTHER
15. MAIDEN NAME Mary Boller
16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Apr 18 1936

19. UNDERTAKER Wm. J. Neitzey Sons
(Address) Hyde St & Park Ave
Huntington Williams, Md

Registered

17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1936 to April 15, 1936.
I last saw her alive on April 15, 1936 Death is said to have occurred on the date stated above, at 7:20 P.m.

The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia - bilateral — Date of onset 4-12-36

Other contributory causes of importance: Hypertensive Cardiovascular Disease about 1 year ago.

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edwin Knowles Jr. M. D.
(Address) Mercy Hospital.

F 23059 ✓ F 23059

3 12 26

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8 ~~E~~ Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S Veteran specify WAR .....

2. FULL NAME William Robinson

(a) Residence: No. 1002 Patterson Park ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine

6. DATE OF BIRTH (month, day, year) 6-28-68

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Lazurins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Carrie Listline

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 4/18 1936

19. UNDERTAKER Margaret J Flynn

(Address) 2107 Huntington Ave

19 Huntington Williams, Registrar.

20. 3/12/1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1936, to April 16, 1936

I last saw him alive on April 16, 1936. Death is said to have occurred on the date stated above, at 305 A m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis
Unilateral fibrothorax — incomplete — preoperative adhesions.

Date of onset: 1933 ?

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph J Sadusk, Jr. M. D.

(Address) Johns Hopkins Hospital

17 1936

23060

HEALTH DEPARTMENT—CITY OF BALTIMORE

23060

CERTIFICATE OF DEATH

10705 95B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St. 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR None

2. FULL NAME Alice Shreck

(a) Residence: No. 6 S. Robinson St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Shreck

6. DATE OF BIRTH (month, day, year) Oct 18/1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Henry Theador Baldwin Md.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Ruse Bellis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 4/20/36 19

19. UNDERTAKER Philip Henry Sons

(Address) 2016 Eastern Ave

[illegible] 19 [illegible] Register

APR 17 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/29, 1936 to 4/16, 1936.

I last saw her alive on 4/16, 1936. Death is said to have occurred on the date stated above, at 7 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	?
Osteomyelitis of pelvis + sacrum	?
Other contributory causes of importance: cerebral hemorrhages (multiple)	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D W Eichberg M. D.

(Address) Balto. City Hosp.

23061 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 23061

CERTIFICATE OF DEATH

122-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S Veteran specify WAR .....

2. FULL NAME Mrs John H Cunningham Sr

(a) Residence: No. 2625 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret B Cunningham

6. DATE OF BIRTH (month, day, year) March 25, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck, Tires

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Alexander Cunningham

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Sarah Williamson

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Margaret Cunningham

(Address) 2625 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 4/18/ 1936

19. UNDERTAKER Philip Henry Sons

(Address) 2000 Eutaw Pl Huntington Pittsburgh, Pa

R 17 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-14-1936

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1936, to April 15, 1936

I last saw him alive on April 15, 1936 Death is said to have occurred on the date stated above, at 5:25 Am.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
with cardiac failure.
Pneumonia
Hernia (Right Inguinal)

Date of onset

Other contributory causes of importance:

Post operative infection
of incision (operative)

Was an operation performed? Yes Date of 4-8-36

For what disease or injury? Hernia

Name of operation Herniaplasty Date of 4-8-36

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Dr. J. Francis Williams Jr. M. D.

(Address) Maryland General Hospital

23062

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23062

CERTIFICATE OF DEATH

Registered No. 127

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Maryland General Hospital (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR ...

2. FULL NAME Mrs Julia Smith

(a) Residence: No. 3935 Hanover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Mr William Smith

6. DATE OF BIRTH (month, day, year) May 19 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home. 003
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Henry Hecker
14. BIRTHPLACE (city or town) (State or country) germany

MOTHER
15. MAIDEN NAME Catherine Weisbrod
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs William A Smith
(Address) 3935 Hanover St

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Park Date April 18 1936

19. UNDERTAKER John F Denny
(Address) 716 Light St

FILED ... Registrar

PR 17 1936 Lexington Williams, M.D. 245

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/12/36 to 4/15/36, 19...
I last saw her alive on 4/15/36 19... Death is said to have occurred on the date stated above, at 12 M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stone in Common Bile duct.	
Other contributory causes of importance: Bronchopneumonia.	4/11/36

Was an operation performed? Yes Date of 3/15/36
For what disease or injury? Stone in Common bile duct.
Name of operation Choledocotomy. Date of 3/15/36
What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Josiah A. Hunt, M. D.
(Address) Maryland Gen. Hospital

23063 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 23063

CERTIFICATE OF DEATH

46-E

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1610 N. Bond St. St. 8-6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Francis Barranger

(a) Residence: No. 1610 N. Bond St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Andrew J. Barranger

6. DATE OF BIRTH (month, day, year) Sept 29 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	6	16 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John C. Deitz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Furst

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Barranger
(Address) 1610 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date April 17 1936

19. UNDERTAKER Martin Fabert & Sons
(Address) 1827 W. North Ave

APR 17 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1936 to April 15 1936
I last saw h-- alive on April 15 1936 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver Metastases	Jan. 1935
Other contributory causes of importance: Cr. Myocarditis	1931

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Surgical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Paul Brown M. D.
(Address) 1663 W. North Ave.

F 23064

M.R. 23064

HEALTH DEPARTMENT—CITY OF BALTIMORE

1 Copy of death

CERTIFICATE OF DEATH

6-4-23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 n Durham St., 6 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pearl Cowell Cowell

(a) Residence: No. 425 n Durham St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 16 1905

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	30	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Cowell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eleanor Cowell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Ida James

(Address) 413 n Durham st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date April 17 1923

19. UNDERTAKER Robert W Killiam & Sons Funeral Directors

(Address) 15 S Fulton Ave Baltimore, Md

Registrar

APR 17 1923

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1923

22. I HEREBY CERTIFY, That I attended deceased from April 1 1923 to April 14 1923

I last saw h[illegible] alive on April 14 1923 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	April 11 1923

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) 50 [illegible]

23065 F 23065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals U-13498 Registered No. 23
CITY OF BALTIMORE: (No. Tuberculosis Division St., 23 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Jim Peters

(a) Residence: No. 1702 Thames st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 26, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dishwasher 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Nick Peters

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date April 17 1936

19. UNDERTAKER J. Francis Reese
(Address) Westminster Md

17 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15 1936

22. I HEREBY CERTIFY, That I attended deceased from April 9 1936 to April 15 1936
I last saw him alive on April 15 1936 Death is said to have occurred on the date stated above, at 1.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1936
Tuberculous meningitis	3 days

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clin. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Karfgin M. D.
(Address) Baltimore City Hospitals

M. D. B 1268-9

F 23066

23066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp. St., 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Camilla McKee

(a) Residence: No. 252 S. Duncan St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 1930

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
5	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Emory McKee

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Marie Robl

16. BIRTHPLACE (city or town) (State or country) Austria.

17. INFORMANT Marie Robl. (Mother.)
(Address) 252 S. Duncan St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer. Date Mem. Apr. 18 1936

19. UNDERTAKER Tilly & Zeilenhorn.
(Address) 403 S. Wolfe St.

20. FILED 4-17-1936 Washington Williams, M. D. (Coroner)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Imp. 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Injuries probably frac Skull	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury 4/15/ 1936

Where did injury occur? Pratt near Castle St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Highway

How injury occurred Struck by auto truck as Deceased was about

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Washington Williams (Date) M. D.
Coroner

(Address) 407 N. Wolfe

M. D. B 1268-9

F 23067

23067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 S. Curley St. St. 1-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Plitt

If U. S. Veteran specify WAR

(a) Residence: No. 618 S. Curley St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha Plitt

6. DATE OF BIRTH (month, day, year) Dec. 23/1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Arundel Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Louis Plitt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Krupp

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Martha Plitt. (Wife)

(Address) 618 S. Curley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Apr 19/36 19

19. UNDERTAKER Lilly & Zollickoffer

(Address) 407 E. Fayette St.

20. FILED 7 1936 Lexington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Died Apr. 16/36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolism	

Other contributory causes of importance: Chronic myocarditis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D. Coroner

(Address) 1010 S. Ellwood Ave.

F 23068

23068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Leroy Beasley

(a) Residence: No. 407 W. Hoffman St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-23-1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
5 months	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Leroy Beasley (Dead)

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Daisy Johnson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4/15 36

19. UNDERTAKER Wm A Jackson

(Address) 916 Pennsa ave

19 ..... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/11, 1936 to 4/16, 1936

I last saw h. alive on 4/16 1936. Death is said to have occurred on the date stated above, at 4:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	4/7/36
Other contributory causes of importance: (Cont)	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Irving Rosenbaum Jr. M. D.

(Address) Balto City Hospitals

FILED 19 ..... (Registrar)

F 23069

T32357

T32357 23069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Jno Hopkins Hosp 16-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME James Lee

(a) Residence: No. 715 N. Carey St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5-30-35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10 mos	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Lee

14. BIRTHPLACE (city or town) (State or country) N. Car

MOTHER

15. MAIDEN NAME Amanda Barnes

16. BIRTHPLACE (city or town) (State or country) N Car

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4/18 36 19

19. UNDERTAKER Chas A Jackson

(Address) 716 Pennsylvania Ave

20. FILED 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15. 1936

22. I HEREBY CERTIFY, That I attended deceased from April 14. 1936 to April 15. 1936

I last saw him alive on April 15 1936 Death is said to have occurred on the date stated above, at 10 xx p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia about April	10
Tabular - primary	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Lydia B Edwards M. D.

(Address) Johns Hopkins Hospital

Eugene Williams

23070 F. 23070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2826 E. Baltimore St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 9 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rosalba T Gheaney

(a) Residence: No. 2826 E. Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: E Emory Gheaney

6. DATE OF BIRTH (month, day, year): July 16 1863

7. AGE: Years 72 | Months 9 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: George A Thirkield

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Catherine Martha Ealer

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mary E. V. Goodown

(Address) 361 Pinkerton Road

18. BURIAL, CREMATION, OR REMOVAL: Goodson Park Cemetery Date April 19, 1936

19. UNDERTAKER: Chas. J. Black

(Address) 742 W. Fortieth ave

FILED APR 17 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 16 1936

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1936 to April 16, 1936

I last saw h alive on April 16 1936 Death is said to have occurred on the date stated above, at 12-30 P.m.

The principal cause of death and related causes of importance were as follows:

Hemorrage of Throat — Date of onset 4/16/36

Other contributory causes of importance:

Weight Weakness Pressure to Pneumonia & Asthma — Date of onset 4/7/36

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) 4 of Lawrence Ave

M. D. B. 1268-9

F 23071

23071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 E Lombard St., 3-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Langley

(a) Residence: No. 1515 E. Lombard St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Ella Langley

6. DATE OF BIRTH (month, day, year) Jan 15 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Const

10. Date deceased last worked at this occupation (month and year) 4/43/36

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Greenville S. C.

FATHER

13. NAME Ella Langley

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Ella Sims

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT George Langley Sr.
(Address) 1305 Oil Church

18. BURIAL, CREMATION, OR REMOVAL
Place Greenville N. C. Date 4/18 1936

19. UNDERTAKER Thomas E. Kelson
(Address) 122 Broadway Fairfax Williamsburg Va

FILED APR 17 1936

... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1936, to April 15, 1936

I last saw him alive on April 15, 1936 Death is said to have occurred on the date stated above, at 8.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Thrombosis	April 14

Other contributory causes of importance: not known

Name of operation none Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Richard L. Essinger M. D.

(Address) 1517 E. Baltimore Baltimore

T. D. 28072 F 23072

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 N. Mount St., 15-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME [illegible] If U. S. Veteran specify WAR

(a) Residence: No. 1508 N. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of [illegible]

6. DATE OF BIRTH (month, day, year) Jan 1, 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Marys Co Md

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) St. Marys Co Md.

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) St. Marys Co Md

17. INFORMANT [illegible] (Address) 1508 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date April 16. 1936

19. UNDERTAKER Thomas E. Kalaon (Address) 1303 Druid Park Dr.

20. FILED [illegible] 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry found that said deceased came to death on the day stated above. 1130 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner . M. D.

(Address) 1245 Hanover

23073 15265 F 23073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 3-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Luigi Ciaccarine (Jaccorino)

(a) Residence: No. 1009 Gremby St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ? 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Caroline ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 17, 1936

19. UNDERTAKER Wendell J. Chapelle
(Address) 1402 Gorsuch Ave

17 1936 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/11 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/27/36, 1936, to 4/14, 1936

I last saw him alive on 4/11 1936 Death is said to have occurred on the date stated above, at 11:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Bronchopneumonia	4/13
Other contributory causes of importance:	
b Cerebral Thrombosis, aft	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) P. Rowley , M. D.

(Address) Balto City Hosp

M. D. B. 1268-B

23074

F 23074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 262 S. Spring St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Geiger

If U. S. Veteran specify WAR .....

(a) Residence: No. 262 S. Spring St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — X

6. DATE OF BIRTH (month, day, year) Sept 1 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50 49	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe factory

10. Date deceased last worked at this occupation (month and year) about 10 '36

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Louise Geiger

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Louis Geiger

(Address) 1411 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date April 19 36

19. UNDERTAKER Wendell J. Dippel

(Address) 1403 Edmondson Ave

Filed ..... Registrar.

7 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	

Other contributory causes of importance:

Chronic myocarditis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 1010 S. Ellwood Ave.

F 23075

23075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-A-107-A

1. PLACE OF DEATH University Hospital — Registered No. .....
CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Vinyard
(a) Residence: No. 508 Poplar Grove St Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — no

6. DATE OF BIRTH (month, day, year) Mar 19th 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — none
10. Date deceased last worked at this occupation (month and year) — none
11. Total time (years) spent in this occupation — none

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Joseph Vinyard
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ruth Baldwin
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Ruth Baldwin
(Address) 508 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 4/17 19 36

19. UNDERTAKER Charles P. Towell
(Address) 1191 N Eutaw St

20. FILED 4/17/36 Huntington [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/14/36 19

22. I HEREBY CERTIFY, That I attended deceased from 3/22/36, 19..., to 4/15/36 19...
I last saw h[illegible] alive on 4/15/36 19. Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Congenital Syphilis	
Broncho-Pneumonia	4/3/36
Other contributory causes of importance:	

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Wassermann Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) William J. Kelsch M. D.
(Address) Univ. Hospital

23076

F 23076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 N. Clinton Street St., 26-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 Years yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Kurtz

(a) Residence: No. 11 N. Clinton Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Braun

6. DATE OF BIRTH (month, day, year) May 18th, 1891.

7. AGE Years	Months	Days	If LESS than 1 day ##### or ..... min.
44	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own shop 0003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

MOTHER FATHER

13. NAME Johnn Kurtz

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Elizabeth Binder

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs. Louise Kurtz (Wife)
(Address) 11 N. Clinton Street

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date April 20, 1936

19. UNDERTAKER George J. Roth, Inc.
(Address) 1135 Harford Ave.

20. FILED 4-17-1936 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/16/1936

22. I HEREBY CERTIFY, That I attended deceased from 4/14/36, 19..... to 4/16/36, 19..... I last saw h.. alive on 4/16/36, 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Abscess Lung — 4/16/36

Date of onset

Other contributory causes of importance:

Chronic Alcoholism

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Hugh T. Scudder, M. D.

(Address) 3336 Eutaw

23077 F 23077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 54

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1230 E. Federal Street St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Mary Ann Hall

(a) Residence: No. 1230 E Federal Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Hall

6. DATE OF BIRTH (month, day, year) Aug. 31st, 1859.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Andrew Casby

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Eagan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Charles Vogel (Daughter)

(Address) 1219 E. Federal Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date April 18, 1936

19. UNDERTAKER George [illegible], Inc.

(Address) 1735 Harford Ave

Huntingtown Williams, Nov

7 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1934 to April 15, 1936

Last saw her alive on April 15 1936 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Toxemia	
Coma after	
Diabetes Mellitus	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto H Decker M. D.

(Address) 920 E. North Ave

F 23078

23078 5 79

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-13

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 75 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dallas Franklin

(a) Residence: No. millers St. Ward. md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-13-25

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME John Franklin

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Belle Campbell

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place U. Md. Med School Date April 17. 19 36

19. UNDERTAKER

(Address)

4 7 1936 19 Huntington Mills Undertaking Co

2267

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 27. 1936 to April 12. 1936

I last saw h. alive on April 12 1936 Death is said to have occurred on the date stated above, at 12 55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	1930
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If

(Signed) Lydia B Edwards M. D.

(Address) Johns Hopkins Hospital

M. D. B 1268-9

F 23079

23079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 17-b Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James LaMont Tousley

If U. S. Veteran specify WAR .....

(a) Residence: No. 311 E. Lanvale St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME James Tousley

14. BIRTHPLACE (city or town) (State or country) Minn.

MOTHER

15. MAIDEN NAME Dorothy Bellina

16. BIRTHPLACE (city or town) (State or country) Minn.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place LE SUEUR Minn. Date 4-17 1936

19. UNDERTAKER Mary M. Hudelson

(Address)

4-19-36 Huntington Wm. Sturgeon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/17. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st & 2 nd & 3rd Degree Burns	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? C. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/16. 1936

Where did injury occur? 311 E. Lanvale St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell in tub of Boiling water

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Elvin B. Wallace M. D. Coroner

(Address) 1031 St. Paul St.

23080

F 23080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 18-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward O'Keefe

(a) Residence: No. 1058 W. Baltimore St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0+0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Jeremiah O'Keefe

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Welch

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Locust Hill Date 4/17 36

19. UNDERTAKER J. J. Flaherty & Son
(Address) 1300 Light St

7 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/13 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/22 1934 to 4/13 1936

I last saw him alive on 4/13 1936 Death is said to have occurred on the date stated above, at 4:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	24 hr.
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of 1-0

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Valentine Reitz M. D.

(Address) Baltimore City Hospitals

23081 F 23081

3229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 32-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Andrew Schuler

(a) Residence: No. 626 Hanover St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Florence

6. DATE OF BIRTH (month, day, year) 5-20-1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Heights Date 4/17 1936

19. UNDERTAKER J. J. Fahey & Son

(Address) 1318 Light St

4/17 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/8, 1934, to 4/12, 1936

I last saw him alive on 4/12, 1936 Death is said to have occurred on the date stated above, at 3:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	?
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

9457

23082 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 23082

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 3-3 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joshua Johnson

(a) Residence: No. 1108 E. Pratt St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie

6. DATE OF BIRTH (month, day, year) 2-16-1866

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Richard

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elmirah Foster

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Locust Road Date 4/17 '36

19. UNDERTAKER J. J. Fahey & Son
(Address) 1318 Light St

Huntington Williams, Mgr.

71536

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/10, 1936 to 4/12, 1936

I last saw him alive on 4/12, 1936 Death is said to have occurred on the date stated above, at 6 05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	?
Myocardial insufficiency	?
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

F 23083

M. D. B. 1268-9

23083 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-a

CERTIFICATE OF DEATH

Registered No. 46-10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 145 S.East Ave. St., 46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick C.Dotter Sr.

(a) Residence: No. 145 S.East Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

5a. If ~~married, widowed, XXXXXX~~ HUSBAND of ~~XXXXXX~~ Ann Catherine Dotter

6. DATE OF BIRTH (month, day, year) May 21.1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Atlantic Transport Co.

10. Date deceased last worked at this occupation (month and year) 6/31

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Dotter

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Greishauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frederick C.Dotter Jr.

(Address) 145 S.East Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemetery Date April 18 1936

19. UNDERTAKER Mothes & Sons Inc.

(Address) 424 N.Broadway

FILED 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April.15 .1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 .1936 to April 11 .1936

I last saw h.. alive on April 11 .1936 Death is said to have occurred on the date stated above, at 5:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/15/36

Other contributory causes of importance:

Acute Myocarditis	4/13/36

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... .19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H.B. Tatlow M. D.

4/16/36 (Address) 315 S. Highland Ave

23084 F 23084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2533 McHenry St. St., 20-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME - MARY C. DOBELMANN -

(a) Residence: No. 2533 McHenry St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White,	Widowed.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gustave Dobelmann

6. DATE OF BIRTH (month, day, year) Jan. 15, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	2 3	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic At

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) -- x

11. Total time (years) spent in this occupation -- x

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Conrad Schriener

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Wm. G. Schmidt
(Address) 2533 McHenry St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Apr. 18 1936

19. UNDERTAKER F. B. Siebert & Son.
(Address) 1300 EUTAW PLACE.

8 1586 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH 15-36

21. DATE OF DEATH (month, day, year) April 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935, to Apr 15, 1936.
I last saw h-- alive on Apr 15, 1936 Death is said to have occurred on the date stated above, at 4.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	1935
Other contributory causes of importance: Chronic Nephritis, Interstitial and Capillary Bronchitis	Dec 1935 Apr 14 1936

Was an operation performed? No Date of -

For what disease or injury? -

Name of operation - Date of -

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury - , 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bernard F. French, M. D.

(Address) 2374 Linwood Ave

M. D. D 1268-9

✓ F 23085

23085 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

94a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 6-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George H. Ritter

If U. S. Veteran specify WAR .....

(a) Residence: No. 103 N. Luzerne St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Ritter

6. DATE OF BIRTH (month, day, year) Feb. 28, 1864

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
72	71	1	19	18

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0004

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Butler Md

FATHER

13. NAME George Ritter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edna M. Ritter

(Address) 103 N. Luzerne St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Pen Date April 18-1936

19. UNDERTAKER H. B. Kippert & Son

(Address) 1300 Eutaw Place

No. 8 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/16, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)
to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance: .....

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? C. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Erwin B. Miller M. D.
Coroner

(Address) 103 St. Paul St

F 23086 ✓ F 23086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1635 Barnes St. 7-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary B. Taylor (Mary B. Taylor). If U. S. Veteran specify WAR .....

(a) Residence: No. 1635 Barnes St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Taylor

6. DATE OF BIRTH (month, day, year) January 25 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife & Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) May 10 - 1935

11. Total time (years) spent in this occupation 7yrs

12. BIRTHPLACE (city or town) (State or country) Salem N. J.

MOTHER FATHER

13. NAME Howard Bentley

14. BIRTHPLACE (city or town) (State or country) Salem N. J.

15. MAIDEN NAME Bertha C. Brown

16. BIRTHPLACE (city or town) (State or country) Salem N. J.

17. INFORMANT William M. Taylor.

(Address) 1635 Barnes

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cemetery Date April 18 1936

19. UNDERTAKER Miss Lohas L. Bailey

(Address) 1421 Jefferson Ave. Huntington, West Virginia

20. FILED APR 18 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28 1936 to April 15 1936

I last saw her alive on April 13, 1936 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis + Summer	7 7 1935+

Other contributory causes of importance:

None

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis Physical - Symptoms (Was there an autopsy? No)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. H. Wright M. D.

(Address) 1209 Park Ave.

23087

F 23087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3627 Greenmount Ave St., 9-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James William Adams

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3627 Greenmount St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Martha J Adams

DATE OF BIRTH (month, day, year) Dec 15 1850

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	4	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Jan 10

11. Total time (years) spent in this occupation 38 yrs

BIRTHPLACE (city or town) (State or country) Harford Co Md

13. NAME James Adams

14. BIRTHPLACE (city or town) (State or country) Harford Co Ind

15. MAIDEN NAME Margaret Lutz

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Martha J Adams

(Address) 3627 Greenmount

BURIAL, CREMATION, OR REMOVAL

Place Darlington Ind Date April 20 1936

UNDERTAKER William Cook

(Address) 217 St Paul St Huntington Williams, Inc

FILED APR 18 1936 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/17 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/12 1936 to 4/17 1936

I last saw him alive on 4/16 1936 Death is said to have occurred on the date stated above, at 24 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis Myocarditis.	1926

Other contributory causes of importance: Senile Cachexia Dilatation

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation None Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No.

Manner of injury No

Nature of injury No.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Sigl. Sittman M. D.

(Address) 1304 E Clay

F 23088

✓ F 23088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E

Registered No. 78-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2610 Talbott Rd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred if yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Birmingham If U. S. Veteran specify WAR No Record

(a) Residence: No. 2610 Talbott Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~late WIFE of~~ Mae C. Birmingham

6. DATE OF BIRTH (month, day, year) Sept 12th 1865

7. AGE: Years 70 | Months 7 | Days 4 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kernan Hospital

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 5 0

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME OF FATHER James E. Birmingham

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME OF MOTHER Laura V. Rixter

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) Mae C. Birmingham 2610 Talbott Rd

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date April 20th 1936

19. UNDERTAKER Wm Cook (Address) 1217 St. Paul St

20. FILED APR 18 1936, 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16th 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1935, to April 16, 1936.

I last saw him alive on April 16 1936. Death is said to have occurred on the date stated above, at 6th a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular disease myocardial weakness.	18 months 5 mo
Other contributory causes of importance: Acute dilatation of Heart	4 hrs

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. W. Townsend, M. D.

(Address) 806 N. Fulton Ave

23089 ✓F 23089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1618 Montpelier St., 9-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Szczesnaki — If U. S. Veteran specify WAR — No Record

(a) Residence: No. 1618 Montpelier St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Apr 17. 1936

8. AGE — Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: John Szczesnaki

14. BIRTHPLACE (city or town) (State or country): Kountzcoke, Va.

15. MAIDEN NAME: Gertrude E Rosey

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): John Szczesnaki 1618 Montpelier St

18. BURIAL, CREMATION, OR REMOVAL — Date: 4/18 1936
Place: Holy Redeemer

19. UNDERTAKER (Address): Wm E Coudon 1211 E Coudon

Registrar.

APR 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-17-36, 1936, to 4-17-36, 1936. I last saw him alive on 4-17, 1936. Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows: — Date of onset

Premature — 3/11/36

Other contributory causes of importance:

Premature Separation placenta

Was an operation performed? No. Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Jno B. Lybert M. D.

(Address) 2802 Halford

M. D. B 1208-9

23090

F 23090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Franklin Square St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lorraine Marie Waters

If U. S. Veteran specify WAR .....

(a) Residence: No. 220 N. Schroeder St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 5-1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Oconomowoc city Wis.

FATHER

13. NAME Cecil Waters

14. BIRTHPLACE (city or town) (State or country) Oconomowoc city Wis.

MOTHER

15. MAIDEN NAME Susie Feagal

16. BIRTHPLACE (city or town) (State or country) Oconomowoc city Wis.

17. INFORMANT Susie Waters

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Apr. 18, 1936

19. UNDERTAKER Mrs Kate R. Williams

(Address) 322 N. Schroeder St.

20. Apr 16 1936 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ia Lobar Pneumonia	
Due to April 11-1936	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Leo F. Phillips M. D.

Coroner

(Address) 1934 Eutaw Pl.

13449 F 23091

23091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR

2. FULL NAME Julia Smith

(a) Residence: No. 1713 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-9-1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (illegible) child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Thomas Murrin

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Jennie Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Apr. 18, 1936

19. UNDERTAKER Mrs Katie R Williams

(Address) 822 N Schroeder St

8 1936 Huntington Williams

(Signature of Undertaker)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/6, 1936, to 4/15, 1936

I last saw h. alive on 4/15, 1936. Death is said to have occurred on the date stated above, at 2.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	4/2/36
Other contributory causes of importance: Pleural effusion	about 4/10

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irving Rosenbaum Jr. M.D.

(Address) Balto. City Hospitals

M. D. B 1268-9

✓ F 23092

23092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida Sparks

(a) Residence: No. 817 Saint Ann St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sebastian

6. DATE OF BIRTH (month, day, year) Jan 14 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Columbia (State or country) South Carolina

FATHER

13. NAME Major Adams

14. BIRTHPLACE (city or town) Columbia (State or country) South Carolina

MOTHER

15. MAIDEN NAME Sarah Burkhart

16. BIRTHPLACE (city or town) Fairfield (State or country) South Carolina

17. INFORMANT Sebastian Sparks

(Address) 817 Saint Ann St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Apr 18, 1936

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 327 N Schroeder St.

8 1936 Filing Date Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an inquest thereon and from the evidence obtained by said inquest (Inquest / Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. W. Wright, M. D.
Coroner

(Address) 1010 S. Eutaw St.

F 23093

309 5 12

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 53-B

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Fannie R James

(a) Residence: No. Frederick Rd & Shady Nook Ave St., ... Ward. Catonsville

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Nathaniel H. James

7. DATE OF BIRTH (month, day, year) Sept 6 1850

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME A H H Ransom

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Frame

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date April 18 1936

19. UNDERTAKER Henry H Deaton & Son & Robert Woodall

(Address) 1 E Huntington Ave

APR 18 1936 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1936, to April 17, 1936

I last saw her alive on April 17, 1936 Death is said to have occurred on the date stated above, at 2.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction Colon	Feb 1936
- partial	
Massive pelvic infection?	Feb 1936

Other contributory causes of importance: arr

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm. B. Sherman M. D.

(Address) Johns Hopkins Hosp

23094 HEALTH DEPARTMENT—CITY OF BALTIMORE 23094

CERTIFICATE OF DEATH

X 108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Lulu I. Merryman.

(a) Residence: No. St. Paul Bldg. Balto Co. Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or Divorced (write the word)
Male	white	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of - Lamb ?

6. DATE OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME George Merryman

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth Strickler

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cem. Date 4-20 1936

Place

19. UNDERTAKER Wm J. Tschiffely & Sons

(Address) North & Fayette

20. FILED APR 18 1936 Effingham Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1936, to April 17, 1936

I last saw him alive on April 17, 1936 Death is said to have occurred on the date stated above, at 12 m. midnight

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Left)	No. 1
	Duration

Other contributory causes of importance:

Generalized Arteriosclerosis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Hedwig Lemmler M. D.

(Address) Mercy Hospital

F 23095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95 F 23095

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Arthur T. ~~Lowery~~ Lowry

(a) Residence: No. 1101 Washington Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Isabelle Lowery

7. DATE OF BIRTH (month, day, year): 10-8-1863

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter 20 15

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto., Md.

13. NAME: Edward Lowery

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Mary Ellen ulet

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 4-30-36 19

19. UNDERTAKER: Frederick A. Cole
(Address) 1200 W. Lombard st

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/21/10, 1936, to 4/16, 1936

I last saw h~~im~~ alive on 4/16 1936 Death is said to have occurred on the date stated above, at 8 16 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart Disease	6 mo ?
Bronchopneumonia	4/10/36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Weinberg, M. D.

(Address) Baltimore City Hosp.

23096 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 23096

CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 W Lexington St., 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Michael E. Neary

(a) Residence: No. 1422 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie C. Neary

6. DATE OF BIRTH (month, day, year) Oct 1 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodbridge N J

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Edna R. Randall

(Address) 1422 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 4-20, 1936

19. UNDERTAKER Frederick A. Cole

(Address) 1200 W. Lombard St

Filed Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1936, to April 16, 1936

I last saw h.im alive on April 16, 1936. Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastasis of Malignancy of Stomach	6 mos ago
Terminal Pneumonia	

Other contributory causes of importance:

Gastric Malignancy	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Edna Sherman, M. D.

(Address) 1814 Eastern Ave.

M. D. H. 1268-9

✓ F 23097

23097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No.) Pronounced Dead at South Balto Gen. Hospital St., (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Glenwood Stokes

(a) Residence: No. 3301 Mueller St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary R. Stokes

6. DATE OF BIRTH (month, day, year) 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Lawrence W. Stokes

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Topithea Evans

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mary R. Stokes

(Address) 3301 Muller St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Carmel Cem. Date April 20, 1936

19. UNDERTAKER A. Sander Sons Inc

(Address) 510 Park Ave

20. FILED 4-18-1936 Huntington Ave Branch

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1936 . 19

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

Held at Sander Con Ins

23. If death was due to external violence fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) G. R. Oraclum M. D.

(Address) 3926 Ca. Ave Coroner

13209 ✓ F 23098

23098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St. 26-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Frederick Hilker

(a) Residence: No. 931 Baylis St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 8-29-1927

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
8 yrs.	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Edward Hilker

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Marie Ziolkowska

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Carmel Cemetery Date Apr. 18, 1936
Place

19. UNDERTAKER HENRY SANDER & SONS, INC. Geo. F. Sander
(Address) Baltimore & Broadway.

Huntington Maryland
Registrar.

FILED 8 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/24, 1936, to 4/15, 1936

I last saw h. alive on 4/15, 1936 Death is said to have occurred on the date stated above, at 9:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, L.L.	3/24/36
Empyema, left.	4/1/36
Otitis media, left.	3/31/36
Streptococcus meningitis	4/7/36
Other contributory causes of importance: Mastoiditis, lt.	4/7/36

Was an operation performed? Yes Date of 4/9/36

For what disease or injury? Mastoiditis

Name of operation Mastoidectomy Date of 4/9/36

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irving Rosenbaum Jr. M. D.
(Address) Balto. City Hospitals.

M. D. B. 1268-0

F 23099

23099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 534 Oxford St. 17-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Johnson

(a) Residence: No. 534 Oxford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel J.

6. DATE OF BIRTH (month, day, year) Sept 9 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

13. NAME Ann Dorsey

14. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

15. MAIDEN NAME Hattie Cates

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Samuel J. Gassaway

(Address) 515 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4/18/36 19

19. UNDERTAKER Mrs Ida H. Hazlard

(Address) 1631 Druid Hill Ave

4/18/36 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/16 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1936 to April 16 1936

I last saw her alive on April 15 1936 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	3/1/36

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Dr. J. E. Halsey M. D.

(Address) 1215 Park Ave

23100 F 23100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 13-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Green —

(a) Residence: No. 2322 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Anna Green

6. DATE OF BIRTH (month, day, year) 1 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Valet

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Talbott Co, Maryland

FATHER

13. NAME Lloyd Green

14. BIRTHPLACE (city or town) (State or country) St. Michaels Md

MOTHER

15. MAIDEN NAME Annie ? Green

16. BIRTHPLACE (city or town) (State or country) St. Michaels Md

17. INFORMANT Anna Green (Address) 2322 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 4-19-, 1936

19. UNDERTAKER Mrs. Geo. H. Holland (Address) 1631 Linden Ave

Huntington Station, Md.

APR 8 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-21, 1936 to 4-16, 1936

I last saw him alive on 4-16, 1936 Death is said to have occurred on the date stated above, at 2:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	4-14-36
Prostatic hypertrophy	Jan. 1936
Hypertensive cardio-renal disease	1 yr. ago
Other contributory causes of importance:	
Chronic cystitis —	Jan. 36

Was an operation performed? Yes Date of 2-25-36

For what disease or injury? Acute urinary retention

Name of operation Suprapubic cystotomy Date of

What test confirmed diagnosis? Lab Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) R. L. Jackson, M. D.

(Address) 600 N. Arlington

23101

✓ F 23101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp. St., 27-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mon. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Fritz.

If U. S. Veteran specify WAR .....

(a) Residence: No. 4106 Park Side Drive. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Fritz

6. DATE OF BIRTH (month, day, year) Mar 25/1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65 Yr	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unkown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unkown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Daniel Fritz. (Son)

(Address) 4106 Park Side Drive

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Apr. 28 1936

19. UNDERTAKER Lilly & Kuhn

(Address) [illegible] Huntingdon Pennsylvania

20. Filed [illegible] 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 16 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Diabetic Gangrene of Rt. Foot	

Other contributory causes of importance:

Diabetic Acidosis

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Wheeler, M. D.

Coroner

(Address) 1918 E. North Ave.

✓F 23102

3102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals U-13211
CITY OF BALTIMORE: (No. Tuberculosis Division St., 21-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.
If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Phillips

(a) Residence: No. 743 Eislen st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Phillips

DATE OF BIRTH (month, day, year) May 1877

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cem Date 4/19 19 36
19. UNDERTAKER Walter B. Sprecher
(Address) 139 W. Hamburg St.
Registrar.

1986

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14 1936

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1936 to April 14, 1936
I last saw him alive on April 14, 1936 Death is said to have occurred on the date stated above, at 8.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feb. 1936

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Arthur Karsner, M. D.
(Address) Baltimore City Hospitals

M. D. R. 1268-9

23103

HEALTH DEPARTMENT—CITY OF BALTIMORE

23103

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 S. Milton ave St., 12 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 50 yrs. ... mos. ... ds.

2. FULL NAME Frank Weiss

(a) Residence: No. 603 S. Milton ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of late Anna Weiss

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	2	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT John Weiss son
(Address) 603 S. Milton ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date April 20 19 36

19. UNDERTAKER John M. Weber
(Address) 401 S. Chester ave

Filed ... 19 36 Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1936, to April 17, 1936.

I last saw him alive on April 17, 1936. Death is said to have occurred on the date stated above, at 6.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/14/36
Other contributory causes of importance: arteriosclerosis	unk

Name of operation ... Date of ...

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify ...

(Signed) Frank A. Jones Jr. M. D.

(Address) 2431 Eastern

23104 ✓ F 23104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-W

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 4-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Stasis Kazis

(a) Residence: No. 737 W. Lexington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	w	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: single

DATE OF BIRTH (month, day, year) 1869

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lithuania

13. NAME OF FATHER: unknown

14. BIRTHPLACE (city or town) (State or country): unknown

15. MAIDEN NAME OF MOTHER: unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

INFORMANT: University Hospital

(Address): Greene St & Redwood

17. BURIAL, CREMATION, OR REMOVAL

Place: Stansbury Date: 4/18/36, 19

UNDERTAKER: Chas B. Buchanan

(Address): 637 S. Paca St

FILED: 19 Huntington Williams, M.D. (Registrar)

4 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-10, 1936, to 4-16, 1936.

I last saw him alive on 4-16, 1936 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Oesophageal Carcinoma c obstruction	Jan 1936
Broncho-Pneumonia	4-14-36

Other contributory causes of importance:

Was an operation performed? yes Date of 4-1-36

For what disease or injury? Oesophageal obstruction

Name of operation Gastrostomy Date of 4-1-36

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lewis K. Woodward Jr. M. D.

(Address) University Hosp.

Rec.—2-29-28—L. F. S.—500 Bks.

F 23105

F 23105

82-a

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 William St. 24-4 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Urias Cobb Ripple

(a) RESIDENCE NO. 1515 William ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Fethers Ripple

DATE OF BIRTH (month, day, and year) 11/10/1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	5	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired R-R Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B & O R R

BIRTHPLACE (city or town) (State or country) Carroll County Md.

10 NAME OF FATHER Marion Francis Ripple

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emily Francis Hepp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

Informant Mary Ripple

(Address) 1515 William St

Filed [illegible] 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/17/36

17 I HEREBY CERTIFY, That I attended deceased from 4/6/36, 19..., to 4/17/36, 19 36.

that I last saw h~~im~~alive on 4/16/, 19 36.

and that death occurred, on the date stated above, at 12.01 ~~P~~ A m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Bronchio-pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) Noah Barton, M. D.

4/17/36 (Address) 1517 E Northern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL Apr 20. 36

ADDRESS 5305 Harford Rd

20 UNDERTAKER Leonard J. Ruck

F 23106

23106 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

x 117-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gunal Hosp. 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis Heunkel

(a) Residence: No. Ellicott City R.F.D. #2 St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-21-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	6	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Heunkel

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Rebecca Hanick

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Johns Cem Ellicott City Date 4-20 1936

19. UNDERTAKER 40 Hig wholesale Ellicott City Md

(Address)

20. 1936 Huntington Williams, N.Y. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/18/1936

22. I HEREBY CERTIFY, That I attended deceased from 3-31, 1936 to 4-18, 1936

I last saw h/ alive on 4-17, 1936. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric ulcer	
Other contributory causes of importance:	
Cardiac failure	

Was an operation performed? Yes Date of 4-14-36

For what disease or injury? Gastric ulcer

Name of operation Gastro-enterostomy Date of 4-14-36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leila A. Insley, M. D.

(Address) Md. Gen. Hosp.

23107 F 23107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. W-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frank E Smith

If U. S. Veteran specify WAR

(a) Residence: No. Granite, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1918

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Apr 1936

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Jessie Smith

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Elizabeth Jenkins

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Jessie Smith
(Address) Granite Md.

BURIAL, CREMATION, OR REMOVAL
Place Granite, Md Date 4-20, 1936

UNDERTAKER H. C. Higinbothom Jr
(Address) Ellicott City Md

FILED 4-21-1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-12, 1936 to 4-18, 1936

I last saw him alive on 4-18, 1936. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Rt middle + Lower Lobe	4-10-36
Other contributory causes of importance:	
Empyema - right	4-16-36
Pericardial effusion	4-17-36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. Bartlett W. Tarr, M. D.

(Address) University Hospital

F 2310

23108 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Univ. of Hospital

CITY OF BALTIMORE: (No. Redwood & Greene St. 4-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Doe

(a) Residence: No. Lamed Mat St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Cuba

INFORMANT Hospital Records.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Jessup, Md. Date 4/21 19

UNDERTAKER E. L. Diggs Cobham

(Address) Elkridge City

FILED APR 13 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/18 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/14 1936 to 4/18 1936

I last saw h alive on 4/18 1936. Death is said to have occurred on the date stated above, at 5.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Kidney Failure	
Prostate Hypertrophy	
Urinary Retention	about
Other contributory causes of importance:	

Was an operation performed? yes Date of 2/10/36

For what disease or injury? Retention of Urine

Name of operation Supra pubic Cystotomy Date of 2/10/36

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. Paul Robinson M. D.

(Address) Univ. Hospital

23109 F 23109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3114 Abell Avenue St., 12-34 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME GEORGE B. KIDD

If U. S. Veteran specify WAR

(a) Residence: No. 3114 Abell Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Catherine Kampe Kidd

DATE OF BIRTH (month, day, year) March 3, 1885

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	1	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000 a

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME George Kidd

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Crane

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Catherine Kampe Kidd
(Address) 3114 Abell Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 4/20/36, 19

19. UNDERTAKER Chas. F. Grave & Son
(Address) 118 W. Mt. Royal Ave

20. FILED 19 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18 1936

22. I HEREBY CERTIFY, That I attended deceased from May 7th to April 18 1936.

I last saw him alive on April 18 1936. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	May 1934
Other contributory causes of importance: Broncho-Pneumonia	5 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. L. Packard M. D.

(Address) 3201 St. Paul St.

F 23110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 Cathedral St St. 11-W Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine Coriell Hardy

(a) Residence: No. 518 Cathedral St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

If married, widowed, or ~~divorced~~ of (or) WIFE of George E. Hardy

DATE OF BIRTH (month, day, year) April 13, 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61		5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Alvin Coriell

14. BIRTHPLACE (city or town) (State or country) Plainfield N.J.

15. MAIDEN NAME Mary Laurence

16. BIRTHPLACE (city or town) (State or country) Springship A.A. Co. Md.

INFORMANT George C. Hardy Jr.

(Address) 518 Cathedral St.

BURIAL, CREMATION, OR REMOVAL

Place London Park. Date 4-20- 1936

UNDERTAKER Henry M. Warthen & Son Co

(Address) Orchard & Calhoun

FILED 1936 Huntington Williams Jr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-18 1936

22. I HEREBY CERTIFY, That I attended deceased from 1928 19 ... to 4-18 1936

I last saw h ER alive on 4-17- 1938 Death is said to have occurred on the date stated above, at 3.30 Pm

The principal cause of death and related causes of importance were as follows:

CHR. LYMPHOID LEUKEMIA — Date of onset? 1928?

Other contributory causes of importance:

BRONCHOPNEUMONIA — 4-10-36

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John L. Jones M. D.

(Address) 1129 St Paul St

23111 E 23111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 213, N. Castle St., 6-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary A. Glos

(a) Residence: No. 213 N. Castle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alphonsus Glos

DATE OF BIRTH (month, day, year) June, 11, 1856

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	9 10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Francis X. Albert

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Smith.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Michael Glos
(Address) 213 N Castle

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April, 20, 1936

19. UNDERTAKER Geo. M. Fink & Son
(Address) 811, N. Wolfe St.

20. FILED R 13 1936 Lexington Nathanson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17th, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 20 to April 17 '36
I last saw h[illegible] alive on April 17 '36. Death is said to have occurred on the date stated above, at 3. A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause Apoplexy 131a	about
Cerebral Hemorrhage 83a	hours
Hypertension 102	
Other contributory causes of importance:	
Arteriosclerosis 104	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 20, 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

23112

F 23112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Belvedere & Rutland St. 3-26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 mos. ds. How long in U. S. If of foreign birth? 30 mos. ds.

2. FULL NAME Abram Rubin

If U. S. Veteran specify WAR .....

(a) Residence: No. 1016 E. Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Sarah

7. DATE OF BIRTH (month, day, year)

AGE	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0013

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME of Father Isreal Rubin

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME of Mother Hannah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sarah Rubin

(Address) 1016 E Lombard

18. BURIAL, CREMATION, OR REMOVAL Place Rosedale Date 4/19/36

19. UNDERTAKER Jack Levin Inc

(Address) 1439 E. Monument St

FILED APR 13 Huntington Pittsburgh Pa

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936, to April 18, 1936.

I last saw him alive on April 18, 1936. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure - Congestive	[illegible]
Cardiac D & H.	5 mos (?)
	none

Other contributory causes of importance:

Arteriosclerosis

Hypertension

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ——— Date of .....

What test confirmed diagnosis? ——— Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Earle M. Wilder M. D.

(Address) Sinai Hospital

F 23113

F 23113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 Bolton St. 14-1 Ward)

Length of residence in city or town where death occurred 60 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth P. Annan

(a) Residence: No. 1708 Bolton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Roberdeau Annan

DATE OF BIRTH (month, day, year) --------

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	---	---	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) --------- Virginia

13. NAME Lawman Chancellor

14. BIRTHPLACE (city or town) (State or country) --------- Virginia

15. MAIDEN NAME Margaret Smith

16. BIRTHPLACE (city or town) (State or country) ------- Virginia

INFORMANT (Address) Roberdeau Annan 1708 Bolton Street

BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date 4/20 . 1936

UNDERTAKER (Address) Henry H. Mears & Son 805 N. Calvert St.

FILED [illegible] Huntington Williams M.D.

1586

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18 . 1936

22. I HEREBY CERTIFY, That I attended deceased from April 10 . 1936 to April 18 . 1936

I last saw her alive on April 18 . 1936. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Chr. Bronchitis - with an acute exacerbation	Mar. '36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? None

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Sheldon Eastlegate M. D.

(Address) Med. Arts Bldg.

F 23114

F 23114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. ..... St., 17-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Mc. Fadden

(a) Residence: No. 3032 Barclay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. (Single) Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of No Married

DATE OF BIRTH (month, day, year) ----------

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Agnes Hospital

10. Date deceased last worked at this occupation (month and year) 2009

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME Frank Mc. Fadden

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Katherine Cassidy

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. Annie E. McFadden
(Address) 3032 Barclay Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 4/21 1936

19. UNDERTAKER Henry H. Mears & Son
(Address) 802 N. Eutaw St.

FILED 1936 Registrar

5 1936 Huntington Hillsboro, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-17 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/13 1936 to 4/17 1936

I last saw her alive on 4/17 1936 Death is said to have occurred on the date stated above, at 11:10 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive arteriosclerotic C.V. disease — Date of onset several years

Cerebral hemorrhage — 4/12/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical data Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Louis B. Mabry M. D.

(Address) St. Agnes Hospital

Daniel Brown

F 23115

23115 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 Fred St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Daniel Brown

(a) Residence: No. 613 Fred St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

If married, widowed, or divorced — HUSBAND of (or) WIFE of Adeline Brown

DATE OF BIRTH (month, day, year) 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hobbs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Johnson Brown

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Adeline Brown

(Address) 613 Fred St. City

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date 4/19/ 1936

UNDERTAKER Frances G. Hemsley

(Address) 525 W. Biddle St

FILED 19 Deputy

J 1586

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/17/36

22. I HEREBY CERTIFY, That I attended deceased from 3/17/36 to 4/17/36 19

I last saw h alive on 4/17/36. Death is said to have occurred on the date stated above, at 3:?? m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Chronic Nephritis	1 yr

Other contributory causes of importance:

Organic heart D.

Uremia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address)

F 23116 F 23116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH 13589 78-2 Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Seipp If U. S. Veteran specify WAR No Record

(a) Residence: No. 5521 Norwood Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie

DATE OF BIRTH (month, day, year) 10-26-58

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3 5	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Marburg Tobacco Co

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) Baltimore
(State or country) Maryband

13. NAME Christopher Seipp

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Elizabeth ? Crist

16. BIRTHPLACE (city or town)
(State or country) Germany

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date April 21st 1936

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED 19 Registrar
APR 23 1936 Thomas H. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-14, 1936 to 4-17, 1936

I last saw him alive on 4-17, 1936 Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Heart Disease	?
(Cause unknown)	
Chronic Nephritis	?
Other contributory causes of importance:	
Uremic Coma	4-14-36

Was an operation performed? No Date of —

For what disease or injury? none

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

F 23117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp't Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR. .....

2. FULL NAME Ida Smith Holland

(a) Residence: No. 417 N. Pine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Holland

6. DATE OF BIRTH (month, day, year) 12/25/1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 4/11/36

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) North Brunswick Co Va.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Joseph Smith (son)
(Address) 938 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place W.D. Auburn Date 4.14.36

19. UNDERTAKER Charles H. Cooper
(Address) 514 N. Calvert St.

FILED 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/15/36 - 5:20 P.M. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lacerations	4/10/36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/10/36

Where did injury occur? Northbound lane 100 ft S of Newkirk Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by automobile army

Nature of injury Lacerations Head

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Bentley (auto) Coroner, M. D.

(Address) 847 N. Charles St.

F 23118

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23118

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 Shields Place St. 17 Ward)

Length of residence in city or town where death occurred 36 yrs. — mos. — ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edith Jordan Jackson

(a) Residence: No. 1125 Shields Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 17, 1899

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or — min.
36	6	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic servant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) Feb. 1936

11. Total time (years) spent in this occupation 15

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John Jackson

14. BIRTHPLACE (city or town) (State or country) Lancaster, Co. Virginia

15. MAIDEN NAME Fannie Gaither

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Maryland

INFORMANT Irene Rumford

(Address) 1125 Shields Place

BURIAL, CREMATION, OR REMOVAL

Place St Mark's Harmon Mct. Date 4/19/36

UNDERTAKER Chas Cooper

(Address) 514 W. Baltimore St.

FILED 4/20/36 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4.17.36. 19

22. I HEREBY CERTIFY, That I attended deceased from 3.14.36. 19 . to 4.17.36. 19

I last saw her alive on 4.16.36. 19 . Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Pneumonic Phthisis	3.14.36
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Phy Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James M. Farr M. D.

(Address) 865 W. Lexington St.

23119 ✓ F 23119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9

Registered No. .....

1. PLACE OF DEATH Lydenham Hospital

CITY OF BALTIMORE: (No. ..... St., 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 5 mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ethel Virginia Young

(a) Residence: No. 2220 McCulloh St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 31, 1936

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	18 17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Howard Young

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Ruby Bosley

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Mother

(Address) 2220 McCulloh St.

BURIAL, CREMATION, OR REMOVAL

Place Johnson Cem. 4/20/36

UNDERTAKER Raymond Shindle

(Address) 1613 E Preston St

FILED 4/21/36 19 E. F. Tuttle, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1936, to April 18, 1936

I last saw h.. alive on April 18, 1936. Death is said to have occurred on the date stated above, at 10:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	4-7-36
Bronchopneumonia	4-11-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm C. Stifler Jr., M. D.

(Address) Lydenham Hospital

F 23120

F 23120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 210-M

1. PLACE OF DEATH: St. Agnes Hospital

CITY OF BALTIMORE: (No. 25 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Mary E. Echloff

(a) Residence: No. 2842 Belair Place - N.E. Washington D.C.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas. G. Echloff

DATE OF BIRTH (month, day, year): Sept 26-1876

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	59	6	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tenant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

BIRTHPLACE (city or town) (State or country): Wash DC.

13. NAME OF FATHER: Frederick C Reidy

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME OF MOTHER: Mary E O'Calleghan

16. BIRTHPLACE (city or town) (State or country): Washington

INFORMANT: Chas E Echloff

(Address) 2842 Belair Place NE Wash DC

BURIAL, CREMATION, OR REMOVAL

Place: Wash. DC. Date: 4/19/36

UNDERTAKER: W. W. Deal

(Address) 316 H. St. N.E. Wash DC.

FILED: APR 19 1936

Registrar: Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/18 — 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fract. skull	

Other contributory causes of importance: ...

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4-18- 1936

Where did injury occur? Bush Blvd near Waterloo Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

How injury occurred: Automobile struck Auto

Nature of injury: Fracture skull

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Hubert Stanley Hute M. D.

Coroner

(Address) 207 N. Calvert St

23121 ✓ F 23121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1104 N. Caroline St., 10-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. 5 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME Evelyn Ea. Nicholas

(a) Residence: No. 1104 N. Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Colored	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 5 1935

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Washington D. C.
13. NAME Emmet Nicholas
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Leslia Coles
16. BIRTHPLACE (city or town) (State or country) Va
INFORMANT Emmet Nicholas
(Address) 1104 N. Caroline St
BURIAL, CREMATION, OR REMOVAL
Place Charlottesville Va. 4-20-1936
UNDERTAKER Bryon & Mamie H. Wright
(Address) 1211 McElderry St
FILED 1936 Huntington Pittman, M.D.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 18 1936

22. I HEREBY CERTIFY, That I attended deceased from April 2 1936 to April 18 1936
I last saw h[illegible] alive on April 18 1936 Death is said to have occurred on the date stated above, at 4A m.

The principal cause of death and related causes of importance were as follows:

Acute Bronchitis

Date of onset April 2 1936

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) George I. Allen M. D.
(Address) 150 Fairmount Ave.

✓ F 23122

23122 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals U-10559
CITY OF BALTIMORE: (N Tuberculosis Division St. 26-8 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR Worldwar

2. FULL NAME Ira Martin

(a) Residence: No. 3409 Leverton ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Sara, Martin

DATE OF BIRTH (month, day, year) Aug. 25, 1888

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	7	22	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Georgia

13. NAME William Martin

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME Mollie Willard

16. BIRTHPLACE (city or town) (State or country) Georgia

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place National Date April 20 36

UNDERTAKER John C. Miller & Assoc
(Address) 2433-35 E. Monument

FILED ..... 19 ..... Deputy Registrar

APR 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1936, to April 17, 1936

I last saw h... im alive on April 17, 1936. Death is said to have occurred on the date stated above, at 3:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	March 1935
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnos Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur Karfgin, M. D.
(Address) Baltimore City Hospitals

13462 F 23123

23123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Herpel

(a) Residence: No. 5411 Catalpha Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Dorothy

DATE OF BIRTH (month, day, year) 11-17-1864

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation — 50

BIRTHPLACE (city or town) (State or country) — Baltimore, Md.

13. NAME — John

14. BIRTHPLACE (city or town) (State or country) — Germany

15. MAIDEN NAME — Mary Young

16. BIRTHPLACE (city or town) (State or country) — Pa.

INFORMANT — B.C.H. Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Lakewood Cem. Date Apr 4 1936

UNDERTAKER — Leonard J. Ruppert
(Address) 5302 Harford Rd.

FILED 4-6-1936 — Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/14 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/7 1936 to 4/14 1936

I last saw him alive on 4/14 1936 Death is said to have occurred on the date stated above, at 5 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis & uremia	?

Other contributory causes of importance:

Paget's disease	about ?
Multiple cerebral accidents	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Huntington Williams, M. D.

(Address) Balto City Hosp

F 23124 ✓ F 23124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1911 E. Ireston St. 8-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Vergenet Ray

(a) Residence: No. 1911 E. Ireston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of David Ray

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 76			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Charles Holmes

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country)

INFORMANT David Ray
(Address) 1911 E. Ireston St.

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date April 20 19

UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

FILED Huntington Williams Jr.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1936, to April 17, 1936.

I last saw her alive on April 16, 1936. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	3 years
Other contributory causes of importance: Coronary Myocarditis	10 mos
Arteriosclerosis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John D. Peter M. D.
(Address) 936 E. Ireston St

F 23125 12760 ✓F 23125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-II

Registered No. 25-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bennie Vinson

(a) Residence: No. 1831 Tate St. (3312 Tate) St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lucinda

DATE OF BIRTH (month, day, year) 8- -1885

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50 ~~55~~	8		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Rock Hill, S.C.

13. NAME Benjamin

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Margaret Davis

16. BIRTHPLACE (city or town) (State or country)

INFORMANT B.C.H. records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 4/18/36

UNDERTAKER Robt. H. Williams & Son

(Address) 1517 Pennsylvania Ave

FILED 4/15/36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/15 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/21 1931 to 4/15 1936

I last saw h. alive on 4/15/ 1936 Death is said to have occurred on the date stated above, at 11 15 A m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 4/10

Other contributory causes of importance:

Old Right Hemiplegia — ? over

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) T. Weinberg M. D.

(Address) Balto. City Hospitals.

23126 F 23126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3410 Gwynns Falls Parkway St., 15-4 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret Jane German If U. S. Veteran specify WAR .....

(a) Residence: No. 3410 Gwynns Falls Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. German

DATE OF BIRTH (month, day, year) Oct. 12, 1870.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	6	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balto. Md.

12. NAME John H. DeHuth

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Sarah McKee

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Charles E. German

(Address) 3410 Gwynns Falls Parkway

BURIAL, CREMATION, OR REMOVAL 4/20/36

Place Mt. Olivet Date ..... 19..

UNDERTAKER Henry H. Wittstadt

(Address) 4101 Edmondson Ave.

FILED 4/19 36 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16 1936

22. I HEREBY CERTIFY, That I attended deceased from April 8 1936 to April 16 1936

I last saw h.. alive on April 16 1936 Death is said to have occurred on the date stated above, 10 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emolo Pneumonia	Apr 8

Other contributory causes of importance:

Glycosuria	1 yr

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ..... 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. S. Gerry M. D.

(Address) 600 N. Arlington Ave

23127 F 23127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 54-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital Ward)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice Somerville

(a) Residence: No. Hollywood, Md St., Ward. Hollywood, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of: John Somerville

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 54; Months unknown; Days unknown; If LESS than 1 day, hrs. or min. unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House + Laundry work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): unknown

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): unknown

15. MAIDEN NAME: Genevieve Neal

16. BIRTHPLACE (city or town) (State or country): Maryland

INFORMANT (Address): Patient. Hollywood, Md

BURIAL, CREMATION, OR REMOVAL

Place St Johns cemty Date April 20th 1936

UNDERTAKER: W. C. Mattingly

(Address) Leonardtown Md

Filed 1936 Huntington, Washington, D. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1936 to April 18, 1936

I last saw her alive on April 18, 1936 Death is said to have occurred on the date stated above, at 4:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post operative Peritonitis	April 17, 1936

Other contributory causes of importance:

Secondary Anemia

Was an operation performed? yes Date of April 16, 1936

For what disease or injury? T Rhonds of Ovaries

Name of operation Hysterectomy Date of April 16, 1936

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T Frank Neal, M. D.

(Address) Mercy Hospital

23128

F 23128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1922 Lord St. 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME William T. Dailey

(a) Residence: No. 1922 Lord St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced: HUSBAND of Jane Dailey

6. DATE OF BIRTH (month, day, year) May 1st 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Dept

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME McKeown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Thomas M. Dailey

(Address) 1922 Lord St

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date April 22nd 1936

UNDERTAKER Chas Cook

(Address) 1217 St Paul St

DISTRICT NO. 20 1588 Registrar Washington, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19th 1936

22. I HEREBY CERTIFY, That I attended deceased from March 29 1936 to April 19 1936

I last saw him alive on April 18 1936. Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma	
Cerebral Hemorrhage	March 29-36
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury? None

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify.

(Signed) Edwin Kemp Ballard, M. D.

(Address) 1622 Mt Royal Ave

23129 P 23129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 Wilkins ave St. 19-th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR [illegible] Record

2. FULL NAME Alfred Eustace Trust

(a) Residence: No. 1813 Wilkins ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elizabeth K.

6. DATE OF BIRTH (month, day, year) Oct 2-1870.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Artist & Engraver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Printing & Engraving Co

10. Date deceased last worked at this occupation (month and year) 4-17-36

11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) (State or country) Guelph Ontario Canada.

13. NAME of Father Samuel Trust

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME of Mother Mary Seivwood

16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMANT Elizabeth K. Trust.
(Address) 1813 Wilkins ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date April 22nd 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

20. FILED APR 23 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17 - 1936

22. I HEREBY CERTIFY, That I attended deceased from April 7 - 1936, to April 17 - 1936

I last saw h[illegible] alive on April 15 - 1936. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Obstruction - Heart	3-16-36

Other contributory causes of importance: Dyspnoea - Weakness

Was an operation performed? N.A.	Date of —
For what disease or injury? —	
Name of operation —	Date of —
What test confirmed diagnosis? P.M.,	Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Chester Richards, M. D.

(Address) [illegible]

F 23130

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23130

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2317 Barclay St. 12-4 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME William W. Boone

(a) Residence: No. 2317 Barclay St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of ~~the~~ WIFE of Mary R. Boone

DATE OF BIRTH (month, day, year) June 6th 1858

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	10	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 0066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tracy Mfg Co

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 20

BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

13. NAME William W. Boone

14. BIRTHPLACE (city or town) (State or country) Fred'k Co. Md

15. MAIDEN NAME V. Shoemaker

16. BIRTHPLACE (city or town) (State or country) Fred'k Co Md.

INFORMANT Mary R. Boone

(Address) 2317 Barclay St

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date April 22nd 1936

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Date April 20th 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct-1- 1935 to Apr-19- 1936

I last saw him alive on Apr-19- 1936. Death is said to have occurred on the date stated above, at 6, ~~a~~ p.m.

The principal cause of death and related causes of importance were as follows:

Cystitis + Nephritis — Date of onset 1930

Other contributory causes of importance:

Myocarditis + General debility

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Stanley Goodall M.D.

(Address) Woodlawn Md

23131 F 23131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2119 Maryland Ave Ward 7-6)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine B. Shaw If U. S. Veteran specify WAR No Record

(a) Residence: No. 2119 Maryland Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced (or) WIFE of John B. Shaw

6. DATE OF BIRTH (month, day, year) Nov 22nd about 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	4	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Holly Springs Miss.

13. NAME OF FATHER: Wm L. Jones

14. BIRTHPLACE (city or town) (State or country): Miss

15. MAIDEN NAME OF MOTHER: Martha Brittenum

16. BIRTHPLACE (city or town) (State or country): Miss

17. INFORMANT: Martha W.C. Potts

(Address) 1202 Maple Ave Evanston Ill.

18. BURIAL, CREMATION, OR REMOVAL

Place All Saints Cemetery Rockville Md Date April 21st 1936

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

19½. FILED: Huntington W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18th 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1935 to April 18 1936

I last saw her alive on April 18 1936 Death is said to have occurred on the date stated above, at 12.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atrophic cirrhosis of the liver	Oct 1935

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? clinical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

(Signed) George M. Gottlieb, M. D.

(Address) 2435 Maryland Ave.

Quaranta

F 23132

23132 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 123

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? 6 yrs. ..mos. ..ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Angelo Quaranta

(a) Residence: No. 1167 N. Eugene Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Jno. Quaranta

6. DATE OF BIRTH (month, day, year) March 11, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
45	1	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam shovel operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D&G

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Dominic Quaranto

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Rose Carbonina

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Phillip Editalfe

(Address) 112 E. Montgomery St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Apr. 20, 1936

19. UNDERTAKER Frank Della Rose

(Address) 92 N. Monroe St.

20 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-18-, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-9-, 1936 to 4-18-, 1936

I last saw h[illegible] alive on 4-18-1936 Death is said to have occurred on the date stated above, at 7:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fistula in ano	1yr

Other contributory causes of importance:

Secondary Pemphigus ?	
Septicemia ?	
Cerebral embolism	1 wk

Was an operation performed? yes Date of 3-28-36

For what disease or injury? Fistula in ano

Name of operation Excision fistula Date of 3-28-X

What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. M. Waghelstein M. D.

(Address) Mercy Hosp.

23133 F 23133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3118 Pennington Ave. St., 47th Ward)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alicia A. Doyle

(a) Residence: No. 3118 Pennington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John W. Doyle.

7. DATE OF BIRTH (month, day, year) Unknown.

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 90			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila, Pa

13. NAME OF FATHER John Welsh. 13. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME OF MOTHER Mary Duffy. 16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT John Doyle. (Address) 3118 Pennington Ave

18. BURIAL, CREMATION, OR REMOVAL Providence Rhode Island April 22 1936

19. UNDERTAKER Chenoweth & Son. (Address) 3615-17 Pennington Ave.

Pennington Avenue, Md.

20. FILED April 22 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1936, to April 19, 1936

I last saw her alive on April 18, 1936 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile degeneration	Several years
Apoplexy	April 16-36
Other contributory causes of importance: Cardiac insufficiency	April 18 36

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Horace E. Brown M.D.

(Address) 2436 Woodland Ave.

ACo. 5-31 150B

23134 HEALTH DEPARTMENT—CITY OF BALTIMORE F 23134

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 832 S. Hanover St., 22-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Delia Bush

(a) Residence: No. 832 S. Hanover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Andrew Bush

6. DATE OF BIRTH (month, day, year) Apr 15 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56.		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Cresswell

14. BIRTHPLACE (city or town) (State or country) Harford Co.

15. MAIDEN NAME Katherine Dolan

16. BIRTHPLACE (city or town) (State or country) Harford Co

17. INFORMANT Andrew Bush
(Address) 832 Hanover

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date April 21 1936

19. UNDERTAKER Margaret E Flynn
(Address) 2107 Eutaw St

D 1686 Attorney for Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from October, 1934 to April 18, 1936

I last saw h.r alive on April 18/1936 death is said to have occurred on the date stated above, at 9.20P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Disease	1933?

Other contributory causes of importance:

Chronic Passive Congestion	
Ascites	
Cardiac Dilatation	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Vincent M Massina, M. D.
(Address) 1411 S. Charles St

23135 Glance F 23135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 513 S Lakewood ave St., 1st Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matilda Glance
If U. S. Veteran specify WAR
(a) Residence: No. 513 S Lakewood ave St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed, or Divorced (write the word): Widowed
If married, widowed, or divorced: (or) WIFE of James Glance
DATE OF BIRTH (month, day, year): Oct. 5-1861
AGE: Years 75 Months 2 Days 15 If LESS than 1 day, hrs. or min.
6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
BIRTHPLACE (city or town) (State or country): Penn.
13. NAME: Schultz
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: don't know
16. BIRTHPLACE (city or town) (State or country): Germany
INFORMANT: Cora Glance
(Address): 513 S Lakewood ave
BURIAL, CREMATION, OR REMOVAL
Place: Lakewood Cem. Date: 4/20 1936
UNDERTAKER: J A Logan
(Address): 3066 Balto St.
No. 31366 Filed [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/17 1936
22. I HEREBY CERTIFY, That I attended deceased from 4/11 1936 to 4/17 1936
I last saw h[illegible] alive on 4/17 1936 Death is said to have occurred on the date stated above, at 2.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Hemorrhage	

Other contributory causes of importance:
Chronic nephritis

Was an operation performed? No Date of
For what disease or injury? No
Name of operation No Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. L. Hornstein M. D.
(Address) 733 Lexington St

23136

F 23136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16-10 131

Registered No.....

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR W. W.

2. FULL NAME Charles W. Guemple

(a) Residence: No. 28 S. Highland Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Barbara Metzger

6. DATE OF BIRTH (month, day, year) November 14, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	40	5	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 2 mos. ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Charles H. Guemple

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Jennie Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT (Address) Records, U.S. Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place 4/21/36 Greenmount Cem.

19. UNDERTAKER (Address) J. J. Moran 913 Lombard St. Balto. Md.

20. FILED ..... 19..... Huntington Undertaking Co.

D 1986

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 11, 1935, to April 17, 1936.

I last saw him alive on April 17, 1936. Death is said to have occurred on the date stated above, at 6:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension, arterial (Malignant)	6 mos.
Nephritis, interstitial, chronic	6 mos.
Uremia, acute	4-14-36

Other contributory causes of importance:

Was an operation performed? yes Date of 3/12 & 3/31/36

For what disease or injury? Malignant hypertension

Name of operation Resection of rib and splanchnic nerves Date of 3/12&31

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T. M. H. an dura M. D.

(Address) U.S. Marine Hospital, Balto.

23137 F 23137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ #13636 45-B

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 13-8 Ward)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Willet

(a) Residence: No. 1519 W. 36th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Willet

6. DATE OF BIRTH (month, day, year) 2-17-66

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Willam Willet, Sr.

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Maria Stonesifer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Laurel Ridge Cem. Date 4/21/36

19. UNDERTAKER Walter Dwyer & Sons
(Address) 3418 Eastern Ave.

Filed , 19 Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-13, 1936 to 4-19, 1936

I last saw him alive on 4-19, 1936 Death is said to have occurred on the date stated above, at 6:30 ?m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Tongue (Type undetermined)	?
Other contributory causes of importance: Myocardial Failure	4-19-36

Was an operation performed? no Date of —

For what disease or injury? none

Name of operation. none Date of —

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

F 23138

D. 23138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1537 Hanover St. St. 23-2 Ward)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Daily

(a) Residence: No. 1537 Hanover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Daily

6. DATE OF BIRTH (month, day, year) Jan. 20 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	2	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Theodore Balla

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary Kemp

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mr. John T. Balla 1537 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Apr. 20 1936

19. UNDERTAKER (Address) J. Few McCully 130 E. Fort Ave.

Huntington Williams, M.D.

Filed ... 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1936 to Apr. 16 1936

I last saw her alive on Apr. 14 1936 Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Acute Cardiac dilatation	4/16/36
Senile Fibrocarditis	1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) J. F. Hawkins M. D.

(Address) 6 Randall

F 23139

F 23139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 3-1-2 Ward)

Length of residence in city or town where death occurred 82 yrs. 10 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John T. Lyons

(a) Residence: No. 1160 Ward St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

DATE OF BIRTH (month, day, year) June 15 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	10	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marble polisher & cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Richard Lenton

(Address) 1160 Ward St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Cottage [illegible] Date 4/21/1936

UNDERTAKER John J Cowan & Son

(Address) 1901 Harlem Ave

FILED 20 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	
Other contributory causes of importance: Fracture left femur	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury March 28 1936

Where did injury occur? Baltimore Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Sidewalk at Cross Sergeant St

Manner of injury Fell on curbing

Nature of injury Fracture left femur

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. V. Wright M. D. Coroner

(Address) 1010 S. Eutaw St.

F 23140 F 23140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 2107

1. PLACE OF DEATH South Baltimore General St. 25th Ward

CITY OF BALTIMORE: (No.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jackson Hugh Taylor

(a) Residence: No. 502 Maude Ave St., Brooklyn Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of Mildred Allen Taylor

6. DATE OF BIRTH (month, day, year) Nov. 19 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as cotton mill, saw mill, bank, store, farm. Shipyard

10. Date deceased last worked at this occupation (month, day, year) 3/5/1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME of father Chas. H. Taylor

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME of mother Florence Rouse

16. BIRTHPLACE (city or town) (State or country) Virginia

17. Informant Mildred Taylor

(Address) 502 Maude Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Dulaney Valley Date April 20 1936

19. UNDERTAKER Geo. F. Berger Sr.

(Address) 501 Hollins St

FILED 4/20 1936 A. E. Fenton, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/17-36 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Probable Cerebral Hemorrhage — Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of 4/17/36.

For what disease or injury? None

Name of surgeon Dr. Kenney Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/8 1936

Where did injury occur? Patterson & 5th Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Automobile

Nature of injury While crossing street

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Gurley Autz M. D. Coroner

(Address) 907 N. Carey St

23141 F 23141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Hamburger

If U. S. Veteran specify WAR .....

(a) Residence: No. 515 N. Park St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/19/36

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	—	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Henry Peter Hamburger

14. BIRTHPLACE (city or town) (State or country) Balt. Md.

15. MAIDEN NAME Louise Bertha Kolb

16. BIRTHPLACE (city or town) (State or country) Balt Md.

17. INFORMANT Father Henry L. Hamburger

(Address) 515 N Park St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral 4/20 1936

19. UNDERTAKER D. D. Covington

(Address) 3109 Granada Ave.

20. FILED ..... 19 ..... Registrar

4 1936 Huntington Nursery, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 19 1936

22. I HEREBY CERTIFY, That I attended deceased from April 18 1936 to April 19 1936

I last saw him alive on April 19 1936 Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Possible Cerebral Hemorrhage — Brain Injury	

Other contributory causes of importance:

Injury incurred by Breech extraction

Was an operation performed? Yes Date of April 19, 1936

For what disease or injury? Breech presentation

Name of operation Breech extraction Date April 19, 1936

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) I took him to Mercy Hospital M. D.

(Address) Mercy Hospital

D. B. 1268-9
23142

F 23142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 151 W. Hamburg St., 23-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy Gross

(a) Residence: No. 151 W. Hamburg St., Ward. 23

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Gross

DATE OF BIRTH (month, day, year) Nov 8 1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	5	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

13. NAME Alex. Hill

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Harriet Richardson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edith Gross

(Address) 151 W. Hamburg

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date 4/20/36

19. UNDERTAKER Isaiah L Broadbent Son

(Address) 108 W Montgomery St

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1936 to Apr 16 1936

I last saw h[illegible] alive on Apr 16 1936 Death is said to have occurred on the date stated above, at 12:54 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Intes. Renal Nephritis	
Uremia Coma	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) D H Carroll M.D.

(Address) 109 W. Hill St

F 23143

23143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter Boss

(a) Residence: No. 1037 Durham St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) June 8, 1894

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	10	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME William Boss

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Jenah Robinson

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Jennah B. Mack

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Date April 20. 1936

19. UNDERTAKER Mrs. P. H. A. Elliott & daughter

(Address) 1129 N. Arlington Ave.

20. FILED 1936 Huntington Williams, M.D. Registrar

APR 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schwartz, M. D. Coroner

(Address) 1919 E. North Ave.

23144 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 23144

CERTIFICATE OF DEATH

Registered No. 82 W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 E. Hoffman St., 9-9 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Grace Ingleson

(a) Residence: No. 1004 E. Hoffman St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced ~~HUSBAND OF~~ (or) WIFE of John C. Ingleson

6. DATE OF BIRTH (month, day, year) Apr 21st 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	11	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

13. NAME James Graonstein

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME ~~Not Known~~ Wright

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Wm. H. Furman

(Address) 1612 E. 31st St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cemetery Date 4/20, 1936

19. UNDERTAKER C. J. Fanning & Son

(Address) 1938 E. Lafayette Ave.

20. FILED ..., 19 ... Registrar

APR 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 16th, 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1936 to Apr 16, 1936

I last saw h... alive on Apr 15, 1936. Death is said to have occurred on the date stated above, at 11 ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Mar 20 1936
Arteriosclerosis	3 yrs.
Other contributory causes of importance:	
Acute pulmonary oedema	3 days

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Pregnancy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Albert Hubbard, M. D.

(Address) 4116 Northern Parkway

23145 HEALTH DEPARTMENT—CITY OF BALTIMORE 23145

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 Myrtle Ave St. 17-2 Ward)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eliza W Thomas

(a) Residence: No. 1119 Myrtle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

If married, widowed, or divorced (or) WIFE of Chas M. Thomas

DATE OF BIRTH (month, day, year) 1887

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	—	—	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto Md

10. NAME William Whittington

11. BIRTHPLACE (city or town) (State or country) Md

12. MAIDEN NAME Irene Hood

13. BIRTHPLACE (city or town) (State or country) Md

14. INFORMANT Chas M. Thomas Husband

(Address) 1119 Myrtle Ave

15. BURIAL, CREMATION, OR REMOVAL

Place W. Lawn Cemetery Date April 20 1936

16. UNDERTAKER Wm. H. Taylor & Son

(Address) 1101 W. Baltimore St.

17. FILED April 20 1936 Clinton Whittington, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1936, to April 17, 1936

I last saw h alive on April 17, 1936. Death is said to have occurred on the date stated above, at 7 50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	April 10
Other contributory causes of importance: Nephritis chr. Parenchymatous	Unknown
Bronchitis chr. Hypertension	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Phys. Obs. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) R. F. Young M. D.

(Address) 1429 Eutaw Pl.

23146

F 23146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) West Baltimore General Hosp St., 12 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Selke

(a) Residence: No. West Baltimore Gen Hosp St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 15, 1936.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Raymond E. Selke

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Nina E. Mearns

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Raymond E Selke
(Address) 103 W Fulton ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lucas Date 4-21 1936

19. UNDERTAKER Harry A. Whittle
(Address) 410 E Monument Ave

20. FILED 1936 Clinton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/18/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/16, 1936, to 4/18, 1936

I last saw her alive on 4/18, 1936. Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	

Other contributory causes of importance:
Hemorrhage Uterus
Premature Born

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, [illegible]

(Signed) L. Alessi M. D.

(Address) West Balto Gen'l Hosp.

F 23147

23147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 W. West St. 21-1 St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Doris Elaine Joyner

(a) Residence: No. 512 W. West St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	col	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct 6, 1934

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Emory Fauntleroy

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

15. MAIDEN NAME Josephine Williams

16. BIRTHPLACE (city or town) Suffolk
(State or country) Va

17. INFORMANT Mrs. Elizabeth Joyner
(Address) 512 W. West St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date April 20 1936

19. UNDERTAKER Joseph A. Sisler
(Address) 409 N. Mount St

20. APR 20 1936, 1936 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1936 to Apr 17, 1936

I last saw h... alive on Apr 14 1936 Death is said to have occurred on the date stated above, at 2.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Apr 7, 36

Other contributory causes of importance: none

Name of operation ..... Date of .....

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hunt W. Haines M. D.

(Address) 61 S. Caca St

3148 F 23148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sydenham Hosp St. 18-2nd Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Howard Clark

(a) Residence: No. 1077 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced — HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) July 10, 1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	9	7	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 40

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Thomas Clark

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Louise Cannally Rose Stewart

16. BIRTHPLACE (city or town) (State or country) Rectortown Va.

INFORMANT Rose Stewart

(Address) 1071 W Lexington St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Apr 21, 1936

UNDERTAKER Mrs Katie R Williams

(Address) 322 S Schroeder St Huntington Williams, Reg.

APR 20 1936, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 16, 1936, to Apr 17, 1936

I last saw h alive on Apr 17, 1936. Death is said to have occurred on the date stated above, at 11 30/60 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis Meningococcic	4/7/36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Lumbar puncture Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Myron G. Tull M. D.

(Address) Sydenham Hosp

D. B. 1268-9

23149

HEALTH DEPARTMENT—CITY OF BALTIMORE

23149

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 Robert St. 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Earl M. Gaskins

(a) Residence: No. 502 Robert St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 14, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER James Gaskins

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Annie Dobin

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT James Gaskins

(Address) 502 Robert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4/20 19

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania Ave

20. FILED 4/20 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18 1936

22. I HEREBY CERTIFY, That I attended deceased from April 11 1936 to April 18 1936

I last saw h[illegible] alive on April 18 1936 Death is said to have occurred on the date stated above, at 7-48 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ac. Peptic Dy.	Sept
Bronch. Pneumonia	April 9

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles H. Wolfe M. D.

(Address) 86 Hanover St

D. B 1268-9

F 23150

3150 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

210-M

PLACE OF DEATH Johns Hopkins Hosp

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE, (No. St. 12-B Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Roy Norval France

U. S. Veteran specify WAR

(a) Residence: No. 200 E. 24th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel France

ATE OF BIRTH (month, day, year) 3/12/1885

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	1	6	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

8. Date deceased last worked at this occupation (month and year) (9) Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Michigan

3. NAME James France

4. BIRTHPLACE (city or town) (State or country) Michigan

5. MAIDEN NAME Elizabeth ?

6. BIRTHPLACE (city or town) (State or country) Michigan

NFORMANT (Address) Mabel France 200 E. 24th St

URIAL, CREMATION, OR REMOVAL Place Moreland Cem. Date April 20 1936

NDERTAKER Albert W. Dorsey (Address) 440 E. North Ave

Registered No. 1586 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Rib	4/14/36

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury? Fracture Rib 4/16-36

Name of operation Decapsulation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury April 14, 1936

Where did injury occur? Corner Eutaw and Mulberry Sts
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Fall from Automobile

Nature of injury while walking across St

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Luther Bowie, M. D.
Coroner

(Address) 407 N. Charles

3151 ✓ F 22151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 7-4 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

FULL NAME Georgienna Bond

(a) Residence: No. 2046 E. Eager St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of John Bond

DATE OF BIRTH (month, day, year) 1849 ?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME ? Crosby

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Eliza Lawrence

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date April 21 19 36

19. UNDERTAKER Albert W Lerzegay
(Address) 440 E Madison St
Huntington Williams, D.C. Embalmer.

1586

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-18 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-28 1934 to 4-18 1936

I last saw her alive on 4-18 1936 Death is said to have occurred on the date stated above, at 5:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epidermoid Carcinoma Z Nose	?
Other contributory causes of importance: Terminal Bronchopneumonia	1 wk.

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

3152 F 23152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 Registered No.

PLACE OF DEATH Sinai Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Dorothy D'Ariprete

(a) Residence: No. 2530 Garrett Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Aug 12 - 1935

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	8	6	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
8. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Michael D'Ariprete

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Dorothy Gunzelman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Michael D'Ariprete
(Address) 2530 Garrett Ave

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 21 1936

UNDERTAKER Gilbert W Perego
(Address) 4702 North Ave

Huntington Williams, MD

0 1986

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-18- 1936

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1936 to April 18, 1936

I last saw he alive on April 18, 1936 Death is said to have occurred on the date stated above, at 11 p. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, ow
Diarrhea of undetermined origin

Date of onset 4-5-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel A. Belgarod, M. D.

(Address) Sinai Hospital

F 23153

153 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Mercy Hospital St. 16-5 Ward)

rth of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

FULL NAME Gerard McChelchowski

(a) Residence: No. 420 South Cornwall St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX ale. | 4. Color of Race White | 5. Single, Married, Widowed, or Divorced (write the word) —

f married, widowed, or divorced HUSBAND of (or) WIFE of —

ATE OF BIRTH (month, day, year) Dec 18, 193[illegible]

GE Years | Months 4 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore Md.

. NAME Henry Chelchowski

. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

. MAIDEN NAME Margaret Oles

. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FORMANT Hospital Records

(Address)

RIAL, CREMATION, OR REMOVAL

Date April 22 19 36

NDERTAKER Stephen J. Fialkowski INC

(Address) 1008 S. Kenwood Ave.

19 36 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 19, 1936

22. I HEREBY CERTIFY That I attended deceased from April 18, 1936 to April 19, 1936

I last saw h[illegible] alive on April 19, 1936 Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia (Right) — Date of onset Apr 15 1936

Other contributory causes of importance:

None

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edwin Fowler Jr. M. D.

(Address) Mercy Hospital.

3151 F 23154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Mrs Stanislawa Buraczynska

(a) Residence: No. 1111 S. Lemwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 7, 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
8. Date deceased last worked at this occupation (month and year) Feb. 1, 1936
11. Total time (years) spent in this occupation 20

BIRTHPLACE (city or town) (State or country) Zolt Md.

13. NAME Stanislaus W. Buraczynski
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Catherine Ketchel
16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Joseph Buraczynski
(Address) 1111 S. Lemwood Ave

BURIAL, CREMATION, OR REMOVAL
Stanislaus Cem Date April 21 1936

UNDERTAKER Stephen J. Fiatkowski
(Address) 1000 S. Kenwood Ave

FILED 1936 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1936 to April 17, 1936

I last saw h[illegible] alive on April 17, 1936 Death is said to have occurred on the date stated above, at 11 40 a.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset 1935
Gangrene of toe

Other contributory causes of importance:
Terminal Lobar Pneumonia

Was an operation performed? Yes Date of March 11, 1936 April 2, 1936.

For what disease or injury? Gangrene of foot.

Name of operation Amputation Date of March 11, 1936

What test confirmed diagnosis? Blood. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Zurawin M. D.

(Address) 1000 Eastern Ave

F 23155

D. 23155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Bon Sec Hospital St. W-K Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Brooks
If U. S. Veteran specify WAR

(a) Residence: No. 200 Pine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

DATE OF BIRTH (month, day, year) Feb 2 1897

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	2	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Quet Md.

13. NAME Williams

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ..

INFORMANT Elizabeth Brooks
(Address) 709 Hanover St

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Cem Date April 22 1936

UNDERTAKER Mrs Robert A. Elliott Daughter
(Address) 1129 Hastings St Huntington Williams, Reg

1936 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/17/1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Intra Pneumonia — Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) V. M. Mayfield, M. D. Coroner
(Address) 1010 S. Ellwood Ave

F 23156

23156 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 13-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME B. Boy McDonald

(a) Residence: No. 710 Lennox St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Infant

If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 4-7-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
10 days	-	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Armos McDonald

14. BIRTHPLACE (city or town) (State or country) Ga.

15. MAIDEN NAME Mildred Africs

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT B. C. H. Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cemetery Date April 20 1936

19. UNDERTAKER John F. Denny

(Address) 715 Light St

19 1936 Arlington Williams Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/15, 1936, to 4/17, 1936

I last saw him alive on 4/16, 1936. Death is said to have occurred on the date stated above, at 6.45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	
Pneumonia.	4/14/36
	about

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X ray Was there an autopsy? Yes No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Irving Rosenbaum M. D.

(Address) Balto. City Hospital

D. B 1268-9

F 23157

3157, 149-a-93 I

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. University Hospital St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ength of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Grace Barber

(a) Residence: No. 917 Booth St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sam Barber

DATE OF BIRTH (month, day, year) 1900

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Charlotte

(State or country) N.C.

13. NAME Unis Telgman

14. BIRTHPLACE (city or town) Charlotte

(State or country) N.C.

15. MAIDEN NAME Mary Harris

16. BIRTHPLACE (city or town) Charlotte

(State or country) N.C.

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place University of Md Date ... 19

UNDERTAKER

(Address)

FILED ... 19 Huntington Williams, M.D.

2212 THE MOSHER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1936. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Probably Anaesthetic Shock	

Other contributory causes of importance:

Was an operation performed? Yes Date of April 13,

For what disease or injury? Child Birth Contracted Pelvis

Name of operation Cesarian Section April 13

What test confirmed diagnosis? Clin. Was there an autopay? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) D. F. Cleckley, M. D. Coroner

(Address) 2757 W. Mont

D. B 1268-9

✓ F 23158

3158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Sec City Hos. St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Grace William

(a) Residence: No. 2217 Brunt St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Robert

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Robert William

(Address) 2217 Brunt St.

BURIAL, CREMATION, OR REMOVAL

Place Interred of MD Date April 20, 19 31

UNDERTAKER

(Address)

FILED 1936 Washington Williams Registrar

2213

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1931

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance: arterial hypertension

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) W. M. Ruyle, M. D. Coroner

(Address) 1610 S. Ellwood Ave

23159

M. D. B 1268-9

✓ F 23159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 Greenmount St., 10-2 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hannah Myers

(a) Residence: No. 716 Greenmount Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John Myers

DATE OF BIRTH (month, day, year) Jan. 15, 1881

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55		2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

13. NAME Samuel Jackson

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

15. MAIDEN NAME Mary E. Marshall

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

INFORMANT Geo Jackson Brother

(Address) 709 S. Fremont

BURIAL, CREMATION, OR REMOVAL Frank Chapel

Date April 21 1936

UNDERTAKER Geo A Lowndes

(Address) 4010 Mount Holly Huntington Pittsburgh Pa

Registrar.

APR 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/17, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify. .....

(Signed) Chas L Wallace M. D.

Coroner

(Address) 1031 E Lexington St

3160 ✓ F 23160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3509 Edgewood Road St. 15-11 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME GEORGIA ELLEN KRENER

(a) Residence: No. 3509 Edgewood Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

If married, widowed, or divorced
(or) WIFE of John G. Krener

DATE OF BIRTH (month, day, year) Apr. 3, 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	----	15	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

10. NAME Joseph Blake

11. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

12. MAIDEN NAME Georgia Ellen Allnut

13. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

14. INFORMANT John G. Krener

(Address) 3509 Edgewood Road

15. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery April 21, 1936

16. UNDERTAKER Chas. J. Davis & Son

(Address) N. W. cor Royal Ave

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 31- 1935 to April 18 1936

I last saw her alive on April 18 1936 Death is said to have occurred on the date stated above, at 11A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	
from pelvic wall.	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Oct 1934

For what disease or injury? Carcinoma of uterus

Name of operation Hysterectomy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Elmer B Freeman M. D.

(Address) 81 Cathedral St

F 23161

3161 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 137

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. University Hospital St., [illegible] Ward)

rth of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME John Helfrick

(a) Residence: No. Poplar Ave Catonsville St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced) HUSBAND of (or) WIFE of Agnes G. Helfrick

ATE OF BIRTH (month, day, year) Feat 6 – 1871

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber yards

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Balto. Co. Md

. NAME Geo. V. Helfrich

. BIRTHPLACE (city or town) (State or country) Balto Co. Md

. MAIDEN NAME Charlotte Duncan

. BIRTHPLACE (city or town) (State or country) Balto. Md.

FORMANT Agnes G. Helfrich.
(Address) Poplar Ave Catonsville Md

URIAL, CREMATION, OR REMOVAL Cathedral Hill apl 21 36

Place

NDERTAKER Chas H. Grave Son
(Address) 11 West Lexington St

Huntington, W. Va. Registrar

ILED 6 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-14, 1936, to 4-19, 1936

I last saw him alive on 4-18, 1936 Death is said to have occurred on the date stated above, at 6:15 m.

The principal cause of death and related causes of importance were as follows:

Pyonephrosis - right — Date of onset 4-3-36 (?)
Septicemia (?)

Other contributory causes of importance:
Arteriosclerotic C.V. Disease

Was an operation performed? Yes. Date of October, 1936

For what disease or injury? Benign hypertrophy prostate.

Name of operation Suprapubic Prostatectomy Date of 10-14-36

What test confirmed diagnosis? Path. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) L. Freeman M. D.

(Address) University Hospital

F 23162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 13549

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., [illegible] Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Augusta Broadway

(a) Residence: No. 1431 Argyle Ave., St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 6-28-1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
42	41	9	19	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Steve Gert

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Frances (Hazel)

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Records of Balto. City Hospts.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4-21 19[illegible]

UNDERTAKER Jas. Jos. Skinner
(Address) 1139 Eutaw Ave

[illegible] Huntington Williams, Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-17 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/13 1936 to 4/17 1936

I last saw her alive on 4/17 1936. Death is said to have occurred on the date stated above, at 7 30 a.m.

The principal cause of death and related causes of importance were as follows:

Subarachnoid Hemorrhage

Date of onset ?

Other contributory causes of importance:

Arteriolar Nephrosclerosis ?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) D Wamboldt, M. D.

(Address) Balto City Hosp

H. D. P. 1268-9

✓ F 23163

3163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mary Hospital St., 4-N Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Alascia

If U. S. Veteran specify WAR .....

(a) Residence: No. 602 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosa Alascia

DATE OF BIRTH (month, day, year) 8/10/1897

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	8	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. good

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Italy
(State or country)

13. NAME Harry Alascia

14. BIRTHPLACE (city or town) Italy
(State or country)

15. MAIDEN NAME Mary Luisa

16. BIRTHPLACE (city or town) Italy
(State or country)

INFORMANT (Address) mother

BURIAL, CREMATION, OR REMOVAL
Place Catholic Date 4/21 1936

UNDERTAKER Leonard J. Rusk
(Address) 5300 Harford Rd

FILED ..... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/18, 1936

22. I HEREBY CERTIFY, That I took charge of the deceased described above, held an ... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Concussion with Sub dural Hemorrhage	2/19/36

Other contributory causes of importance:
Meningitis (Staphlococcus)

Was an operation performed? Yes Date of 2/21/36 2/25/36

For what disease or injury? Cerebral Concussion

Name of operation Sub temporal Decompression Date of 2/25/36

What test confirmed diagnosis? Cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/19, 1936

Where did injury occur? Home Balto. Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down Steps

Nature of injury Struck head

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Orrin B. Goldbeck M. D.
Coroner

(Address) 1031 W Pratt St

M. D. B 1268-9

F 23164

23164 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 158 East St St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Lore

(a) Residence: No. 158 East St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Lore

DATE OF BIRTH (month, day, year) 1889

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47 46			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) n.c

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Annie Lore 1514 Rutter St

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 4-20-1936

UNDERTAKER By Conth Smith & Wright

(Address) 1310 Eutaw St

886 Thurston Pl Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/18, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	

Other contributory causes of importance: Phthisis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Chas B Wallace M. D. Coroner

(Address) 631 St Paul St

H. D. B. 1268-9

F 23165

HEALTH DEPARTMENT—CITY OF BALTIMORE

3165

82-a

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 154 N Exeter St., 5-1 Ward)

Length of residence in city or town where death occurred Lifelong mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Rebecca Cooper

(a) Residence: No. 154 N Exeter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Cooper

7. DATE OF BIRTH (month, day, year) June 4-1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Wm H Coleman

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Morris

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Mary Parker
(Address) 154 N Exeter St

BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem Date 4-21-1936

UNDERTAKER Byron Thomas W. Wright
(Address) 2111 Pine & Liberty Sts

Filed 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18. 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1 1936 to April 18 1936

I last saw him alive on April 17 1936 Death is said to have occurred on the date stated above, at 6 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	April 1 1936
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis Symptoms Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo L Allen M. D.

(Address) 520 S Paca St

3166 F 23166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1119 S. Robinson St., 1-1 Ward)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR no

FULL NAME Robert Waudby.

(a) Residence: No. 1119 S. Robinson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Waudby

DATE OF BIRTH (month, day, year) June 25-1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	24	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School #83

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

NAME Robert Waudby. Sr.

BIRTHPLACE (city or town) (State or country) England.

MAIDEN NAME Eliza Blackburn

BIRTHPLACE (city or town) (State or country) England

INFORMANT Mary L. Waudby

(Address) 1119 S. Robinson St.

BURIAL, CREMATION, OR REMOVAL

Place 1st Evang. Cem. Date April 22, 1936

UNDERTAKER George W. Zibler

(Address) 1737 E. Eager St.

5086 April 19 36 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1936, to April 18, 1936

I last saw him alive on April 17, 1936. Death is said to have occurred on the date stated above, at 7:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocardidis	1933
Myocardial Insufficiency with decompensation	4/13/36
Other contributory causes of importance:	
Severe attack of Lobar Pneumonia	1925

Was an operation performed? none Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Phys. Ex. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. A. Rosenblatt M. D.

(Address) 129 S. Broadway

167

F 23167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 Rossiter Ave 27-10 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran give War Record specify WAR .....

FULL NAME James Richard Clark

(a) Residence: No. 516 Rossiter St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (write the word)
Male	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Bessie L. Clark

DATE OF BIRTH (month, day, year) Dec 6th 1872

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	4	3 13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice President Lumber Contracting

Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

Date deceased last worked this occupation (month and year) April 1936

11. Total time (years) spent in this occupation 50

BIRTHPLACE (city or town) (State or country) Balto Md

NAME Charles Clark

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME Emma Cook

BIRTHPLACE (city or town) (State or country) Washington D.C.

INFORMANT Bessie L. Clark

(Address) 516 Rossiter Ave

BURIAL, CREMATION, OR REMOVAL April 21st 1936

Place London Park

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Filed ..... 19..... Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19th 1936

22. I HEREBY CERTIFY, That I attended deceased from June 2 1934 to April 19 1936

I last saw him alive on April 19 1936 Death is said to have occurred on the date stated above, at 5:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Chronic Nephritis	1930
Chronic Myocarditis	1930
Other contributory causes of importance: Acute Cardiac Dilatation	1936

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) D. V. Bishop M. D.

(Address) 507 Shenandoah

D. B 1268-9

✓ F 23168

168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH 2nd General Hospital 4-21-26 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah J. Wentzel

(a) Residence: No. 3508 Pennsylvania Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert W. Wentzel

6. DATE OF BIRTH (month, day, year): Oct. 10 1856

7. AGE: Years 69 | Months 6 | Days 9 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME OF FATHER: Frank A. Mentzel

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

15. MAIDEN NAME OF MOTHER: Sarah Unknown

16. BIRTHPLACE (city or town) (State or country): Penna

17. INFORMANT (Address): Albert W. Wentzel Rel 3509 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Greenmount Date April 21, 1926

19. UNDERTAKER (Address): William Cook 1117 St Paul St

19. Registrar

1926

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 19, 1926

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above. 4.55 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Hernia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C Harris Coroner, M. D.

(Address) 120 Hanover

23169 ✓ F 23169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

PLACE OF DEATH ST. JOSEPH'S HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. BALTIMORE, MD St., 9-3 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Female Infant Smyth

(a) Residence: No. 3346 Old York Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) April 13, 1936

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Balto. Md.

. NAME James J. Smith

. BIRTHPLACE (city or town) (State or country) Ireland

. MAIDEN NAME Agnes Kelly

. BIRTHPLACE (city or town) (State or country) Balto Md

FORMANT (Address) James Smith 3346 Old York Rd

URIAL, CREMATION, OR REMOVAL Place Holy Redeemer Apr 23 1936

NDERTAKER (Address) Richard F. Curley 1341 Gatewood Ave

Lexington Village, M. D. Registrar.

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20. 1936

22. I HEREBY CERTIFY, That I attended deceased from April 13. 1936 to April 20. 1936

I last saw her alive on April 20 1936. Death is said to have occurred on the date stated above, at 4.50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Prematurity. (7 mo)	
Other contributory causes of importance: 1. Maternal toxaemia	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Wm Mercella M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

1936

✓ F 23170

3170 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 18

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Lydenham Hospital

TY OF BALTIMORE: (No. 13-5 St., or Ward)

gth of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Susan Hudnell

(a) Residence: No. 2512 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Ella Hudnell

ATE OF BIRTH (month, day, year) August 1912

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	8		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter pol?

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oriole Cafeteria

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Susan Hudnell

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Bonds

16. BIRTHPLACE (city or town) (State or country) Virginia

NFORMANT Mrs. Ella Hudnell

(Address) 2512 Madison ave

URIAL, CREMATION, OR REMOVAL

Place Northumberland Co Date April 20, 19 36

NDERTAKER Thos. E. Kelson

(Address) 1223 Preston st.

1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1936, to April 18, 1936

I last saw h[illegible] alive on April 15, 1936. Death is said to have occurred on the date stated above, at 5:10 P m.

The principal cause of death and related causes of importance were as follows:

Meningococcus meningitis — Date of onset 4-15-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of 36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) W... C. Lapp Jr. M. D.

(Address) Lydenham Hospital

F 23171

H. D. B 1268-9
23171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 E. Oliver St. St., 8-7 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bettie A. Street

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1729 E. Oliver St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

3. If married, widowed, or divorced
[redacted] of
(or) WIFE of Thomas Street

DATE OF BIRTH (month, day, year) Sept 26. 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	6	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Middlesex County
(State or country) Va.

13. NAME Edmund Dillard

14. BIRTHPLACE (city or town)
(State or country) Va.

15. MAIDEN NAME ? Daniel

16. BIRTHPLACE (city or town)
(State or country) Va.

INFORMANT Harry W. Street.
(Address) 1615 E. Lanvale St. Ba

BURIAL, CREMATION, OR REMOVAL
Place Lebanon Cemetery Date 12/31 1930

UNDERTAKER Wm Cook
(Address) 1210 E. Baltimore St

Filed 1931 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16. 1931

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Paul Schwartz, M. D.
Coroner

(Address) 1710 E. North Ave

Dr Vincent 1411 S. Charles St

F 23172

3172 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

107-a

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 419 S. Hanover St. 7-1 Ward)

gth of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Thomas H H Pritchett If U. S. Veteran specify WAR Civil War Record

(a) Residence: No. 419 S. Hanover St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, ~~widowed or divorced~~ HUSBAND of (or ~~WIFE~~) of Laura L. Pritchett

DATE OF BIRTH (month, day, year) Nov 30th 1857

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	4	20	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Commission

Date deceased last worked at this occupation (month and year) April 1936

11. Total time (years) spent in this occupation 10

BIRTHPLACE (city or town) (State or country) Denton Md

NAME Peter Pritchett

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Sarah Leadenham

BIRTHPLACE (city or town) (State or country) Md

INFORMANT Joseph W. Pritchett

(Address) 419 S. Hanover St

BURIAL, CREMATION, OR REMOVAL

Place Elkton Va Date April 22nd 1936

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

ID 1986 Elkton Md Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20th 1936

22. I HEREBY CERTIFY, That I attended deceased from April 19 1936 to April 20 1936

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 2.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	4-1936

Other contributory causes of importance:

Pulmonary Edema.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Vincent M. Fresenius M. D.

(Address) 1411 S Charles St

✓ F 23173

23173 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

112

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 822 N. Patterson Park Ave. Ward) 7-13

h of residence in city or town where death occurred 56 yrs. 11 mos. 9 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

If U. S. Veteran specify WAR

FULL NAME Beulah B. Timmons

(a) Residence: No. 822 N. Patterson Park Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
nale	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of J. Harvey Timmons

TE OF BIRTH (month, day, year) May 9, 1879

Years	Months	Days	If LESS than 1 day, hrs. or min.
56	11	9	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore Maryland

NAME David B. Grothaus

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MAIDEN NAME Marie ------

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FORMANT J. Harvey Timmons

(Address) 822 N. Patterson Park Ave

RIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemetery Date 4/21 . 36

DERTAKER Henry H. Mears & Son

(Address) 800 N. Eutaw St.

Huntington Williams, M.D.

D 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 18 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 9, 1936 to Apr 18, 1936

I last saw her alive on Apr 17, 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma Chronic	
Other contributory causes of importance: None	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jacob Fuchs, M. D.

(Address) 1823 N. Broadway

23174 F 23174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced Dead at University Hospital (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5y yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Clement If U. S. Veteran specify WAR .....

(a) Residence: No. 603 N. Montford Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel Clement

6. DATE OF BIRTH (month, day, year) June 27, 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	9	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fish Dealer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME OF FATHER John A. Clement

14. BIRTHPLACE (city or town) Balto. Md.
(State or country)

15. MAIDEN NAME OF MOTHER Katherin Arthur

16. BIRTHPLACE (city or town) Balto. Md.
(State or country)

17. INFORMANT Mable Clement

(Address) 603 N. Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 21. 1936

19. UNDERTAKER John H. Elliott

(Address) 2008 Orleans

20. FILED April 21 1936 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) F. K. Ogden M. D.
Coroner

(Address) 2757 W. North

3175 F 23175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 92-W

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

gth of residence in city or town where death occurred yrs. .. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME Temple Sue

(a) Residence: No. Damascus, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
lee	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

ATE OF BIRTH (month, day, year) Oct. 13, 1878

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	6	7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter Dr

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building Corp.

Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Maryland

NAME Hamilton Tulp

BIRTHPLACE (city or town) (State or country) maryland

MAIDEN NAME Conrad Stitzy

BIRTHPLACE (city or town) (State or country) Maryland

FORMANT Mountain Road

(Address)

AL, CREMATION, OR REMOVAL

Wagerstown Md Date Apr 20 1936

NDERTAKER J B Beall Funeral

(Address) Damascus Md

LED Huntington Williamsport Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1936, to April 20, 1936

I last saw he alive on April 20, 1936 Death is said to have occurred on the date stated above, at 12:00 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis Liver	Dec. 1936
Carcinoma of pancreas	1937
Cirrhosis Hypertrophic ?	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. Grafton Hersperger, M. D.

(Address) Mercy Hospital.

F 23176

B 1268-9

3176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH St Agnes Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 25-1 Ward)

Length of residence in city or town where death occurred yrs. mos. 2 da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Chas A Eckloff

If U. S. Veteran specify WAR

(a) Residence: No. 3842 Belair Pl NE., Washington DC

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced, HUSBAND of (or WIFE of) Chas C Eckloff (Deceased)

DATE OF BIRTH (month, day, year) Nov - 1907

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	28	5	—	—

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter (Helper)

Industry or business in which work was done, as silk mill, saw mill, bank, etc. $0.50

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) D C

NAME Geo - E Eckloff

BIRTHPLACE (city or town) (State or country) D C

MAIDEN Laura Knifed

BIRTHPLACE (city or town) (State or country) D C

FORMER Geo E Eckloff

RESIDENCE (Address) 3842 Belair Pl N E Washington D C

BURIAL, CREMATION, OR REMOVAL Washington Date 4/20 1936

UNDERTAKER W. W. Deal

(Address) 816-H-St N E Washington D C

FILED 4/20 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-20- 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	4/18/36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify whether in home, factory, street, country, or public place) Hartford Blvd near Maryland Ave

Specify whether injury occurred in industry, in home, or in public place

Nature of injury Automobile struck auto truck

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Julius Gorby Auto M.D. Coroner

(Address) 907 Mulberry St

23177 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23177

CERTIFICATE OF DEATH.

J 92-a

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1302- Madeira Ave. (WARD) 11-4

2-FULL NAME George Washington Smith.

(a) RESIDENCE NO. 1302- Madeira Ave. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Emily Smith

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mr. Weil

BIRTHPLACE (city or town) (State or country) Ky.

10 NAME OF FATHER unk

11 BIRTHPLACE OF FATHER (city or town) unk (State or country)

12 MAIDEN NAME OF MOTHER unk

13 BIRTHPLACE OF MOTHER (city or town) unk (State or country)

Informant Emily Smith

(Address) 1609 Madeira St

Filed 1936 Lexington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-18- 1936

17 I HEREBY CERTIFY, That I attended deceased from 3-1- 1936, to 4-18-1936, that I last saw h alive on 4-18- 1936, and that death occurred, on the date stated above, at 4p m.

The CAUSE OF DEATH* was as follows: Valvular Heart disease (Mitral) Pulmonary Edema Hypertension.

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. L. Jackson M. D.

4/ 1936 (Address) 6001 Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cemetery

UNDERTAKER Charles H Burkett

DATE OF BURIAL 4-21- 1936

ADDRESS 224 Lanvale St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 71-B

Registered No. 23178

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Y OF BALTIMORE: (No. ..... St., 7-5 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred ..... yrs. 1 mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Tyler Holland

If U. S. Veteran specify WAR .....

(a) Residence: No. Spar Rd St., ... Ward. Annapolis Md

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

married, widowed, or divorced HUSBAND of (or) WIFE of —

TE OF BIRTH (month, day, year) 12-30-32

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3	3	15	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 12. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Md

NAME Walter Holland

BIRTHPLACE (city or town) (State or country) md

MAIDEN NAME Rosamond Jones

BIRTHPLACE (city or town) (State or country) md

FORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

RIAL, CREMATION, OR REMOVAL

Place ..... Date 19

NDERTAKER

(Address)

LED 19

4 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from ~~of~~ Feb 26 1936 to April 18 1936

I last saw him alive on April 18, 1926 Death is said to have occurred on the date stated above, at 2.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sickle Cell Anemia	Nov 1935

Other contributory causes of importance

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John A. Wentworth Lee, M. D.

(Address) Johns Hopkins Hospital

23179 Roland Sewell F 23179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 18

PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Roland Sewell

(a) Residence: No. 1121 Brison St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct 23, 1915

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	5	25	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto.

10. NAME Charles Sewell

11. BIRTHPLACE (city or town) (State or country) Maryland

12. MAIDEN NAME Nettie McClotten

13. BIRTHPLACE (city or town) (State or country) Maryland

14. INFORMANT Nettie Sewell

(Address) 1121 Brison St

15. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Apr. 21 1936

16. UNDERTAKER James A. Hayes

(Address) 142 W. Fillmore St

Apr 21 1936 Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 17, 1936 to Apr 19, 1936

I last saw him alive on Apr 19, 1936 Death is said to have occurred on the date stated above, at 12 10/11 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis	4/14/36
Meningococcus	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Myron G. Tucker Jr. M. D.

(Address) Sydenham

23180 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 23180

CERTIFICATE OF DEATH X ✓ 11-B

PLACE OF DEATH Bon Secours Hosp. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore Md. St. 90-1 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Walter A Main

(a) Residence: No. R.D. Ijamsville Frederick Co. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 19, 1936.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	✓	2	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

NAME Clyde D. Main

BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MAIDEN NAME Virgie Rambler

BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

INFORMANT Clyde D. Main

(Address) R.D. 4 Ijamsville Md

BURIAL, CREMATION, OR REMOVAL

Place Pleasant Hill Cem. April 21, 1936

UNDERTAKER C. M. Waltz

(Address) Mayfield Md.

APR 21 1936 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-19, 1936, to 4-20, 1936

I last saw h/m alive on 4-20, 1936 Death is said to have occurred on the date stated above, at 11:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	4-17-36
Other contributory causes of importance: Acute upper respiratory infection	4-19-36
General Toxemia	4-19-36

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Simon L Kenip, M. D.

(Address) Bon Secours Hosp.

23181 F 23181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2147 W. Saratoga St., W-2 Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Matilda Schroeder

(a) Residence: No. 2147 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

If married, widowed, or divorced WIFE of (or) HUSBAND of late Ernest Schroeder

DATE OF BIRTH (month, day, year) Dec 12 - 1844

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	91	4	7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

NAME Not known

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME Mary Ehling

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Minnie Wright
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date April 22 1936

UNDERTAKER Henry Lutz
(Address) 1303 N. Broadway

LED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/18 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/- . 1936, to 4/18 . 1936

I last saw h[illegible] alive on 4/17 . 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Sclerosis Hypertension	
Other contributory causes of importance: Thyroidit	4-36
Ca	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Cerbe . M. D.

(Address) 2145 N Balto

23182

F 23182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1721 Windemere Ave. Ward) 9-2

...rth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Elizabeth W. Hecker

If U. S. Veteran specify WAR .....

(a) Residence: No. 1721 Windemere ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
...ale	White	Widowed

If married, widowed, or divorced WIFE of (or) HUSBAND of Augustus J. Hecker

DATE OF BIRTH (month, day, year) April 13th 1855

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	0	7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

NAME Henry Schmueller

BIRTHPLACE (city or town) (State or country) Unknown Germany

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown Unknown

INFORMANT (Address) Edward J. Hecker 1721 Windemere Ave

BURIAL, CREMATION, OR REMOVAL Emmanuel Cem. Apl. 27 36

UNDERTAKER (Address) Frederick Cashman Jones 7401 Belair Road

FILED ..... 19 ..... Registrar

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20. 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 17. 1936 to Apr. 20 1936

I last saw h... alive on Apr 19. 1936. Death is said to have occurred on the date stated above, at 9:15a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/17/36
Other contributory causes of importance: Depression Age Arteria - Sclerosis	

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) L. H. Meyer Jr. M. D.

(Address) 1520 E. 33rd St

F 23183

23183 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 8 S. Caroline St. 3-1 Ward)

th of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Bodayna Narovlansky

(a) Residence: No. 8 S. Caroline St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

married, widowed, or divorced HUSBAND of (or) WIFE of Meyer

TE OF BIRTH (month, day, year)

E Years	Months	Days	If LESS than 1 day, hrs. or min.
76			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Russia

NAME Samuel

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Ginner

BIRTHPLACE (city or town) (State or country) Russia

FORMANT Mr. M. Dubb

(Address)

RIAL, CREMATION, OR REMOVAL

Date 4/24/36 19

NDERTAKER Jos. Levi's Sons

(Address) 1539 E. Baltimore St

ED 19 Re

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4/10 . 1936 to 4/21 . 1936

I last saw h alive on 4/21 1936 Death is said to have occurred on the date stated above, at 12 N A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	10 da
Other contributory causes of importance: Cardio-Renal-vascular disease	

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) I. Benj. Sanders M. D.

(Address) 2128 W. North Ave

Huntington Williams Re

23184 F 23184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-W

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4702 Springdale Av St. 28-7 Ward)

Length of residence in city or town where death occurred 6 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Charles G. Buller

(a) Residence: No. 4702 Springdale Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Effie M Buller

DATE OF BIRTH (month, day, year) Jan 1 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	3	19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Machinist

Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R Co

Date deceased last worked at this occupation (month and year) 1897

11. Total time (years) spent in this occupation 24

BIRTHPLACE (city or town) (State or country) Jefferson Frederick Co Md

NAME OF FATHER Peter Buller

BIRTHPLACE (city or town) (State or country) Maryland

MAIDEN NAME OF MOTHER Hannah Bechtold

BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs Walter H Fenster

(Address) 4702 Springdale Ave

BURIAL, CREMATION OR REMOVAL Valley Cemetery

Place Jefferson Md Date April 22 1936

UNDERTAKER Chas G. Black

(Address) 742 W. Fayette Ave

FILED 21 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1936 to Apr 20, 1936

I last saw him alive on Apr. 19, 1936 Death is said to have occurred on the date stated above, at 6.30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	about 12 hours
Other contributory causes of importance: Broncho-Pneumonia	35 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Lebrote Ewell M. D.

(Address) 2745 St. Paul St

9 Mon

E 23185

3185 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 82-a

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1430 Eastern Ave., 15-1 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Anna Mabel

(a) Residence: No. 1430 Eastern Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	R.	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Moses Mabe

DATE OF BIRTH (month, day, year) 1867.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Georgetown Dodge

NAME OF FATHER Allen Garrett

BIRTHPLACE (city or town) (State or country) Va.

MAIDEN NAME OF MOTHER Catherine

BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Martha Wilson

(Address) 1430 Eastern Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date April 21 1936

UNDERTAKER Thomas E. Watson

(Address) 1223 Pressman St.

FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/19/36

22. I HEREBY CERTIFY, That I attended deceased from 4/14/36, 19..., to 4/19/36

I last saw h... alive on 4/18/36, 19... Death is said to have occurred on the date stated above, at 4:30 PM

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Hardening of the arteries

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical or autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Lee Ellis M. D.

(Address) 624 Mass. Ave.

D. B 1268-9

23186 HEALTH DEPARTMENT—CITY OF BALTIMORE F 23186

CERTIFICATE OF DEATH V 82-a

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5087 Gremor St., 19-1 Ward)

Registered No.

(If death occurred in a hospital or institutinn, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Jacob C Kruskrain

(a) Residence: No. 5087 Gremor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widnwed, or Divorced (write the word)
Male	Colrd	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie C Kruskrain

DATE OF BIRTH (month, day, and year) Feb. 23. 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.

Date deceased last worked at this occupation (month and year) 4/13/36

11. Total time (years) spent in this occupation 18 yrs

BIRTHPLACE (city or town) (State or country) Harford Co. Md

NAME OF FATHER Unknown

BIRTHPLACE (city or town) (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs. Nellie C Kruskrain

(Address) 5087 Gremor

BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cemetery Date April 22 1936

UNDERTAKER Thomas E. Kelagn

(Address) 1302 Preston

RECORD 1936 Lexington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 18th 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10th 1936 to Apr 18th 1936

I last saw h[illegible] alive on Apr. 17th 1936. Death is said to have occurred on the date stated above, at 11:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebal Hemorrhage	4/9/36

Other contributory causes of importance:

Senility

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. E. Bell M. D.

(Address) 1132 Gilmor

Wilks

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23187

CERTIFICATE OF DEATH

23

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—PLACE OF DEATH

Y OF BALTIMORE. (No. 724 W. Saratoga ST. 4-2 WARD)

—FULL NAME Lillie Mae Wilks

) RESIDENCE (No. 724 W Saratoga ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

h of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

TE OF BIRTH (month, day, and year): July 13-1919

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
16	9	5	

UPATION OF DECEASED

Trade, profession or particular kind of work: School

General nature of industry, business, or establishment in which employed (or employer): ✓

Name of employer: ✓

THPLACE (city or town) (State or country): Md.

NAME OF FATHER: Thomas Wilks

BIRTHPLACE OF FATHER (city or town) (State or country): S. C.

MAIDEN NAME OF MOTHER: Henrietta Robinson

BIRTHPLACE OF MOTHER (city or town) (State or country): S. C.

Informant: Henrietta Robinson

(Address) 724 W Saratoga St

Filed .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-18-36

17 I HEREBY CERTIFY, That I attended deceased from Dec 2 1936, to April 18-1936, that I last saw h[illegible] alive on April 17th 1936 and that death occurred, on the date stated above, at 8:30 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) ..... yrs. 3 mos. 8 ds.

CONTRIBUTORY (Secondary) Anemia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Sputum & Examination

(Signed) Jas C. Carper, M. D.

19 (Address) 1433 Druid [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cemetery

DATE OF BURIAL: April 21 1936

20 UNDERTAKER: Thomas G. Kelson

ADDRESS 1393 Fremont St

23188 — 500 lbs.

F 23188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1303 N. Stockton ST. 15 WARD)

2-FULL NAME Katie Butler Johnson

(a) RESIDENCE NO. 1303 N Stockton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced
HUSBAND of (or) WIFE of: Rasberry Johnson

DATE OF BIRTH (month, day, and year): Sept 30 1902

AGE: Years 34 Months 6 Days 18 — If LESS than 1 day, hrs. or min.

~~5-34 1901 6 30 14~~

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): House Work

(c) Name of employer: Calvert Co

BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: William H Lane

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert County Md

12 MAIDEN NAME OF MOTHER: Susan Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co Md

Informant: George H Lane
(Address): Lusby Md

Filed ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 19 1936

17 I HEREBY CERTIFY, That I attended deceased from March 17, 1936 to Ap-18, 1936

that I last saw her alive on Ap. 18, 1936

and that death occurred, on the date stated above, at 3.25 P m.

The CAUSE OF DEATH* was as follows: Myocarditis & Nephritis

(duration) .. yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary): Pleurisy (duration) 1 yrs. 2 mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical

(Signed) L A Walters, M. D.

, 19 (Address) 1606 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wallace Gen. Co.

DATE OF BURIAL: April 22 1936

20 UNDERTAKER: Thomas E Kelson

ADDRESS: 1303 Pleasant St

3189 HEALTH DEPARTMENT—CITY OF BALTIMORE 23189

CERTIFICATE OF DEATH 42-a

Registered No. 21-4

PLACE OF DEATH Union Memorial Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St. ..... Ward)

th of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Beverly Coleman

(a) Residence: No. 914 Paca St Baltimore Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Child

married, widowed, or divorced
HUSBAND of
or) WIFE of —

TE OF BIRTH (month, day, year) Oct 24 1924

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	5	24	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at School

Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation —

RTHPLACE (city or town) (State or country) Va.

NAME Allen B Coleman

BIRTHPLACE (city or town) (State or country) Va

MAIDEN NAME Wilhelmina Rutherford

BIRTHPLACE (city or town) (State or country) Va.

FORMANT Mrs Wilhelmina Coleman

(Address) 914 S Paca St.

RIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date April 22 19 36

NDERTAKER Jos. L. Berger Jr.

(Address) 1072 Hollins St

Registrar

LED 19

R 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-20 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1935 to April 20 1936

I last saw her alive on April 20 1936 Death is said to have occurred on the date stated above, at 6:25 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease ?	1936

Other contributory causes of importance: Acute Mitral stenosis and insufficiency Multiple pulmonary infarcts | ? 1935 April 1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Hecker M. D.

(Address) Union Memorial Hosp.

F 23190

23190 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH U.S. Marine Hospital, Baltimore Md. 18-2
Y OF BALTIMORE: (No. ..... St., ... Ward)

th of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR Unknown

FULL NAME Charlie Crowley

(a) Residence: No. 932 W. Mulberry St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) Feb. ?? 1896

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	2		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) 1-2[illegible]-36

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Richmond Co.
(State or country) Virginia

NAME Austin Crowley

BIRTHPLACE (city or town) Richmond Co.
(State or country) Va.

MAIDEN NAME Mary Payne

BIRTHPLACE (city or town) Richmond Co.
(State or country) Va.

FORMANT Records, U.S. Marine Hospital
Address) Baltimore, Md.

AL, CREMATION, OR REMOVAL
National Cem. Date 4/21 19 36

NDERTAKER Bernard C. Hennessy
Address) 1 Broadway Funeral Dir.

1 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16 . 1936

22. I HEREBY CERTIFY, That I attended deceased from January 27 . 1936 to April 16 . 1936

I last saw him alive on April 16 . 1936 Death is said to have occurred on the date stated above, at 8:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic with dilatation	Unk.
Pleurisy, acute, suppurative	2 mos.
Other contributory causes of importance:	
Thrombosis, artery, femoral, rt.	3 mos.
Gangrene, right foot	2 mos.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) T.B.N. an duncan, M. D.

(Address) U.S. Marine Hospital, Balto.

23191 F 23191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 411 S Lehigh St. 26-7 Ward)

th of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Katherine Kuhn

(a) Residence: No. 411 S Lehigh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	W	Widowed

married, widowed, or divorced
RUSBAND of (or) WIFE of Aloysius

TE OF BIRTH (month, day, year) Sept 19 1865

Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
70	7	1	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Germany

NAME John Wolf

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Margaret Schmidt

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Eva Pepringer
(Address) 411 S Lehigh St

RIAL, CREMATION OR REMOVAL

Place Sacred Heart Date April 23 1936

NDERTAKER Mat. W. E. Dippel
(Address) 37 S. Carey St

LED, ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1935 to April 20 1936

I last saw her alive on April 20 1936. Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1935
Myocarditis	1935
Bronchopneumonia	April 18 1936

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edward Kuhl, M. D.

(Address) 2550 Talbot Ave

23192 F 23192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 3008 Priestman St 16-7 Ward)

th of residence in city or town where death occurred 20 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

FULL NAME Harold Alexander Stevebold

If U. S. Veteran specify WAR .....

(a) Residence: No. 3008 Priestman St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	white	widowed

married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Stevebold

TE OF BIRTH (month, day, year) Dec 10 1862

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	73	4	9	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookstore- 0045

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Super - self

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

RTHPLACE (city or town) (State or country) New York NY

NAME ? Stevebold

BIRTHPLACE (city or town) (State or country) unknown

MAIDEN NAME unknown

BIRTHPLACE (city or town) (State or country) unknown

FORMANT Mrs Marion Hubbert

(Address) 3008 Priestman St

RIAL, CREMATION, OR REMOVAL

Pla Druid Ridge Date Apr 21 1936

NDERTAKER Wm J Dukeyer & Sons

(Address) North & Penna Ave

Huntington Williams M.D.

1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 05, 1935, to April 19, 1936.

I last saw h... alive on April 18 1936. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primal Cerebral Sclerosis	
Valvular Heart Disease	
Chronic Nephritis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E R Dump M. D.

(Address) 1733 Linden Ave

D. B 1268-9

23193 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 23193

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Franklin Square Hospital 15-2 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth Bain

If U. S. Veteran specify WAR .....

(a) Residence: No. 1702 McKean Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

If married, widowed, or divorced HUSBAND of (or) WIFE of Robert T. Bain

DATE OF BIRTH (month, day, year) Nov. 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	4	25	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales lady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blum,s Inc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 3 Yrs

BIRTHPLACE (city or town) (State or country) West va.

13. NAME Charles S. Hauser

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Bertha Sterow

16. BIRTHPLACE (city or town) (State or country) West va.

INFORMANT Mrs. Bertha S. Elliott

(Address) 11 Chester Rd,

BURIAL, CREMATION, OR REMOVAL

Place St. Johns Cem Date Apr. 22 1936

UNDERTAKER Easton Sons & Lucas

(Address)

FILED Huntington Nathanson M.D.

APR 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19th. 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came
(Inquest, Autopsy or Inquiry)
to No, death on the day stated above 9.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Apr. 19 36	
inducrd by excitement and	
fright while being robbed.	

Other contributory causes of importance:

Hypertention & Arterial Sclerosis

Was an operation performed? No, Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Probably Accidental 6/19/36

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? Union Square
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury While being robbed

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Thos. H. Pfeiffer, M. D.
Coroner

(Address) 1939 Edmondson Ave,

3194 F 23194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1109 W Lexington St., 18-3rd Ward)

th of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Elijah Lee

a) Residence: No. 1109 W Lexington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Mary Lee

TE OF BIRTH (month, day, year) Feb 3, 1867

E Years	Months	Days	If LESS than 1 day... hrs. or ... min.
68	9	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) State or country) Baltimore Md

NAME Unknown

BIRTHPLACE (city or town) (State or country) "

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) "

FORMANT Mary Lee
Address) 1109 W Lexington St.

RIAL, CREMATION, OR REMOVAL

lace Mt Auburn Date April 23 1936

DERTAKER Saml. N. Brust & Son
Address) 688 N. Eutaw

Huntington Williams Reg

1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1936 to April 20, 1936

I last saw him alive on April 19 1936 death is said to have occurred on the date stated above, at 7.15 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cardiac hypertrophy and Dilatation	1 Year ago
Chr Nephritis	

Other contributory causes of importance:

Pulmonary Edema

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) W. F. Howell M. D.

(Address) 601 N Carrollton Ave

F 23195

23195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-a

Registered No. .....

PLACE OF DEATH

Y OF BALTIMORE: (No. Mercy Hospital St. 16-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 4 yrs. 5 mos. 27 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME George Roy Knight.

(a) Residence: No. 605 Granby St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ell	white	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of —

TE OF BIRTH (month, day, year) Oct. 24. 1931.

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	5	27	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 0

RTHPLACE (city or town) Baltimore
(State or country) Md.

NAME George Knight.

BIRTHPLACE (city or town) Iowa.
(State or country)

MAIDEN NAME Anna Sculley

BIRTHPLACE (city or town) Maryland
(State or country)

FORMANT Hospital Records
Address)

RIAL, CREMATION, OR REMOVAL

Place Rock Creek Cem. Date 4/22/ 1936

DERTAKER John F. Cowdes & Co.
(Address) 1901 Harlem Ave. Huntington Williamsport, Md.

LED ..... 19 ..... Registrar

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20 1936

22. I HEREBY CERTIFY, That I attended deceased from April 7 1936 to April 20 1936

I last saw him alive on April 20 1936 Death is said to have occurred on the date stated above, at 9:00 A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Congenital heart disease. about 2 yrs ago
Cardiac failure 4-10-36

Other contributory causes of importance:

Acute follicular tonsillitis (strep. faecalis -- see throat) 4-15-36

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Federin Knowles M. D.

(Address) Mercy Hospital.

F 23196

23196 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 9 S. Stockton St. 183 Ward)

th of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Arthur Fayrad

If U. S. Veteran specify WAR .....

(a) Residence: No. 9 S. Stockton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Col.	Married

married, widowed, or divorced)
USBAND of
or) WIFE of Hattie Fayrad

TE OF BIRTH (month, day, year) Jan 9th 1897

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
9	3	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common Labor

Date deceased last worked at this occupation (month and year) Mar 1936

11. Total time (years) spent in this occupation Life

RTHPLACE (city or town, State or country) Manning S.C.

NAME Henry Fayrad

BIRTHPLACE (city or town, State or country) Manning S.C.

MAIDEN NAME Mary Benbow

BIRTHPLACE (city or town, State or country) Manning S.C.

FORMANT Hattie Fayrad

Address) 9 S. Stockton

RIAL, CREMATION, OR REMOVAL

Place Manning, S.C. Date Apr. 22, 1936

DERTAKER Mrs. Katie R Williams

Address) 322 N Schroeder St.

ED 1936 19 ..... Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 30th, 1936, to April 19th, 1936.

I last saw him alive on April 19th, 1936. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis from Intestinal Influenza with Ulceration.	4/8/36
Other contributory causes of importance: Intestinal Influenza	3/30/36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. T. Grace M. D.

(Address) 522 N. Carlington

F 23197

23197 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6 S Carlton St. 18 Ward)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Wm Spates

(a) Residence: No. 6 S Carlton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col'd	Mar

If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Spates

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) North Carolina

NAME John Spates

BIRTHPLACE (city or town) (State or country) Williams N.C.

MAIDEN NAME Mary Spruiel

BIRTHPLACE (city or town) (State or country) N.C.

INFORMANT Mary Spates

(Address) 6 S Carlton

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Apr 23, 36

UNDERTAKER Mc Katie R. Williams

(Address) 322 N Schroeder St.

FILED 19 Emp. Williams, Jr.

APR 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apl 20, 19 36

22. I HEREBY CERTIFY, That I attended deceased from Apl 16, 19 36 to Apl 20, 19 36

I last saw h alive on Apl 20, 19 36. Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Disease of Heart	?

Other contributory causes of importance:

Pulmonic Oedema	Apl 20

Name of operation No Date of No

Whnt test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Apl 20 36 (Signed) T H Norwood M. D.

(Address) 939 W Fayette

23198 # 13069 ✓ F 23198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-J 93-D

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. Baltimore City Hospital St. 17-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

FULL NAME Edward Savage

(a) Residence: No. 444 Peer St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	B	Single

married, widowed, or divorced HUSBAND of (or) WIFE of

TE OF BIRTH (month, day, year) 8-16-1870

E	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
8	65	8	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Va.

NAME Joseph

BIRTHPLACE (city or town) (State or country) ?

MAIDEN NAME Maggie

BIRTHPLACE (city or town) (State or country) Va.

FORMANT B. C. H. Records

(Address)

URIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Apr 21, 1936

NDERTAKER Mrs Kate R. Williams

(Address) 322 A Schroeder St.

LED ..19.. Register No.

APR 1936 Huntington Preston

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/16, 1936 to 4/16, 1936

I last saw h.im alive on 4/16, 1936. Death is said to have occurred on the date stated above, at 3 45 A m.

The principal cause of death and related causes of importance were as follows:

myocardial insufficiency — Date of onset ?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. Wineberg M. D.

(Address) Balto City Hosp.

23199 ✓12499 F 23199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-E-95-B

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 5-1 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Ida Charity

(a) Residence: No. 1409 E. Fairmount Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of John

DATE OF BIRTH (month, day, year) 3-1-1893 1893

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44 43	1	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

NAME James Dixon

BIRTHPLACE (city or town) (State or country) ?

MAIDEN NAME Kate Dorsey

BIRTHPLACE (city or town) (State or country) ?

INFORMANT B.C.H. Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4/20/36 . 19

UNDERTAKER Mrs Ida M. Holland

(Address) 1631 Druid Hill Ave

Huntington Williams, M.D.

DATE 1936 . 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-18- . 19 36

22. I HEREBY CERTIFY, That I attended deceased from 2/20/36 . 19 36 to 4/18 . 19 36

I last saw her alive on 4/18 . 19 36 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
S. N. S. Syphilis C	?
cerebral thrombosis	

Other contributory causes of importance:

Hypertensive Heart Disease	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... . 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) F.W. Linley . M. D.

(Address) Balto City Hosp

B 1268-9

23200 F 23200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Fredrick Smith. If U. S. Veteran specify WAR World

(a) Residence: No. 101 East St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Colored	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May 10, 1896

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	11	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosp

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Louisville Ky.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Elizabeth Swann

(Address) 101 East St.

BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date April 22, 1936

UNDERTAKER Jacob S. Lockie

(Address) 1342 Hanover St.

FILED APR 21 1936 Huntington Mathews, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Autopsy found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Ahrentzen, Coroner M. D.

(Address) 1919 E. Monument

F 23201

23201 HEALTH DEPARTMENT—CITY OF BALTIMORE

34-93-D

CERTIFICATE OF DEATH

12180 Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. Baltimore City Hospitals St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Rosa Miller

(a) Residence: No. 689 W. Mulberry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Married

married, widowed, or divorced
USBAND of (or) WIFE of ?

TE OF BIRTH (month, day, year) ~~1895~~ ? 1901

Years	Months	Days	If LESS than 1 day, hrs. or min.
35 ~~40~~			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) S.C.
(State or country)

NAME ?

BIRTHPLACE (city or town) ?
(State or country)

MAIDEN NAME Mary McClare

BIRTHPLACE (city or town)
(State or country) S.C.

FORMANT Hospital Records
Address)

RIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem Date 4/22, 1936

DERTAKER Robt E. Williams & Son
(Address) 515 N. Eden St.

ED 4/21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/17, 1936, to 4/17, 1936

I last saw her alive on 4/17, 1936 Death is said to have occurred on the date stated above, at 11.45 A m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Dr. Wm. Levy, M. D.

(Address) Baltimore, Md.

23202 ✓ F 23202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Baltimore City Hospitals U-A3551 3 1

Y OF BALTIMORE: (No. Tuberculosis Divisions St. ..... Ward)

h of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Sally Cousins

a) Residence: No. 32 S. Caroline st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Married

married, widowed, or divorced
USBAND of
or) WIFE of Lee Cousins

TE OF BIRTH (month, day, year) April 17, 1907

Years	Months	Days	if LESS than 1 day, ... hrs. or ..... min.
29			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Virginia

NAME James Staton

BIRTHPLACE (city or town) (State or country) Virginia

MAIDEN NAME Isabelle Powell

BIRTHPLACE (city or town) (State or country) Virginia

FORMANT Hospital Records
Address)

RIAL, CREMATION, OR REMOVAL

Place ..... Date 4/21/36

DERTAKER

Address .....

21 1936 . 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17 . 1936

22. I HEREBY CERTIFY, That I attended deceased from April 13 . 1936 to April 17 . 1936

I last saw her alive on April 17 . 19 36 Death is said to have occurred on the date stated above, at 6.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Nov. 1934
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... . 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Arthur Kaufman M. D.

(Address) Baltimore City Hospitals

F 23203

203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Baltimore City Hospitals St. 20-3 Ward)

th of residence in city or town where death occurred 1 Byrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Baby Girl Byron

(a) Residence: No. 434 S. Payson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

married, widowed, or divorced HUSBAND of or) WIFE of

TE OF BIRTH (month, day, year) 4-17-36

Years	Months	Days	If LESS than 1 day hrs. or 25 min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore City Hospitals

NAME Robert

BIRTHPLACE (city or town) (State or country) ?

MAIDEN NAME Marie Saffran

BIRTHPLACE (city or town) (State or country) Balto.

FORMANT Hospital Records
(Address)

RIAL, CREMATION, OR REMOVAL

Place U. of Md. Medical School Date April 21 19 36

DERTAKER
(Address)

LED 19 Registrar

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-17 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-17 . 1936 to 4-17 . 1936.

I last saw her alive on 4-17 . 1936 Death is said to have occurred on the date stated above, at 8:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (5 months)	4-17-36

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? none

Name of operation none Date of No

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto.

F 23204

204 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

PLACE OF DEATH

Y OF BALTIMORE: (No. Baltimore City Hospital St. 36-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Baby Boy Lowndes - Abortion

(a) Residence: No. 634 S. Kappolls St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	W	Infant

married, widowed, or divorced
USBAND of
or) WIFE of

TE OF BIRTH (month, day, year) 4-12-36

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Hrs.			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) Md.
(State or country)

NAME John

BIRTHPLACE (city or town) Md.
(State or country)

MAIDEN NAME Margaret Johnson

BIRTHPLACE (city or town) Md.
(State or country)

B. C. H. Records

ORMANT
Address)

RIAL, CREMATION, OR REMOVAL

Place U of M Med School Date April 21, 1936

DERTAKER
Address)

21 1936 [illegible] Registrar

2215

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-12-36, 1936 to 4-12, 1936

I last saw him alive on 4-12 1936 Death is said to have occurred on the date stated above, at 9:30 m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Abortion
(Cause unknown)

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Suzanne Sterling M. D.

(Address) Balto. Lucy Hospital

✓ F 23205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ....

PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. .... St. 7-5 Ward) × 94-B

h of residence in city or town where death occurred ✓ yrs. 9 mos. ✓ ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

If U. S. Veteran specify WAR ....

ULL NAME Pressly T. Craig

(a) Residence: No. Bank & Graham St. .... Ward. Sewickley Pa (If non-resident give city or town and State)

(Usual place of abode)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	White	Single

married, widowed, or divorced USHAND of r) WIFE of —

E OF BIRTH (month, day, year) 7-29-70

Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
65	9	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Executive

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank

Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation ....

RTHPLACE (city or town) (State or country) Pa

NAME Joseph Craig

BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME Matilda Shanton

BIRTHPLACE (city or town) (State or country) Penna

FORMANT Records Geo. L. Craig

(Address) JOHNS HOPKINS HOSPITAL Sewickley Pa

RIAL, CREMATION, OR REMOVAL

Place Fallsburgh Pa. Date April 23 19 36

DERTAKER Peter Campbell Sons

(Address) 1900 Eutaw Place

APR 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20 1936

22. I HEREBY CERTIFY, That I attended deceased from June 26 1935 to April 20 1936

I last saw h.. alive on April 20 1936 Death is said to have occurred on the date stated above, at 11 55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4-20-36
Other contributory causes of importance: Generalized arteriosclerosis	?

Was an operation performed? No Date of ....

For what disease or injury? ....

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury .... 19....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) Norman Cameron M. D.

(Address) Johns Hopkins Hospital.

3206 F 23206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 5914 Marlutth Ave. St. 26-1 (Ward)

th of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR Spanish

FULL NAME Milton W. Most Jr.

(a) Residence: No. 5914 Marlutth Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Most

TE OF BIRTH (month, day, year) March 1st 1875

E Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	1	19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

Industry or business in which work was done, as silk mill, saw mill, bank, etc Grocery

Date deceased last worked at this occupation (month and year) Dec. 1934

11. Total time (years) spent in this occupation 8

RTHPLACE (city or town) (State or country) Balto. Maryland

NAME John L. Most

BIRTHPLACE (city or town) (State or country) Balto. Maryland

MAIDEN NAME Mary Scott

BIRTHPLACE (city or town) (State or country) Balto. Maryland

FORMANT (Address) Mrs Mary A. Most 5914 Marlutth Ave.

RIAL, CREMATION, OR REMOVAL

Pl Jerusalem Cem. Date April 23 36

NDERTAKER Frederick Lissauer Son

(Address) 7401 Liberty Road

Huntington Williams

LED ..... Registrar

APR 2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20th 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1934 to April 20 1936.

I last saw h alive on April 11 1936 Death is said to have occurred on the date stated above, at 7:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Gastric Gland	Sept 10 1934

Other contributory causes of importance:

Generalized metastasis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Joseph D. Tice M. D.

(Address) 936 E. Monument St

5-31 250B

3207 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ F 23207

122-B

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Franklin Sq Hosp. Balto Md St., Ward)

h of residence in city or town where death occurred? 2 mos 7 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Eliza Jane Erdman

a) Residence: No. 1202 Bonaparte ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

Married, widowed, or divorced
~~HUSBAND~~ or ~~WIFE~~ of Of David L Erdman

TE OF BIRTH (month, day, year) Feb 11th 1854

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	2	7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

RTHPLACE (city or town) Balto
State or country) Md

NAME Thomas Rusk

BIRTHPLACE (city or town) Balto
(State or country) Md

MAIDEN NAME Margaret Morpin

BIRTHPLACE (city or town) Germany
(State or country)

FORMANT Lewis E Erdman
Address) 1202 Bonaparte Ave

RIAL, CREMATION, OR REMOVAL

lace Loudon Park Date Apr 24th 1936

DERTAKER Geo Schilling & Sons Co
Address) 1124-1126 Monument St

LED ..... 19 ..... Pennington Williams Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 4/16, 1936 to 4/21, 1936.

I last saw her alive on 4/21, 1936 death is said to have occurred on the date stated above, at 6:25 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis (cause unknown)	4/14/36
Paralytic Ileus	4/14/36
Intestional Obstruction	4/14/36

Other contributory causes of importance:

Name of operation Laparotomy Date of operation 4/18/36.

What test confirmed diagnosis Op. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury None, 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) D D Eagles M. D.

(Address) Franklin Sq. Hosp.

3208 Schaff ✓ F 23208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

73

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 21 S. Gurley St., 1-7 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Howard Wm Schaff

(a) Residence: No. 21 S. Gurley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

DATE OF BIRTH (month, day, year) January 5, 1912

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	3	13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boat-Keeper

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat Packing

Date deceased last worked at this occupation (month and year) Jan 1935

11. Total time (years) spent in this occupation 5 1/2

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

NAME OF FATHER William Schaff.

BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

MAIDEN NAME OF MOTHER Elizabeth Stickles

BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

INFORMANT (Address) Elizabeth Schaff (Mother) 21 S Gurley St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 22, 1936

UNDERTAKER (Address) Frank V. Deputore 2818 E. Baltimore St.

FILED APR 21 1936 Registrar [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1935 to April 18, 1936

I last saw h. alive on April 18, 1936 Death is said to have occurred on the date stated above, at 11.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Fibrinalosa	15 mo
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No Date of

What test confirmed diagnosis? Bronchoscopic + X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. A. Stevens M. D.

(Address) 2878 Stanford Rd

23209 F 23209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Sydenham Hospital St., 7 Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Elmer Lewis Wheatley

(a) Residence: No. 110 W. Henrietta St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of —

TE OF BIRTH (month, day, year) 1 Nov 1918

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
17			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Errand boy odc

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore

NAME Elmer Wheatley

BIRTHPLACE (city or town) (State or country) Balto md

MAIDEN NAME Reid

BIRTHPLACE (city or town) (State or country) Balto md

FORMANT Ruth Clay

(Address) 755 Eilsen St

RIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4/21/36

NDERTAKER Jeriah L Burns & Son

(Address) 1 W Monument St

Huntington Williams Jr

Registrar.

APR 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1936 to Apr 18, 1936

I last saw h... alive on Apr 18, 1936 Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis.	4 17 36
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis D. Schwartzkopf M. D.

(Address) Sydenham Hospital

No. 5-H 2508

10 HEALTH DEPARTMENT—CITY OF BALTIMORE 23210

CERTIFICATE OF DEATH

107-W

PLACE OF DEATH ~~Roosevelt Gaynor~~ Franklin Sq. Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No.) St. 23 Ward)

th of residence in city or town where death occurred yrs. mos. ds How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Roosevelt Gaynor

a) Residence: No. 929 Leadenhall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4 Color or Race	5. ~~Single~~, Married, Widowed, or Divorced (write the word)
M	B	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) Nov 1936

Years	Months	Days	If LESS than 1 day, hrs. or min.
	3		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Balt. Md
State or country)

NAME Roosevelt Gaynor

BIRTHPLACE (city or town) unknown
(State or country)

MAIDEN NAME Rose Richburg

BIRTHPLACE (city or town) Unknown
(State or country)

FORMANT Hospital
Address)

RIAL, CREMATION, OR REMOVAL
lace Bet Med School Date April 24 19 36

DERTAKER
Address)

1936 Huntington & Willoughby Nov 19 Registrar.
2217

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/17, 1936, to 4/21, 1936

I last saw him alive on 4/21, 1936, death is said to have occurred on the date stated above, at 5:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus	
Bronchopneumonia terminal	

Other contributory causes of importance:

Premature infant 32 wks	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. J. Battaglia, M. D.

(Address) Franklin Sq. Hospital

—1-12-23—MAT—500 Blks.

211

F 23211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

Y OF BALTIMORE: (No. 1207 E Lanvale St ST., 9-9 WARD)

2-FULL NAME Baby Boy Deuk

(a) RESIDENCE NO. 1207 E Lanvale St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
White	Infant

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, and year) 4. 20. 36

Years	Months	Days	If LESS than 1 day, hrs or min.
		1 day.	

CUPATION OF DECEASED

) Trade, profession or rticular kind of work

) General nature of industry, siness, or establishment in hich employed (or employer)

) Name of employer

THPLACE (city or town) Balto. Md
ate or country)

NAME OF FATHER Harry Deuk

BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

MAIDEN NAME OF MOTHER Isabel Morrissey

BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

nformant

Address)

le 1936 . 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4. 21 1936

17

I HEREBY CERTIFY, That I attended deceased from 4. 20 . 19 36 . to 4. 21 . 19 36 .

that I last saw h/ Malive on 4. 20 . 19 36

and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Pre-mature infant - 6 hrs.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? P.E.

(Signed) Joseph S. Blum, M. D.

, 19 (Address) 1206 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: U. of M. Med School — DATE OF BURIAL: June 21 1936

20 UNDERTAKER — ADDRESS

Germaniseiner Bros.

3276

F 23212

53-F

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

(a) OF BALTIMORE: (No. Union Memorial Hosp. St., 12-3rd Ward)

(b) Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

(c) FULL NAME Mrs. Mortimer Jacobs (Catherine) If U. S. Veteran specify WAR .....

(d) Residence: No. 3027 St Paul St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced WIFE of (or) HUSBAND of Mortimer Jacobs

6. DATE OF BIRTH (month, day, year) July 23, 1866

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	8	27	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

8. BIRTHPLACE (city or town) Chicago Ill
(State or country)

9. NAME OF FATHER John Graham
BIRTHPLACE (city or town) England
(State or country)

10. MAIDEN NAME OF MOTHER Catherine Coyle
BIRTHPLACE (city or town) Rochester
(State or country) N.Y.

12. INFORMANT Mrs Constance B. Jacobs
(Address) 3027 St Paul St

13. BURIAL, CREMATION, OR REMOVAL
Place Mt Cathedral Date April 22 1936

14. UNDERTAKER John C. Mellvill Sons
(Address) 1200 Eutaw Place

15. FILED Huntington Williams M.D.
1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-18, 1936 to 4-20, 1936

I last saw h.. alive on 4-20, 1936 Death is said to have occurred on the date stated above, at 2:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Thyroid gland	?

Other contributory causes of importance:

Was an operation performed? Yes Date of 4-20-36

For what disease or injury? Carcinoma of Thyroid Gland

Name of operation Thyroidectomy, plus Date of 4-20-36

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 —

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) Howard A Kelly, M. D.

(Address) Union Memorial Hosp.

3213 # 12182 ✓ F 23213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Baltimore City Hospital St., 17-13 Ward)

th of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Gladys Byrd

If U. S. Veteran specify WAR

(a) Residence: No. 771 George St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	B	Widowed

married, widowed, or divorced
USBAND of
or) WIFE of

TE OF BIRTH (month, day, year) 6-20-1910

E Years	Months	Days	If LESS than 1 day hrs. or min.
yrs.	9	24	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Own ad[illegible]

Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Md.

NAME William Wynder

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Laura Thomas

BIRTHPLACE (city or town) (State or country) Md.

FORMANT B. C. H. Records
(Address)

RIAL, CREMATION, OR REMOVAL

Place Asbury Cemetery Date April 22 1936

NDERTAKER Mrs Chas L. Bailey

(Address) 1421 Jefferson St

1936 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-14, 1936, to 4-19, 1936

I last saw her alive on April 19, 1936. Death is said to have occurred on the date stated above, at 3.30 A.m.

The principal cause of death and related causes of importance were as follows:

Acute Coronary Pulmonary Tuberculosis — Date of onset ? ?

Other contributory causes of importance:

Pregnancy

Was an operation performed? Yes Date of 4-4-36

For what disease or injury? Abdominal Cesarean Section

Name of operation Date of 4-9-36

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. Emil Kadan, M. D.

(Address) Baltimore City Hospitals

B. 1268-9

F 23214

214 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2106 Walbrook Ave St., 15-4 Ward)

h of residence in city or town where death occurred 76 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Frank M. Reddy

(a) Residence: No. 2106 Walbrook Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

married, widowed or divorced
USHAND of (or) WIFE of Lillian Beyer Reddy

TE OF BIRTH (month, day, year) Sept. 21, 1881

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	6	29	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 2066

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coffee Business

Date deceased last worked at this occupation (month and year) Aug. 1935

11. Total time (years) spent in this occupation Life

RTHPLACE (city or town) State or country) N.Y.

NAME Wm. Reddy.

BIRTHPLACE (city or town) (State or country) N.Y.

MAIDEN NAME Lehy

BIRTHPLACE (city or town) (State or country) N.Y.

FORMANT Mrs. Lillian Reddy.

Address) 2106 Walbrook Ave.

RIAL, CREMATION, OR REMOVAL

lace Cathedral Cem Date 4/23 36

DERTAKER C. Vernon Lemmon

Address) 7611 Park Heights.

1936 ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4 1935 to April 20 1936

I last saw h[illegible] alive on April 20, 1936. Death is said to have occurred on the date stated above, at 6 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1934
Cerebral Hemorrhage	Jan. 1936
Bronchopneumonia	4/14/36

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis Physical Examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify ...

(Signed) L. Peter Menaushi M. D.

(Address) 1910 N. North Ave.

D. B. 1268-9

✓ F 23215

3215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 Linden ave St. 11-4 Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Samuel D Shipley

(a) Residence: No. 1317 Linden Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary B. Shipley

6. DATE OF BIRTH (month, day, year) Sept 20 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME Mary S Shipley

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Mathias

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT N. S. Shipley

(Address) Sykesville md.

18. BURIAL, CREMATION, OR REMOVAL

Springfield Cem. Date Apr. 24 19 36

19. UNDERTAKER Reese & Son Dry

(Address) Sykesville Md.

20. 1936 Huntington Williams, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-17 1936, to 4-20 1936

I last saw him alive on 4-20 1936. Death is said to have occurred on the date stated above, at 1.50 p m.

The principal cause of death and related causes of importance were as follows:

Senility

Date of onset

Other contributory causes of importance:

Hypertrophied Prostate

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J Thomas Carey M. D.

(Address) 1014 St Paul St

D. B 1268-9

F 23216

216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 S. Ponpleton St. St., 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George E. Ebenhack

If U. S. Veteran specify WAR

(a) Residence: No. 312 S. Ponpleton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Ebenhack

6. DATE OF BIRTH (month, day, year) Oct. 24, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	5	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. foundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Christopher Ebenhack

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Elnora

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs Bertha Ebenhack
(Address) 312 S. Ponpleton St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park, Date April 22 1936

19. UNDERTAKER George Lyddane
(Address) 2101 Frederick Ave

20. FILED 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above. 9.45a,m,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Tuberculosis Pulmonary	About three years,
Other contributory causes of importance:	

Was an operation performed? No, Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No, If so, specify

(Signed) Thos. H. Phillips, M. D.
Coroner

(Address) 1939 Edmondson Ave.

F 23217

217 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

PLACE OF DEATH Sinai Hospital

Registered No.

Y OF BALTIMORE: (No. St., No. 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Marie Holzheid

(a) Residence: No. 3 North Clinton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
k	White	married

married, widowed, or divorced (husband or) WIFE of August Holzheid

TE OF BIRTH (month, day, year) Dec. 31 - 1905

Years	Months	Days	If LESS than 1 day, hrs. or min.
30	3	19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Balto. Md.

NAME Conrad Schenk

BIRTHPLACE (city or town) (State or country) Balto Md.

MAIDEN NAME Mollie Morgreth

BIRTHPLACE (city or town) (State or country) Balto Md.

FORMANT (Address) August Holzheid 3 N. Clinton St.

RIAL, CREMATION, OR REMOVAL Place Moreland's Date 4/24/36

DERTAKER (Address) John E. Connelly Essex Md. Huntington Williams, Inc.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1936, to April 19, 1936.

I last saw her alive on April 19, 1936 Death is said to have occurred on the date stated above, at 3:50 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis — Date of onset 1-5-36

Uremia

Other contributory causes of importance:

Hypertension

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel A. Belgorod, M. D.

(Address) Sinai Hospital

3218

F 23218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. University Hospital St., 15-17 Ward)

h of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Sophia McCauley

If U. S. Veteran specify WAR .....

(a) Residence: No. 3502 Greenspring Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
nale	White	Widow

married, widowed, or divorced
USBAND of
r) WIFE of Hayward E. McCauley

TE OF BIRTH (month, day, year) April 28-1867

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	11	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

RTHPLACE (city or town) Carroll Co.
State or country) Maryland

NAME George Mitsal

BIRTHPLACE (city or town) Germany
(State or country)

MAIDEN NAME Caroline Nuner

BIRTHPLACE (city or town) Germany
(State or country)

FORMANT George H. McCauley

Address) 3502 Greenspring Ave.

RIAL, CREMATION, OR REMOVAL

Place St. Mary's Hampden Date April 22 1936

DERTAKER Horace F. Burgee

Address) 3231 Falls Road

FEE 5.00 Arrington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-19 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-19 , 1936 to 4-19 , 1936

last saw h er alive on 4-19 , 1936 Death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Ischiorectal abscess	2-15-36
Cellulitis - right thigh	3-1-36
Other contributory causes of importance:	
Gangrene - right foot	4-5-36
Diabetic coma	4-17-36

Was an operation performed? Yes Date of 2-22-36

For what disease or injury? Ischiorectal abscess

Name of operation Decapitation of thigh Date of 2-22-36

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... , 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) R. Bert W. Farr M. D.

(Address) University Hospital

3219 F 23219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1015 Bayard St. 21-2 Ward)

h of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

ULL NAME Julius A. Rawlings

a) Residence: No. 1015 Bayard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

married, widowed, or divorced
USBAND of
r) WIFE of Emma H. Rawlings

TE OF BIRTH (month, day, year) Dec 29, 1870

6. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59 65	3	22	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pa. R.R. Engineer. 003

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) State or country A. A. Co Md

NAME John A. Rawlings

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME Martha Purnell

BIRTHPLACE (city or town) (State or country) Md

FORMANT Emma H. Rawlings

Address) 1015 Bayard St

RIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date April 24 1936

DERTAKER A. Howard & Sons

Address) 1400-02 E. Baltimore St

Huntington Williams, Agt

LED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-21-1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1935 to April 21, 1936.

last saw h alive on April 21, 1936 Death is said to have occurred on the date stated above, at 9:25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the prostate & bladder	Oct 1, 1935

Other contributory causes of importance:

Was an operation performed? Yes Date of Dec 1, 1935

For what disease or injury?

Name of operation Cystotomy Date of

What test confirmed diagnosis? Was

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public ce

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Louis Klaus M. D.

(Address) 1112 Woodbourne Bldg

VA 624

F 23220

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

PLACE OF DEATH U.S. Marine Hospital, Baltimore Md.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 3-1 Ward)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR W.W.

FULL NAME Henry Joseph Jacobs

(a) Residence: No. 419 S. Bond St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 10, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	10	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Aviation

Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation .....

9. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10. NAME Harry Jacobs

10. BIRTHPLACE (city or town) Annapolis
(State or country) Maryland

10. MAIDEN NAME Clara ??

10. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

BURIAL, CREMATION, OR REMOVAL Place U.S. National Date 4/22, 1936

UNDERTAKER Robert Brooks & Son
(Address) Eutaw & Hoffman Sts

1936 Huntington Williams, M.D. Registrar.

K.F.N.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1936 to April 18, 1936

I last saw him alive on April 18, 1936. Death is said to have occurred on the date stated above, at 11:35 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of lung, right	3-24-36
Other contributory causes of importance: Pneumonia, lobular	3-24-

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T.M.H. Anderson M. D.

(Address) U.S. Marine Hospital

F 23221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 53-C

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 7-5 St., Ward)

h of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

ULL NAME Kenneth a Weaver

(a) Residence: No. Corinth St., Miss Ward.
(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	single

married, widowed, or divorced
USBAND of
r) WIFE of

E OF BIRTH (month, day, year) 6/28/04

31 Years	Months	Days	If LESS than 1 day, hrs. or min.
32	9	23	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Co

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

ITHPLACE (city or town) (State or country) Miss

NAME a. K Weaver

BIRTHPLACE (city or town) (State or country) Miss

MAIDEN NAME Mary Warren

BIRTHPLACE (city or town) (State or country) Miss

ORMANT Records
(Address)

RIAL, CREMATION, OR REMOVAL

Place Corinth-Miss Date April 19

DERTAKER [illegible]
(Address) 1400 [illegible]

2 1936 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 18, 1936, to Apr 21, 1936

I last saw h[illegible] alive on April 21, 1936 Death is said to have occurred on the date stated above, at 4 44 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, malignant.	1935
Hemolytic streptococcus pneumonia	4/20/36
Other contributory causes of importance:	

Was an operation performed? Yes Date of 4/18/36

For what disease or injury?

Name of operation Pt. craniotomy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford M. D.

(Address) The Johns Hopkins Hospital

D. B 1268-9

23222

O.K. Schumb F 23222

HEALTH DEPARTMENT—CITY OF BALTIMORE

Enlisted U S Infantry

CERTIFICATE OF DEATH

PLACE OF DEATH Church Home Hospital & Infirmary 46-A Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 8 (Ward)

43

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William L Willis

(a) Residence: No. 1604 N Chester Street St., 8 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Katie Anna Willis

DATE OF BIRTH (month, day, year) June 8 1864

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	10	13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter & Paperhanger

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

BIRTHPLACE (city or town) (State or country) Easton Maryland

NAME OF FATHER Levin Willis

BIRTHPLACE (city or town) (State or country) Easton Md.

MAIDEN NAME OF MOTHER Sarah Willis

BIRTHPLACE (city or town) (State or country) Easton Md

INFORMANT Mrs Katie Anna Willis

(Address) 1604 N Chester Street

BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date 4-21 1936

UNDERTAKER Albert Leavitt Jr

(Address) 1606 N Chester Cemetery

Huntington Millcreek Pa

Registrar

D. 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 20, 1936 to Apr. 21, 1936

I last saw him alive on Apr. 21, 1936 Death is said to have occurred on the date stated above, at 12:10 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted]	
Arteria-Sclerotic Heart Disease	
Arteria Sclerosis.	
Carcinoma of Oesophagus	Unknown.

Other contributory causes of importance:

Cardiac Failure

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Myers M. D.

(Address) Church Home & Inf

23223 F 23223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 134

PLACE OF DEATH

Y OF BALTIMORE: (No. Sinai Hospital St. 15-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Louis Isaacs

(a) Residence: No. 3632 Cottage Ave St., Ward. Balto.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widower

married, widowed or divorced HUSBAND of (or) WIFE of Lobri

TE OF BIRTH (month, day, year)

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
5				

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 50 yrs

IRTHPLACE (city or town) (State or country) Russia

NAME Charles Isaacs

. BIRTHPLACE (city or town) (State or country) Russia

. MAIDEN NAME Not Known

. BIRTHPLACE (city or town) (State or country) Russia

FORMANT Hospital Records
(Address)

URIAL, CREMATION, OR REMOVAL Herring Run Date 4/22/36 19

NDERTAKER Jos. Lewis Levy
(Address) 1439 E. Balto St.

2 1936 Interring Top Williams Lot

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1936, to April 21, 1936.

I last saw him alive on April 21, 1936. Death is said to have occurred on the date stated above, at 5:55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	3-8-36
Bilateral Pyelonephritis, Chronic Prostatic hypertrophy	
Other contributory causes of importance Stone in bladder	
Hypertension Hard Vessels	

Was an operation performed? Yes Date of April 10, 1936

For what disease or injury? Stone in bladder

Name of operation Suprapubic Cystotomy Date of 4-10-36

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliott Mendelson M. D.

(Address) Sinai Hospital

23224

F 23224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-a

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. 907 E. Fayette St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Dan Lemer

(a) Residence: No. 907 E. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Aaron

TE OF BIRTH (month, day, year)

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	270			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Russia

NAME Isral Bodaker

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Sara

BIRTHPLACE (city or town) (State or country) Russia

FORMANT Aaron Lemer

(Address) 907 E. Fayette St.

RIAL, CREMATION, OR REMOVAL

Place Lincoln Park Date 4/22/36

NDERTAKER Geo. L. Lemer & Son

(Address) 1119 E. Fayette St.

FILED 1936 Routing for Publication

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1935 to April 21, 1936

I last saw h[illegible] alive on April 19, 1936 Death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

Hypernephroma - Kidney — Date of onset 12-7-35

Metastasis — 3-2-36

Cachexia

Other contributory causes of importance:

Moderate arteriosclerosis

Was an operation performed? yes Date of Jan 6-1936

For what disease or injury? Hypernephroma

Name of operation Removal of Kidney Date of Jan 6-36

What test confirmed diagnosis? Gross Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. A. Price, M. D.

(Address) 120 Augusta St.

23225 F 23225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No. .....

PLACE OF DEATH

Y OF BALTIMORE: (No. Sinai Hosp. St. 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Lena Goldstein

(a) Residence: No. 3921 Bonner Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
nal	White	Married

married, widowed, or divorced
USBAND of
or) WIFE of Hyman

TE OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Russia

NAME Bernard Zaren Covetch

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Esther Volosk

BIRTHPLACE (city or town) (State or country) Russia

FORMANT Hospital Records
(Address)

RIAL, CREMATION, OR REMOVAL
ew Ferncliff Run Date 4/23/36

NDERTAKER Jack Levin Inc
(Address) 1439 E Balto St

LED 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/22/36. 19

22. I HEREBY CERTIFY, That I attended deceased from April 20 1936 to Apr. 22 1936

I last saw her alive on 5-40 Am 4/22 1936. Death is said to have occurred on the date stated above, at 5-40 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M. Jaumey M. D.

(Address) Sinai Hosp.

1647

23226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XY37 F 23226

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

OF BALTIMORE: (No. ..... St., 7-5 ..... Ward)

of residence in city or town where death occurred ..... yrs. ..... mos. 23 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

ULL NAME Isaac Polis

a) Residence: No. 4900 Monument ave Ward. Philadelphia Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married.

married, widowed, or divorced USBAND of) WIFE of

E OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

ate deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) Russia (State or country)

NAME unknown

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME unknown

BIRTHPLACE (city or town) (State or country)

ORMANT Records

Address) JOHNS HOPKINS HOSPITAL

AL, CREMATION, OR REMOVAL

ace Phila, Pa Date 4/22 . 1936

DERTAKER Jos Levinson & Bro

Address) 1127 E Balto st

22 1936 . 19 Registrar. Williamsport Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 21 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 29 . 1936 to Apr 21 . 1936

I last saw him alive on April 21 . 1936 Death is said to have occurred on the date stated above, at 5:30 p m.

The principal cause of death and related causes of importance were as follows:

Uremia, Pyelonephritis — Date of onset 9-1-6

Other contributory causes of importance:

Cerebral hemorrhage? — coma

Was an operation performed? Yes Date of October 1935

For what disease or injury? Prostatic Hypertrophy

Name of operation Perineal Prostatectomy Date of Oct 1935

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carl S. Schlucke M. D.

(Address) Johns Hopkins Hospital

3227 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23227

CERTIFICATE OF DEATH

95-B

PLACE OF DEATH Sinai Hospital St. 15-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No.

th of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Bessie Kramer

(a) Residence: No. 1653 Ruxton ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	Widow

married, widowed, or divorced UBAND of or) WIFE of Late Isaac

TE OF BIRTH (month, day, year) 1881

Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

Industry or business in which work was done, as silk mill, saw mill, bank, etc

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Russia

NAME Samuel Isaacs

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Lena Frank

BIRTHPLACE (city or town) (State or country) Russia

FORMANT (Address) Meyer 1653 Ruxton ave

RIAL, CREMATION, OR REMOVAL Date April 22 1936

Hebrew Hermon Rem

NDERTAKER (Address) Levinson Bros 1712 E Baltimore St

Registrar

2219

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1936 to April 21, 1936

I last saw her alive on April 21, 1936 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac insufficiency

Date of onset 3-23-36

Other contributory causes of importance:

Hypertension and arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel L. Bilgrood M. D.

(Address) Sinai Hospital

F 23228

23228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 2601 Chesterfield Ave. 8-1 Ward)

(b) Length of residence in city or town where death occurred ..... How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Sarah C. Lovett

(a) Residence: No. 2601 Chesterfield Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

(If married, widowed, or divorced) WIFE of Charles B. Lovett

DATE OF BIRTH (month, day, year) May 28 63

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	11	22	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0039

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

NAME John K. Eyer

BIRTHPLACE (city or town) (State or country) St Michael Md

MAIDEN NAME Anna Dobson

BIRTHPLACE (city or town) (State or country) Easton Md

INFORMANT Mrs Robinson

Address 2601 Chesterfield Ave

BURIAL, CREMATION, OR REMOVAL Woodlawn County Date Apr 23 1936

UNDERTAKER H. S. Mars Hall

Address 3559 Falls Road

FILED APR 27 1936 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/20 1936

22. I HEREBY CERTIFY, That I attended deceased from March 15 1936 to April 20 1936

I last saw her alive on April 20 1936 Death is said to have occurred on the date stated above, at 10:20 AM

The principal cause of death and related causes of importance were as follows:

Myocarditis. Date of onset .....

Acute nephritis. .....

Thrombosis of both femoral veins. .....

Other contributory causes of importance:

Cholecystitis, Phlebitis of femoral veins

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Edward A. J. Thompson M. D.

(Address) 1123 N. Paul St.

23229

F 23229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-a

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 1803 N Collington Ave Ward)

of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Harry Henry Andrews

U. S. Veteran specify WAR

(a) Residence: No. 1803 N Collington Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

(If married, widowed or divorced) HUSBAND of (or) WIFE of Fredericka Andrews

DATE OF BIRTH (month, day, year) Sept 18 1877

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	7	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Publ

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

NAME Ringgold Andrews

BIRTHPLACE (city or town) (State or country) Balto

MAIDEN NAME Fannie Harrison

BIRTHPLACE (city or town) (State or country) Balto

INFORMANT Warren H Andrews

(Address) 1631 Hartford Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Apr 22 19 36

UNDERTAKER John Ulrich

(Address) 2008 Aliceanna

FILED APR 22 1936 Eugene Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18. 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 1 1936 to Apr 18 1936

I last saw h alive on Apr 17 1936 Death is said to have occurred on the date stated above, at 8 25 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Paralysis

Other contributory causes of importance:

Cerebral Hemorrhage

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Louis Frahm M. D.

(Address) 1823 N. Monat St.

230

F 23230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

LACE OF DEATH

OF BALTIMORE: (No. 808 Winston Ave St. 27-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

ULL NAME Margaret Beynon

a) Residence: No. 808 Winston Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

married, widowed, or divorced USBAND of r) WIFE of John Beynon

E OF BIRTH (month, day, year) Nov 18 1858

Years	Months	Days	If LESS than 1 day, hrs. or min.
77	5	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto

NAME Fuchtner

BIRTHPLACE (city or town) (State or country) Balto

MAIDEN NAME Don't know

BIRTHPLACE (city or town) (State or country) Balto

ORMANT Martin Beynon

Address) 3701 Milford Ave

RIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date April 23 1936

DERTAKER John Ulrich

Address) Govt Chapel

ED. 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1936, to April 20, 1936

I last saw her alive on April 19, 1936. Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1935
Arterio Sclerotic Heart	4/10/36
	over

Other contributory causes of importance:

Large epith Tumor uterus

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Carl H Benson, M. D.

(Address) 5111 York Rd.

23231 # 13397 F 23231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓95-B

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Baltimore City Hospital St. 15-1 Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Mary Thomas

(a) Residence: No. 1318 N. Stockton St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	B	Married

married, widowed, or divorced USBAND of (or) WIFE of Oliver

TE OF BIRTH (month, day, year) 2-5-1898

Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	15	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 31

Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

RTHPLACE (city or town) (State or country) Md.

NAME James Mooney

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Mary Copper

BIRTHPLACE (city or town) (State or country) Md.

FORMANT B. C. H. Records

Address)

RIAL, CREMATION, OR REMOVAL

Place 774 Auburn Date 4-25 1936

DERTAKER Bernard P. Hensley

Address) 818 Druid Hill Ave

Huntington-Matthews, M.D.

D) ..... 19 ..... Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/3, 1936 to 4/20, 1936

I last saw her alive on 4/20 1936. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacterial endocarditis	1 wk.
Rheumatic heart disease	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert L. Reiter M. D.

(Address) Balto City Hosp.

F 23232

23232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6014 Glenoak Ave St. 27-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter Evans Dalbow

(a) Residence: No. 6014 Glenoak Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or WIFE of) Elizabeth E. Dalbow

DATE OF BIRTH (month, day, year) March 2, 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	1	18	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 3rd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Patrick Dalbow

14. BIRTHPLACE (city or town) (State or country) Ire

15. MAIDEN NAME Annie Taylor

16. BIRTHPLACE (city or town) (State or country) Pa

INFORMANT Mrs. Walter E. Dalbow

(Address) 6014 Glenoak Ave.

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date April 22, 1936

UNDERTAKER Harry G. Weyler

(Address) 701 Edmondson Ave

Huntington Williams, M.D.
Registrar.

FILED ..... 19 .....

1986

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquest
(Inquest, Autopsy or Inquiry)
find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of head	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of Injury April 20, 1936

Where did injury occur? 6014 Glenoak Ave. Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of Injury Pistol shot of head

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenby, M. D. Coroner

(Address) 1918 E. North Ave.

23233

F 23233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-D

PLACE OF DEATH

Registered No. 46-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3113 Chesterfield Ave. (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME George Andrew Storney.

(a) Residence: No. 3113 Chesterfield St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Storney

DATE OF BIRTH (month, day, year) Oct 18-1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship builder

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5686

Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto

NAME OF FATHER Samuel Storney

BIRTHPLACE (city or town) (State or country) Balto

MAIDEN NAME OF MOTHER Barnes

BIRTHPLACE (city or town) (State or country) Balto

INFORMANT Mrs Storney

(Address) 3113 Chesterfield

BURIAL, CREMATION, OR REMOVAL Lafayette Cemetery Date April 23 1936

UNDERTAKER Jos J Herold & Son

(Address) 3001 Eastern Ave

Date 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1935 to April 20, 1936

I last saw him alive on April 20, 1936 Death is said to have occurred on the date stated above, at 8.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Rectum	
Other contributory causes of importance: Cachexia, Anemia, Emaciation	

Name of operation Date of

What test confirmed diagnosis? Cardiac Ovation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter A Anderson M. D.

(Address) 3001 Shannon Drive

F 23234

23234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 349-107a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Baltimore City Hospitals St., 6 1320 Ward)

h of residence in city or town where death occurred 50 mos. ...da. How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

If U. S. Veteran specify WAR .....

FULL NAME Mary Coleman

(a) Residence: No. 1631 Orleans St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
nale	Colored	Widowed

married, widowed, or divorced
HUSBAND of Thomas
or] WIFE of

TE OF BIRTH (month, day, year) April 14, 1845 1862

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
74 ~~80~~		6	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Md.
(State or country)

NAME Henry Wilson

BIRTHPLACE (city or town) ?
(State or country)

MAIDEN NAME Caroline Hughes

BIRTHPLACE (city or town) Md.
(State or country)

FORMANT Hospital Records
(Address)

RIAL, CREMATION, OR REMOVAL

Place Mt. Calvert Cemetery Date 4-23, 1936

NDERTAKER Edward Bryan
(Address) 1647 Orleans St

22 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/29, 1935 to 4/20, 1936

I last saw h... alive on 4/20, 1936 Death is said to have occurred on the date stated above, at 1025 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days
Arteriosclerosis	?
Other contributory causes of importance: Senility	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert L. Reitz M. D.

(Address) Balto City Hosp

130—M&T—250 Bks.

F 23235

23235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

J 95-B

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 2147 Hollins ST. 20-4 WARD)

FULL NAME Ellen Agnes Codling Codling

RESIDENCE NO. 2147 Hollins ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

6 If married, widowed, or divorced
(HUSBAND of
or) WIFE of George R Codling

7 DATE OF BIRTH (month, day, and year) July 25 1874

Years	Months	Days	If LESS than 1 day, hrs. or min.
59	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 0037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town State or country) Ireland

10 NAME OF FATHER Thomas Kerrigan

11 BIRTHPLACE OF FATHER (city or town State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Boland

13 BIRTHPLACE OF MOTHER (city or town State or country) Ireland

14 INFORMANT (Name and address) Mrs. Margaret Kerrigan 2147 Hollins

15 Filed 1936, 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21, 1936

17 I HEREBY CERTIFY, That I attended deceased from April, 19 31, to April 21, 19 36,

that I last saw h alive on April 21, 19 36,

and that death occurred, on the date stated above, at 3:00 a m.

The CAUSE OF DEATH* was as follows:

Hypertension cardio vascular disease

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) hypertrophy cardiac cardiospasm

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? examination

(Signed) Thomas E. Stacy, M. D.

, 19 (Address) 3803 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem DATE OF BURIAL 4/22/36

20 UNDERTAKER Geo. C. Shirley Fueller Hyp ADDRESS

3236 ROMECKI

HEALTH DEPARTMENT—CITY OF BALTIMORE 23236

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 2922 Elliott St., 1-1 Ward)

of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Josefa Romecki

(a) Residence: No. 2922 Elliott St., Ward.
(Usual place of abode) md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
[illegible]	White	Married

If married, widowed, or divorced WIFE of Stanislaw Romecki

DATE OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

NAME Michal Bolgerak

BIRTHPLACE (city or town) (State or country) Poland

MAIDEN NAME Wozniak

BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Stanislaw Romecki

Address) 2922 Elliott St

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 4/24, 36

UNDERTAKER J. J. Truda

Address) 2218 Hudson St

Huntington Williams, MD

FILED [illegible] #2KG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/1/36, 19, to 4/21/36, 19

I last saw her alive on 4/20/36 19. Death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Intestinal Nephritis	3yrs
Malignancy	2 yrs
Hypertension	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) D. H. Herrmann, M. D.

(Address) 7135 Bolton St

336

23237

F 23237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. 1911 E. Preston Street St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

FULL NAME David Ray

(a) Residence: No. 1911 E. Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Widower

married, widowed, or divorced HUSBAND of or) WIFE of Margaret Holmes Ray

TE OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, hrs. or min.
About 60			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) State or country) Baltimore

NAME Charles Ray

BIRTHPLACE (city or town) (State or country) Dont Know

MAIDEN NAME Dont Know

BIRTHPLACE (city or town) (State or country) Dont Know

FORMANT Mrs. Snowman

(Address) 1921 E. Preston Street

RIAL, CREMATION, OR REMOVAL

Place Cathedral Date April 23 19 26

DERTAKER Fitz Wiedefeld & Co.

(Address) 314 Greenmount Ave.

FD 1926 F 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1926

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1925, to April 21, 1926.

I last saw [illegible] alive on April 20, 1926. Death is said to have occurred on the date stated above, at 7½ a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Duration of onset 5 yrs

Other contributory causes of importance:

Uremia

Hypostasis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John B. Reese M. D.

(Address) 936 Mosemount Ave

F 23238

23233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓174

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. 611 Bradley St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Henrietta Turner Coleman If U. S. Veteran specify WAR

(a) Residence: No. 611 Bradley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Married

married, widowed, or divorced. HUSBAND of or) WIFE of Eddie Coleman

TE OF BIRTH (month, day, year) May 20 1900

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	10	28	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Baltimore Md
(State or country)

NAME George Turner

BIRTHPLACE (city or town) Md
(State or country)

MAIDEN NAME Sarah Lincoln

BIRTHPLACE (city or town) Md
(State or country)

FORMANT Sarah Turner

(Address) 1702 Druid Pk.

RIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 4/22 1936

NDERTAKER Thomas E. Kelson

(Address) 130 Pennsylvania Ave.

LED 1936 Washington Williams, M.D. Registrar.

2 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said / \ find that said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from Stab wound in Jugular vein	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 4/18 1936

Where did injury occur? Baltimore Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Stab wound by knife (Ice Pick)

Nature of Injury Stab wound in jugular vein

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C Hann Coroner, M. D.

(Address) 215 Hanover

23239 F 23239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 18

PLACE OF DEATH

Registered No.

OF BALTIMORE: (No. Sydenham Hosp. St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ashley Louis Madden

If U. S. Veteran specify WAR

a) Residence: No. 16 W. Montgomery St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Single

married, widowed, or divorced
USBAND of
r) WIFE of —

E OF BIRTH (month, day, year) Sept 12, 1917

Years	Months	Days	If LESS than 1 day, hrs. or min.
18	7	9	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) N. C.

NAME Bolley Madden

BIRTHPLACE (city or town) (State or country) N C

MAIDEN NAME Matilda Daniel

BIRTHPLACE (city or town) (State or country) N. C.

FORMANT Mrs Bolley Madden

Address) 16 W Montgomery

RIAL, CREMATION OR REMOVAL

Place Greenmount Cem. 23 1936

DERTAKER George A. St. Luken

Address) 1733 Orleans St

Huntington Williams, M.D.

, 19 Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Ap 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Ap 19, 1936, to Ap 21, 1936

I last saw him alive on Ap 21, 1936 Death is said to have occurred on the date stated above, at 5.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis	4/18/36
Meningococcic	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Lumbar puncture Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ryan A. Tull M. D.

(Address) Sydenham Hosp.

23240 F 23240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. Provident Hospital St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Mary Louise Harrison

(a) Residence: No. 1607 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of —

TE OF BIRTH (month, day, year) 1933

Years	Months	Days	If LESS than 1 day, hrs. or min.
3	—	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Baltimore
State or country) Maryland.

NAME Winfield R. Harrison

BIRTHPLACE (city or town) Md
(State or country)

MAIDEN NAME Mary Hardy

BIRTHPLACE (city or town) Md
(State or country)

FORMANT Mr. Winfield Harrison
Address) 1607 W. Franklin St

RIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date April 24 1936

DERTAKER George T. Gibson
Address) 1150 Edmondson Ave

Huntington Williams, M.D.
Registrar

ED 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 4-21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-26, 1936, to 4-21, 1936

I last saw h. alive on 4-21, 1936. Death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-26-36
Other contributory causes of importance:	
Bilateral otitis media	3-26-36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R. H. Jackson, M. D.
(Address) 600 N. Arlington

B 1268-9

23241 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 23241

CERTIFICATE OF DEATH

PLACE OF DEATH Md General Hospital 6 17 Registered No. .....

Y OF BALTIMORE: (No. ..... St. 17- ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Ina Hails ☐ U. S. Veteran specify WAR .....

(a) Residence: No. 1809 Maryland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col.	Single

married, widowed, or divorced HUSBAND of (or) WIFE of 11

TE OF BIRTH (month, day, year) May 11 1910

E Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
25	11	6	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. ☐

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

IRTHPLACE (city or town) (State or country) Camden S. C.

NAME Allen Hails

BIRTHPLACE (city or town) (State or country) Camden S.C.

MAIDEN NAME Carrie Driggers

BIRTHPLACE (city or town) (State or country) Camden S.C.

FORMANT Bennie Hails Brother

(Address) .....

RIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date April 1936

NDERTAKER C. U. Brooks

(Address) 1463 N. Carey st

LED ..... 19 ..... Registrar

R 22 1936 Lexington Wilkins, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16 1936

22. I HEREBY CERTIFY, That I last saw the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ☐ find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above, 6.05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis, due to Laceration of abdomen & intestine.	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/11 1936

Where did injury occur? Gwynn Oak Pimlico (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place on street (Pimlico)

Manner of injury Cut with knife

Nature of injury Lacerated abdomen & intestines

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Harn M. D.
Coroner

(Address) 1215 Hanover

MOORES ✓ 423

2242

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23212

CERTIFICATE OF DEATH

212 X 131

PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. St., 72 Ward)

th of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME Frank Burt Moores If U. S. Veteran specify WAR

(a) Residence: No. Middletown Ind St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced
HUSBAND of
(or) Wife of Florence

TE OF BIRTH (month, day, year) 5/12/87

E Years	Months	Days	If LESS than 1 day, hrs. or min.
48	8	9	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) N. Ill.

NAME Calvin Moores

BIRTHPLACE (city or town) (State or country) N. Y.

MAIDEN NAME Mary J. Northrop

BIRTHPLACE (city or town) (State or country) N. Y.

FORMANT Friends —
(Address) JOHNS HOPKINS HOSPITAL

RIAL, CREMATION, OR REMOVAL
Place Minnewaska Lake, Minn. Date 4/22 1936

NDERTAKER H. W. Mears & Son
(Address) 548 N. Calvert St.

R 22126 Huntington Williams, Ind
Cem. R.R. mrs. F. Burt moores Escort

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21. 1936

22. I HEREBY CERTIFY, That I attended deceased from April 12 1936 to April 21 1936

I last saw him alive on April 21 1936 Death is said to have occurred on the date stated above, at 3 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1930
Chronic osteomyelitis.	1906

Other contributory causes of importance:

Was an operation performed? Yes Date of April 15/36

For what disease or injury? Chronic osteomyelitis.

Name of operation Incision & Sanering Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David I. Schwartz M. D.

(Address) J.H.H.

2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

3243

CERTIFICATE OF DEATH

95-B E 23243

—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 900 W Franklin ST. 18-2 WARD)

—FULL NAME Maggie Nelson

) RESIDENCE NO. 900 W Franklin ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

arried, widowed, or divorced) HUSBAND of or) WIFE of: John Wilson

E OF BIRTH (month, day, and ye: Aug 7-1860

Years	Months	Days	If LESS than 1 day, hrs. or min.
1860	Aug	7-12	

PATION OF DECEASED

Trade, profession or icular kind of work: Housework

General nature of industry, ness, or establishment in h employed (or employer): Private

Name of employer

HPLACE (city or town) te or country): Balt. Md

NAME OF FATHER: Thos Bartel

BIRTHPLACE OF FATHER (city or town) (State or country): Balt. Md

MAIDEN NAME OF MOTHER: Julia Scott

BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

nformant: Julia Randall

Address): Daughter

22 19 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 19, 1936

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1936, to Apr 19, 1936,

that I last saw h[illegible] alive on Apr. 19, 1936

and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension Cardio-Renal

(duration) abt yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo W McDonald, M. D.

19 (Address) 844 N Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 4/22/1936

20 UNDERTAKER: Mrs. George H. Holland

ADDRESS: 163 Druid

D 1268-9

23244 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 23244

CERTIFICATE OF DEATH

164-a

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 4814 Palmer Ave. St. 27-17 Ward)

of residence in city or town where death occurred 20 yrs. ---mos.---da. How long in U. S. if of foreign birth? 20 yrs. ---mos.---da.

FULL NAME Julius E. Bucking.

(a) Residence: No. 4814 Palmer Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

Married, WIFE or HUSBAND of Anna Bucking.

DATE OF BIRTH (month, day, year) November 11, 1890

Years	Months	Days	If LESS than 1 day, hrs. or min.
45	5	9	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter. 070

Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

Date deceased last worked at this occupation (month and year) Sept 1935 | 11. Total time (years) spent in this occupation 20 yrs

BIRTHPLACE (city or town) (State or country) Germany.

NAME Emil Bucking.

BIRTHPLACE (city or town) (State or country) Germany.

MAIDEN NAME Anna Jahn.

BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Anne Bucking. (wife)

(Address) 4814 Palmer Ave.

BURIAL, CREMATION, OR REMOVAL

Place Fort Lincoln Mt Date Apr 22, 36

UNDERTAKER E. Stewart Howe Co.

(Address) [illegible]

APR 22 1936 Registrar. (Eptc)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5.15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
suicide,	
illuminating gas poisoning.	

Other contributory causes of importance: (Bron.)

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify

(Signed) Otto Reinhardt, M. D.
Coroner

(Address) 4/21, 1936 1017 N. Charles St.

3245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-L 23245

Registered No.

PLACE OF DEATH St Agnes Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Caton & Wilkens Ave St. 14-2 Ward)

th of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Rev George Vincent McKenny, C.M.

If U. S. Veteran specify WAR

(a) Residence: No. 532 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	white	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) July 19, 1868

E Years	Months	Days	If LESS than 1 day, hrs. or min.
67	9	1 20	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Priest

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rel

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) New York N.Y.
(State or country)

NAME Daniel M. McKenny

BIRTHPLACE (city or town) Philadelphia
(State or country) Pa

MAIDEN NAME Pauline Gallagher

BIRTHPLACE (city or town) San Francisco
(State or country) California

FORMANT Sister Beatrice Gallagher
(Address) Providence Hospital Wash D C

URIAL, CREMATION, OR REMOVAL

Place Cathedral Date April 24 1936

NDERTAKER Martin Fahey & Sons
(Address) 1127 N. North Ave

ED 1936 Eugene Williams, MD

22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/27, 1936 to 4/20, 1936

I last saw him alive on 4/20, 1936 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension & arteriosclerosis ?	
Cerebral hemorrhage	2/27/36
Other contributory causes of importance:	
Terminal Uremia Nephritis	4/17/36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Peter T. Quaas M. D.

(Address) 804 Cathedral St

246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

O.K. Silverburg

186-N 23246

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. Sinai Hospital St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth 80 yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Julius W. Heller

(a) Residence: No. Sinai Home St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widower

married, widowed, or divorced HUSBAND of (or) WIFE of Martha H. Heller

TE OF BIRTH (month, day, ye Aug. 3, 1852

E. Years	Months	Days	If LESS than 1 day, hrs. or min.
83	8	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Salesman

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Germany

NAME Herman Heller

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Dr. P. Jacks

(Address) 1400 Lexington Bldg.

URIAL, (CREMATION, OR REMOVAL)

PL Ohr Shalom Cem Date Oct. 22, 1936

NDERTAKER Lloyd Sandheim & Son

(Address) 902 Eutaw Place

LED Attending Physician

22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/20/, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 29, 1936 to April 20, 1936

I last saw h alive on April 20, 1936 Death is said to have occurred on the date stated above, at 1105 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-13-36
Contributory causes of importance: Left Intra-trochanteric fracture	2-29-36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2-29, 1936

Where did injury occur? Baltimore, Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Aged Home of Sinai Hosp.

Manner of injury Fell to floor

Nature of injury Fract. of left femur.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Merkilan, M. D.

(Address) Sinai Hospital

B 1263-9

23247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23247

210-M

PLACE OF DEATH City Hospitals

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No.) St. 11-1 (Ward)

th of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Clinton E. Matthews

If U. S. Veteran specify WAR

(a) Residence: No. 715 St Paul St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
de	White	Married

married, widowed, or divorced HUSBAND of or) WIFE of Ella Pearson

TE OF BIRTH (month, day, year) Aug 11 - 1858

Years	Months	Days	If LESS than 1 day, hrs. or min.
77	8	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Real Estate Sales

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

ITHPLACE (City or town) State or country Baltimore Co

NAME Ella Matthews

BIRTHPLACE (city or town) (State or country) Baltimore Co.

MAIDEN NAME Clara Royston

BIRTHPLACE (city or town) (State or country) Baltimore Co.

FORMANT Ella Pearson Matthews

(Address) Phoenix Md

RIAL, CREMATION, OR REMOVAL

Place Monkton, Md. Date Apr. 24. 1936

DERTAKER Wm. C. Brooks & Son

(Address) Sparks, Md.

Huntington Williams M.D.

Registrar

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21/36 1.55 PM 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Tibia	3/27/36
Fracture of Femur	

Other contributory causes of importance: Hemorrhage

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/27, 1936.

Where did injury occur? Eastern Ave & Milton

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Street

How injury occurred Struck by automobile while crossing street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert Gantz, Auto M. D.

Coroner

(Address) 907 N. Charles St

23248 ✓ F 23248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-g-131

Registered No. 13631

PLACE OF DEATH

Y OF BALTIMORE: (No. Baltimore City Hospitals St., 152 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Mamie Snowden

(a) Residence: No. 1613 N. Gilmor St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

married, widowed, or divorced HUSBAND of (or) WIFE of George

TE OF BIRTH (month, day, year) 1890 ~~1891~~

E Years	Months	Days	If LESS than 1 day, hrs. or min.
~~56~~			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Md.

NAME Andrew Jackson

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Harriet A. Price

BIRTHPLACE (city or town) (State or country) Md.

FORMANT B.C.H. Records
(Address)

RIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4/23 19 36

NDERTAKER Wm L Jackson Sons

(Address)

LED 19 Registrar

~~21320~~ Washington ~~Williamsport, Md~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/20 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/16 1936 to 4/20 1936

I last saw her alive on 4/20 1936 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular renal disease	2 yrs.
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Rake M. D.

(Address) Balto City Hosp.

B. 1965

23249

F 23249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1009 MADISON AVE St., 11-4 Ward)

h of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

ULL NAME JOEL CURTIS

(a) Residence: No. 1009 MADISON AVE St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	COL	MARRIED

married, widowed, or divorced USBAND of r) WIFE of DAISY

E OF BIRTH (month, day, year) UNKNOWN 1907

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
24	UNKNOWN		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER

Industry or business in which work was done, as silk mill, saw mill, bank, etc. IN FOUNDRY

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) UNKNOWN GEORGIA

NAME FRANK CURTIS

BIRTHPLACE (city or town) (State or country) GEORGIA

MAIDEN NAME UNKNOWN

BIRTHPLACE (city or town) (State or country) UNKNOWN

ORMANT JAMES JONES

Address) 1009 MADISON AVE

RIAL, CREMATION, OR REMOVAL

lace MT. CALVARY Date 4/23, 1936

DERTAKER Wm. A. Jackson Son

Address) 4th & Penna Ave

1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 21, 1936

22. I HEREBY CERTIFY That I attended deceased from Apr 10, 1936 to Apr 21, 1936

I last saw him alive on Apr 21, 1936 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Ex Laparotomy	

Other contributory causes of importance: —

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) S. D. Stuyvesant M. D.

(Address) 1413 Druid Hill Ave

F 23250

3250 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

x 93-C

CERTIFICATE OF DEATH

Registered No. .....

PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. 6

Y OF BALTIMORE: (No. ..... St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR no

FULL NAME Robert Pyne

(a) Residence: No. xxxx Oxford, Maryland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
X / e	white	widower

married, widowed, or divorced
HUSBAND of (or) WIFE of Maude Dobson Pyne

TE OF BIRTH (month, day, year) April 11, 1875

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	-	11	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

Date deceased last worked at this occupation (month and year) 4-1-36

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Somerset County Maryland

NAME John Pyne

BIRTHPLACE (city or town) (State or country) Fernandina Florida

MAIDEN NAME Laura Walston

BIRTHPLACE (city or town) (State or country) Somerset Co. Maryland

TORMANT (Address) Records, U.S. Marine Hospital Baltimore, Md.

RIAL, CREMATION, OR REMOVAL Place Oxford Md Date April 24 19 36

NDERTAKER (Address) John O. Mitchell Sons 1900 Eutaw Pl. Balto. Md. Huntington Pottsville, Pa.

Registrar.

1966

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22 . 19 36

22. I HEREBY CERTIFY, That I attended deceased from April 14 . 19 36 to April 22 . 19 36

I last saw him alive on April 22 . 19 36 Death is said to have occurred on the date stated above, at 2:05A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	Unknown.
Cerebral Hemorrhage	4-14-36
Hypertension, arterial	Unknown

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Find. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T.M.N. Anderson . M. D.

(Address) U.S. Marine Hospital

F 23251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

PLACE OF DEATH

OF BALTIMORE: (No. Sinai Hospital St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Ronald Balderson

(a) Residence: No. 645 N. Kenwood Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	W White	

married, widowed, or divorced
USBAND of
r) WIFE of

E OF BIRTH (month, day, year) Sept. 23-1934

Years	Months	Days 26	If LESS than 1 day, ... hrs. or ..... min.
1	6	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

NAME Leroy E. Balderson

BIRTHPLACE (city or town) (State or country) Va.

MAIDEN NAME Lithia McFaul

BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Leroy E. Balderson

Address) 645 N. Kenwood Ave.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem Date April 22 1936

UNDERTAKER E. Myerberg & Son

Address) 2224 Jefferson St.

DATE RECEIVED Washington Witness

1936 & N.Y.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1936 to April 19, 1936

I last saw him alive on April 19, 1936. Death is said to have occurred on the date stated above, at 11:00 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset Apr. 11, 1936

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Bernard Ludman, M. D.

(Address) Sinai Hospital

✓ F 23252

3252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2313 W. Lafayette St., 46-5 Ward)

h of residence in city or town where death occurred 23 yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME William J. Quinn

If U. S. Veteran specify WAR Mexican

(a) Residence: No. 2313 W. Lafayette Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ite	White	Married

married, widowed, or divorced USBAND of or) WIFE of Teresa V. Blake Quinn

TE OF BIRTH (month, day, year) March 13 1877

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	1	7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locomotive Engineer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn. R.R. 073

Date deceased last worked at this occupation (month and year) Mar/36

11. Total time (years) spent in this occupation 35 yrs

RTHPLACE (city or town) (State or country) Bel Alton Md.

NAME Patrick Quinn

BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME Sarah Oliver

BIRTHPLACE (city or town) (State or country) Southern Md

FORMANT Mrs Teresa V. Quinn

Address) 2313 W. Lafayette Ave

RIAL, CREMATION, OR REMOVAL

Place Holy Trinity Cemetery Date April 23 1936

ity) Md.

NDERTAKER Elmer W. Conkelin

Address) 924 E. Eager St.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1934 to April 20 1936

I last saw him alive on April 20, 1936. Death is said to have occurred on the date stated above, at 6.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteria hypertension	1934
Other contributory causes of importance:	
Cerebral hemorrhage.	April 4

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George A Kripp, M. D.

(Address) 3030 Edmondson Ave

B 1361 23253 ✓ F 23253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 3423 Elliott St., 76-9 Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Christian Klingelhöfer If U. S. Veteran specify WAR .....

(a) Residence: No. 3423 Elliott St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary L.

TE OF BIRTH (month, day, year) Aug 29 1857

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	79	7	27 20	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tobacco

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar Factory

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

IRTHPLACE (city or town) Montgomery City,
(State or country) Missouri

. NAME Louis Klingelhöfer

. BIRTHPLACE (city or town) St Louis
(State or country) Mo.

. MAIDEN NAME Barbara Wagner

. BIRTHPLACE (city or town) St Louis
(State or country) Mo.

FORMANT Wilhelm Klingelhöfer
(Address) 3423 Elliott St

RIAL, CREMATION, OR REMOVAL
Place St. Matthew Date 4/24/36

NDERTAKER L. Hergmann & Son
(Address) 32 S. Broadway.

LED ..... 19 .....
Registrar.

Z 1986

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest found that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. A. Wright, M. D.
Coroner

(Address) 1010 S. Ellwood Ave

23254

✓ F 23254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

PLACE OF DEATH Bon Secours Hosp. 24-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. Balto. Md. St., Ward)

of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

FULL NAME George Werner

(a) Residence: No. 134 Weber St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	w	married

married, widowed, or divorced USBAND of r) WIFE of Clara E. Werner

E OF BIRTH (month, day, year) Feb. 7, 1869

Years	Months	Days	If LESS than 1 day, hrs. or min.
67	2	13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cloth

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balto. Md

NAME George Werner

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Mary Finney

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Mrs. Clara Werner

Address) 134 Weber St

RIAL, CREMATION, OR REMOVAL

Place London Park Date April 23 1936

DERTAKER Fred A. Krause & Son

Address) 1216 N. Charles St.

Huntington Philadelphia Pa

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-25-36, 19..., to 4-20-36, 19...

I last saw h[illegible] alive on 4-20-36, 19... Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiorenal Renal disease	[illegible]

Other contributory causes of importance:

Congestive Heart failure	3-20-36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) Bon Secours Hosp.

255

E 23255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 427 N. Highland Av Ward)

h of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Minnie Dunkin

If U. S. Veteran specify WAR .....

(a) Residence: No. 427 N. Highland Av St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

married, widowed, or divorced
USBAND of
) WIFE of James G. Dunkin

TH OF BIRTH (month, day, year) April 19, 1889

Years	Months	Days	If LESS than 1 day, hrs. or min.
47	—	1	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

NAME Strassheim

BIRTHPLACE (city or town) (State or country) Germany.

MAIDEN NAME Strassheim

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT James G. Dunkin

(Address) 427 N. Highland Av

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date April 23, 1936

UNDERTAKER John J. Mahan

(Address) 3100 E. Baltimore St

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1-1925, 19... to April 20, 1936.

I last saw h[illegible] alive on April 3, 1936. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st Arterial Hypertension	
2nd Arteriosclerosis	1925
Cerebral Hemorrhage	
Cerebral Apoplexy & Hemiplegia	
Other contributory causes of importance	
Chronic Nephritis	1930
Acute Cardiac Dilatation	1936

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. G. Stegerdal M. D.

(Address) 956 N. Milton Ave.

B. 1268-9

256 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 32256

CERTIFICATE OF DEATH

93-C

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 919 Fawn St. 3-2 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

FULL NAME Antonio Palmisano

(a) Residence: No. 919 Fawn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced WIFE of (or) HUSBAND of Margaret Palmisano

DATE OF BIRTH (month, day, year) June 15 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	10	5	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

NAME Salvatore Palmisano

BIRTHPLACE (city or town) (State or country) Italy

MAIDEN NAME

BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Michael Pasquarello

(Address) 919 Fawn St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 3 1936

UNDERTAKER Frank V. Pipitone

(Address) 28 (18 E. Baltimore St

Huntington Williams, W. Va.
Registered

LICENSE 1506

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4.20.36. 19

22. I HEREBY CERTIFY, That I attended deceased from 4/20/36, 19, to 4/20/36, 19

I last saw h[illegible] alive on 4/20/36, 19. Death is said to have occurred on the date stated above, at 2 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Hypertension	1930
Chronic Interstitial Nephritis	"
Cerebral Hemorrhage.	4/20/36

Other contributory causes of importance:

Name of operation. Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify.

(Signed) Anthony Fiorenza M. D.

(Address) 244 S Eutaw

✓ F 23257

257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

LACE OF DEATH

OF BALTIMORE: (No. 2746 Winchester St., 16-7 Ward)

of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

ULL NAME Harriet (Hattie) E. Dasbel

If U. S. Veteran specify WAR No Record

a) Residence: No. 2746 Winchester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, ~~widowed, or divorced~~ of
) WIFE of James W. Dasbel

E OF BIRTH (month, day, year) June 7th 1874

Years	Months	Days	If LESS than 1 day, hrs. or min.
61	10	14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

Date deceased last worked this occupation (month and year) Feb 20th 1936 | 11. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) (State or country) Howard Co Md

NAME Geo V. Browning

BIRTHPLACE (city or town) (State or country) Howard Co Md

MAIDEN NAME Mary Nickoly

BIRTHPLACE (city or town) (State or country) Howard Co Md

ORMANT James W. Dasbel

Address) 2746 Winchester St

RIAL, CREMATION, OR REMOVAL

Place London Park Date April 23rd 1936

DERTAKER Wm Cook

Address) 1217 St Paul St

1936 Huntington Wilson Funeral Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21st 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1924 to April 21 1936

I last saw h alive on April 20 1936 Death is said to have occurred on the date stated above, at 4:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1924
Arterio Sclerosis	

Other contributory causes of importance:

Dilatation of heart	Feb
Enlargement of Liver Cirrhosis	1936

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) A. C. Lawrence D. M. D.

(Address) 4209 Liberty Hgts Ave

. B 1268-9

✓ F 23258

258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 924 N Fulton ave St. 16-4 Ward)

th of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Rufus G. Bartholomee

If U. S. Veteran specify WAR .....

(a) Residence: No. 924 N. Fulton ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Lucille Bartholomee

TE OF BIRTH (month, day, year) Aug. 7 1903

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	8	14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Foreman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ex Change Furniture Co

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Baltimore Md
(State or country)

NAME Guy R. Bartholomee

BIRTHPLACE (city or town) Baltimore Md
(State or country)

MAIDEN NAME Henrietta Hunt

BIRTHPLACE (city or town) Baltimore Md
(State or country)

FORMANT Lucille Bartholomee
(Address) 924 N Fulton ave.

RIAL, CREMATION, OR REMOVAL
Loudon Park Date April 23 36

NDERTAKER Milligan & Cook
(Address) 1217 St Paul St

Huntington Wva Wife
19 Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above. 12.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Poison By Illuminating Gas	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 4-20-1936

Where did injury occur? Baltimore Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Illuminating gas

Nature of injury Poison

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) O. Hagen, M. D.
Coroner

(Address) 1216 Hanover

259) ✓F 23259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 2803 Guilford Ave 17 Ward)

of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

FULL NAME Anna Miles Kirk

(a) Residence: No. 2803 Guilford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

(If married, widowed or divorced) WIFE of Charles E. Kirk

DATE OF BIRTH (month, day, year) July 19th 1872

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	9	1	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Md

NAME Abram S. Miles

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME Emma Williams

BIRTHPLACE (city or town) (State or country) Md

INFORMANT Charles E. Kirk

(Address) 2803 Guilford Ave

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date April 23rd 1936

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

1936 ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20th, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 21 1935 to April 20 1936.

I last saw h... alive on April 19 1936 Death is said to have occurred on the date stated above, at 5.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocard. Fib	1934
Other contributory causes of importance: cardiac Acute Dilatation	10 Mos

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation Electrocardiogram Date of No

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

(Specify)

(Signed) George M. Gable, M. D.

(Address) 2435 Maryland Ave

B 1268-9

3260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 23260

Registered No. 94-B

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3043 Northern Parkway 27-5 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Paul Christopher

(a) Residence: No. 3043 Northern Parkway Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: (or) WIFE of Paul Christopher

6. DATE OF BIRTH (month, day, year) June 2, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	10	19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hot Trammer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. MCR 3073

Date deceased last worked at this occupation (month and year) Dec 1936 | 11. Total time (years) spent in this occupation 26

9. BIRTHPLACE (city or town) Modoc (State or country) Md

10. NAME OF FATHER Elmer Christopher

BIRTHPLACE (city or town) (State or country) Montgomery

MAIDEN NAME OF MOTHER Mary Loth

BIRTHPLACE (city or town) (State or country) Montgomery

INFORMANT Paul Christopher

(Address) 3043 Northern Parkway

BURIAL, CREMATION, OR REMOVAL

Place Richmond Date 4/27 19 36

UNDERTAKER J. M. Goetzoff

(Address) 1219 E. Fayette St.

Filed 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Wheeler Coroner, M. D.

(Address) 1919 E. North ave.

3260

261

F 23261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 3635 Keystone Ave St., 13-8 Ward)

th of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME Sarah P. Waster

(a) Residence: No. 3635 Keystone Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	ale White	married

married, widowed, or divorced
USBAND of
or) WIFE of James Waster.

TE OF BIRTH (month, day, year) Nov 20, 1880

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	5		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) md.

NAME Granville Meyers.

BIRTHPLACE (city or town) (State or country) md.

MAIDEN NAME Unknown.

BIRTHPLACE (city or town) (State or country) Unknown.

FORMANT James Waster

(Address) 3635 Keystone Ave.

RIAL, CREMATION, OR REMOVAL Woodlawn. Date April 23. 1936

NDERTAKER Chenoweth Son.

DDRESS 15-17 Chestnut Ave.

LED 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1932 to April 20, 1936

I last saw her alive on April 20, 1936. Death is said to have occurred on the date stated above, at 9:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	
Pulmonary Edema	4/19/36

Other contributory causes of importance:
Interstitial Nephritis. Arteriosclerosis. Hypertrophy Endocarditis. Hypertrophy Cirrhosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, ...

(Signed) J. H. Mueller, M. D.

(Address) 4037 Falls Road

F 23263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-1

PLACE OF DEATH Johns Hopkins Hospital

Registered No.

OF BALTIMORE: (No. 1-2 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Geraldine Szymanski

(a) Residence: No. 1930 Alicanna St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced HUSBAND of (a) WIFE of

DATE OF BIRTH (month, day, year) 12/23/35

Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	28	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

FATHER'S NAME Chas Szymanski

FATHER'S BIRTHPLACE (city or town) (State or country) Pol.

MAIDEN NAME OF MOTHER Stella Sas

MOTHER'S BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL Holy Cross. Date Apr 23 1936

UNDERTAKER Tilly & Tilenius

(Address) 405 S Wolfe St.

FILED 1936 Huntington, Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 18, 1936 to Apr 21, 1936

I last saw her alive on Apr. 21, 1936 Death is said to have occurred on the date stated above, at 2:20 a. m.

The prinripal cause of death and related causes of importance were as follows:

Acute Primary Pneumonia (bronchial) — Date of onset 4-17-36

Other contributory causes of importance:

Cong. Malformation of brain — From birth

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any wny related to occupation of deceased?

If so, specify

(Signed) John A Cruickshank M. D.

(Address) Johns Hopkins Hosp.

F 23263

23263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Mercy Hospital 1-W Ward)

h of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

ULL NAME Elmer Sommers.

(a) Residence: No. 207 S Ellwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	single

married, widowed, or divorced
USBAND of
r) WIFE of

E OF BIRTH (month, day, year) April 28, 1912

23 Years	11 Months	14 Days	If LESS than 1 day, ... hrs. or ..... min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machine Shop.

Date deceased last worked at this occupation (month and year) March | 11. Total time (years) spent in this occupation unknown

RTHPLACE (city or town) (State or country) Baltimore Maryland

NAME James H Sommers

BIRTHPLACE (city or town) (State or country) Baltimore Md.

MAIDEN NAME Carrie Smith

BIRTHPLACE (city or town) (State or country) Baltimore Md.

FORMANT Father
Address) 207 S Ellwood Ave

RIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Apr 25 1936

DERTAKER Tilly & Weiskittel
Address) 403 S Wolfe

D. 1936 Huntington Williams Ave

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 22 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/14 1936 to 4/22 1936

I last saw him alive on 4/22 1936 Death is said to have occurred on the date stated above, at 4.15 A m.

The principal cause of death and related causes of importance were as follows:

Meningo-encephalitis (Edema undetermined) — Date of onset 4/4

Other contributory causes of importance:

unknown

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? lumbar puncture Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Milton L. Sachs, M. D.

(Address) Mercy Hospital

F 23264

23264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1261 Carroll St. St. 21-2 Ward)

th of residence in city or town where death occurred ... yrs. 2 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Bernice E. Ryer

(a) Residence: No. 1261 Carroll St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Feb. 16, 1936

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	6	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

IRTHPLACE (city or town) (State or country) Balto. Md.

. NAME Chas. Ryer

. BIRTHPLACE (city or town) (State or country) Balto. Md.

. MAIDEN NAME Marie Seligman

. BIRTHPLACE (city or town) (State or country) Balto. Md.

FORMANT Mrs. Marie Ryer
(Address) 1261 Carroll St.

URIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 4/23/36

NDERTAKER John J. Cowan & Son
(Address) #901 Hollins St.

LED ... 19 ... Reg. No.

1936 ... f. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry found that said deceased came to Her death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) T. B. Cullen M. D.
Coroner

(Address) 2737 W. North Ave.

F 23265

23265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

PLACE OF DEATH Home For Incurables. 700 N. 40th St.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 700 N 40th St. 13-7 Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs May Sappington Hall

(a) Residence: No. 700 N 40th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Widowed Wife of Wm Leo Hall

DATE OF BIRTH (month, day, year): March 19, 1857

AGE: Years 79 | Months 1 | Days 2 | If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Balto. Md

NAME OF FATHER: Richard Sappington N. H.

BIRTHPLACE OF FATHER (city or town) (State or country): Darlington Md.

MAIDEN NAME OF MOTHER: Arabella R. Smith

BIRTHPLACE OF MOTHER (city or town) (State or country): Georgetown Md

INFORMANT (Address): Home For Incurables 700 N 40th St.

BURIAL, CREMATION, OR REMOVAL: Place Greenmount Date 4/23 1936

UNDERTAKER (Address): Wm Leo Hall 1217 Eutaw Pl. Huntington Hallowell M.D.

FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 21. 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 18 1932 to Apr 21 1936

I last saw her alive on Apr 21 1936, Death is said to have occurred on the date stated above, at 8:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1928
Hypertension	"
Chronic nephritis	"
Hemiplegia	1932

Other contributory causes of importance:

Arteritis	1927
Uremia	1936
Chronic pyelonephritis, Pneumonia	"

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed) H. Hanson Hopkins M. D.

(Address) 717 Med. Arts Bldg.

F 23266

23266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 2234 Penrose St. 20-K Ward)

of residence in city or town where death occurred 3 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR No Record

FULL NAME Alice Rider

(a) Residence: No. 2234 Penrose St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Widowed

6. If married, widowed, or divorced
(a) HUSBAND of
(b) WIFE of Albert G Rider

7. DATE OF BIRTH (month, day, year) Oct 28 1854

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	5	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

13. NAME Nicholas Keefer

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Louis E Rider
(Address) 4401 Arabia Av

18. BURIAL, CREMATION, OR REMOVAL Sweet Air Md Date April 24 1936

19. UNDERTAKER William Cook
(Address) 1217 St Paul St

Filed ..... 19 ..... Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22 36

22. I HEREBY CERTIFY, That I attended deceased from April 14 1936 to April 22 1936

I last saw her alive on April 20 1936. Death is said to have occurred on the date stated above, at 2.50 P m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerotic C-V-R changes & uncal hemorrhage — Date of onset ? 4/14

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thelma E. Stacy M. D.

(Address) 3803 Edmondson Ave

F 23267

9-30—A & Co.—250 Blks.

23267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-B

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

No War Record

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6237 York Road ST. 47-8 WARD 1

2. FULL NAME Charity Bell Duvall Hampson

(a) RESIDENCE NO. 6237 York Road ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

~~married~~, widowed, or ~~divorced~~
~~HUSBAND of~~
(or) WIFE of Augustus Hampson

6 DATE OF BIRTH (month, day, and year) Jan 16th, 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	6	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Own home

(c) Name of employer self

8 BIRTHPLACE (city or town) Baltimore Md
(State or country)

9 NAME OF FATHER Geo W. Duvall

BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

MAIDEN NAME OF MOTHER Mary Bell Phillips

BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

Informant Mr. Ormsby Hampson

Address 6237 York Rd

Huntington Station, Md

Registrar

31988

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22nd 1936

17 I HEREBY CERTIFY, That I attended deceased from January 23rd, 1936, to April 22nd, 1936

that I last saw her alive on April 22nd, 1936

and that death occurred, on the date stated above, at 3.45 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Heart disease.

(duration) 15 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Acute laryngitis

(duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs.

(Signed) A.S. Chalfant M. D.

4/23/36 1936 (Address) 6205 York Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto

DATE OF BURIAL 4/25 1936

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

2268

F 23268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 160-B

PLACE OF DEATH Bon Secours Hosp. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Balto. Md. St. 13-1 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Baby Stofberg

(a) Residence: No. 2437 Callow Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	W.	

married, widowed, or divorced USBAND of or) WIFE of

TE OF BIRTH (month, day, year) April 21/36.

Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Balto Md.

NAME Samuel Stofberg

BIRTHPLACE (city or town) (State or country) Balto. Md.

MAIDEN NAME Hannah Rothowitz

BIRTHPLACE (city or town) (State or country) Balto. Md.

FORMANT Samuel Stofberg

Address) 2437 Callow Ave

RIAL, CREMATION, OR REMOVAL

Hebrew Rosedale Date 4/23/36 19

DERTAKER S. Levinson Bros

Address) 1127 E Balto St

D Huntington, W. Virginia

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22 . 1936

22. I HEREBY CERTIFY, That I attended deceased from April 21 . 1936 to April 22 . 1936

I last saw him alive on April 22 . 1936 Death is said to have occurred on the date stated above, at 1.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra cranial Hemorrhage	4-21-36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Simon Stamp M. D.

(Address) Bon Secours Hosp.

F 23269

23269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

(a) OF BALTIMORE: (No. 2707 Tivoly Ave. St., 4-6 Ward)

(b) Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME Anna M. Sandner

(a) Residence: No. 2707 Tivoly Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

If married, widowed, or divorced HUSBAND of / WIFE of John L. Sandner.

DATE OF BIRTH (month, day, year) May 25. 1857

Years	Months	Days	If LESS than 1 day, hrs. or min.
79	0	27	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) New York.

NAME OF FATHER Henry H. Lucke

BIRTHPLACE (city or town) (State or country) Germany.

MAIDEN NAME OF MOTHER Louisa Zeninger

BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Odila M. Sandner

(Address) 2707 Tivoly Ave.

BURIAL, CREMATION, OR REMOVAL

Place London Park. Date Apr 24. 1936

UNDERTAKER Mrs Anna John H Teufel & Son

(Address) 801 W. Fayette St.

APR 23 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 21. 1936

22. I HEREBY CERTIFY, That I attended deceased from August 1934. to Apl 21. 1936.

I last saw her alive on Apl 21. 1936 Death is said to have occurred on the date stated above, at 11.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart disease	1934
Chronic Nephritis	1934

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Faith J Kinzer M. D.

(Address) 2700 Hartford Ave

F 23270

23270 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ X 59

Registered No.

PLACE OF DEATH

OF BALTIMORE: (No. University Hosp St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Alice Lee

(a) Residence: No. 317 Selma Ave., Halethorpe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced (a) WIFE of Oscar L. Lee

7. DATE OF BIRTH (month, day, year) 1878

8. Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. own Home

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Virginia

NAME OF FATHER Patrick O'Rourke

BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME OF MOTHER Mary

BIRTHPLACE (city or town) (State or country)

INFORMANT University Hosp. Records
(Address)

BURIAL, CREMATION, OR REMOVAL London Park Date 4/24 1936

UNDERTAKER Robert Brooks & Son, Calhoun & Hamilton Sts.
(Address) Huntington, West Virginia

D 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-22 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-18 1936 to 4-22 1936

I last saw her alive on 4-22 1936. Death is said to have occurred on the date stated above, at 6:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerotic Heart disease	C 1934
Cardiac Asthma	4-10-36
Other contributory causes of importance: Diabetes Mellitus	1928

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Lewis K. Woodward Jr. M. D.

(Address) University Hosp.

3271 F 23271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

PLACE OF DEATH

OF BALTIMORE: (No. 513 S. Quail St., 26-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? 56 yrs. mos. ds.

If U. S. Veteran specify WAR No

FULL NAME Alfred Davies

(a) Residence: No. 513 S. Quail St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Widowed

married, widowed, or divorced
SBAND of Mary Davies
) WIFE of

E OF BIRTH (month, day, year) Oct. 13, 1858

Years	Months	Days	If LESS than 1 day, hrs. or min.
77	6	8	

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil Refiner Ret.

ndustry or business in which work was done, as silk mill, saw mill, bank, etc. Sta. Oil Co.

ate deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) State or country) England

NAME Not Known

BIRTHPLACE (city or town) (State or country) Not Known

MAIDEN NAME Not Known

BIRTHPLACE (city or town) (State or country) Not Known

ORMANT Alfred Davies Jr

Address) 513 S. Quail St.

RIAL, CREMATION, OR REMOVAL

ace Oak Lawn Cem. Date April 25, 1936

DERTAKER George W. Grikler

Address) 1737 E. Eager St

1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1936 to April 21 1936

I last saw h alive on April 21 1936. Death is said to have occurred on the date stated above, at 5 55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Inter. Nephritis	1934

Other contributory causes of importance:

Myocarditis	Gradual

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. B. Fitlow M. D.

(Address) 3N. S. Highland Ave

23272

F 23272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 600 N. Milton Ave 3-K Ward)

of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

ULL NAME George V. Lindsman

a) Residence: No. 600 N. Milton St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

Married, widowed, or divorced
USBAND of Mary Lindsman

E OF BIRTH (month, day, year) Feb 17-1868

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	2	4	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Watchman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

Date deceased last worked at this occupation (month, day, year) 3 yrs ago | 11. Total time (years) spent in this occupation .....

THPLACE (city or town) State or country) Baltimore Md

NAME Lindsman

BIRTHPLACE (city or town) (State or country) Balto Md

MAIDEN NAME Louise Klunk

BIRTHPLACE (city or town) (State or country) Balto Md

ORMANT Mary Lindsman

Address) 600 N. Milton Ave

RIAL, CREMATION, OR REMOVAL

lace Holy Redeemer Cem April 24 1936

DERTAKER George W. Zirkler

Address) 1737 E. Eager St Washington Williams, Agt

APR 23 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR 21 1936 19

22. I HEREBY CERTIFY, That I attended deceased from June 4 1923 to APR 21 1936 19.....

I last saw h..... alive on APR 21 1936 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pancreatic Diabetes Mellitus	13 yrs
Chronic myocarditis	3 yrs
Anuedrea	
Other contributory causes of importance:	
Pulmonary Edema	2 wks
Sclerotic Kidneys Hyp.	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward J. Lovell M. D.

(Address) 4137 Pinkney Ave

23273

F 23273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Curtis Bay. 25-5

Y OF BALTIMORE: (No. 1425 Cherry St., Ward)

h of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

ULL NAME Pauline Dreyler

(a) Residence: No. 1425 Cherry St., ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widow

Married, widowed, or divorced (HUSBAND of or WIFE of) Alexander Dreyler

E OF BIRTH (month, day, year) March 31st 1854

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	0	21 20	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0000

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) Austria.

NAME Not Known.

BIRTHPLACE (city or town) (State or country) Austria.

MAIDEN NAME Not Known

BIRTHPLACE (city or town) (State or country) Austria

FORMANT James Dreyler

Address 1427 Cherry St.

RIAL, CREMATION, OR REMOVAL

Holy Cross C. & Co. Date 4-25-36

DERTAKER Bernard C. Hahn

Address 121 E. West St. Huntington Williamsport, Md.

1936 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21st 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1 1936 to April 21 1936

I last saw her alive on April 21 19 ..... Death is said to have occurred on the date stated above, at 2.30 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Long
Arterio Sclerosis — Duration

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

Signed Leon L. Hadley M. D.

(Address) 4400 Kenwood Ave

3274

F 23274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-3

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 3031 E. Monument St., 7-1 Ward)

of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

ULL NAME Edward J. Carey Sr. Carey

a) Residence: No. 3031 E. Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
er.	White	Married.

Married, widowed, or divorced
USBAND of
) WIFE of Margaret Carey

E OF BIRTH (month, day, year) Dec. 19th 1868

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	4	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Operator

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balt. Stamping Co.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore Md.
(State or country)

NAME Patrick Carey.

BIRTHPLACE (city or town) Ireland.
(State or country)

MAIDEN NAME Ann. Kenny.

BIRTHPLACE (city or town) Ireland.
(State or country)

INFORMANT Margaret Carey.

Address) 3031 E Monument St.

BURIAL, CREMATION, OR REMOVAL

Holy Cross A.A.Co. Date 4-25th 1936

UNDERTAKER Bernard C Hasler

Address) 121 E. 22nd St. Huntington Williams, W. Va.

Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22nd 1936

22. I HEREBY CERTIFY, That I attended deceased from April 19 1936 to April 22 1936

I last saw him alive on April 22 1936 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from mouth + stomach	4-14-36
carcinoma of Stomach	11 yrs.
with metastasis - & Intestines -	
Other contributory causes of importance:	
marked secondary anemia -	4-19-36

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? X Ray etc. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify No

(Signed) Louis F. Krumbein M. D.

(Address) 722 N. Kenwood Ave

3275

F 23275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2215 E Monument St., 7-3 Ward)

If of foreign birth? yrs. mos. ds. How long in U. S.

Length of residence in city or town where death occurred 45 yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Frederick Reiss

(a) Residence: No. 2215 E Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

If married, widowed, or divorced WIFE of (or) HUSBAND of Margaret Reiss

6. DATE OF BIRTH (month, day, year) Oct 10 - 1868

7. Years	Months	Days	If LESS than 1 day, hrs. or min.
67	6	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant. Odds

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fish & cheese

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) State or country) Germany

13. NAME Don't know

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Reiss

Address) 2215 E Monument

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Apr 24 1936

19. UNDERTAKER John Merrick

Address) 2002 Allegheny Ave Towson Baltimore, Md.

FILED 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1935, to April 21, 1936

I last saw h. alive on April 20, 1936 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis and acute Cardiac dilatation April 20	Sept 1935
Other contributory causes of importance Cardio Hypertrophy and Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If specified, Walter E. Linthicum M. D.

(Address) 1312 E. 33rd St

23276 F 23276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1820 Laurens St. 15-2 Ward)

th of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Robert F Platts

(a) Residence: No 1820 Laurens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	Male Col	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Emma Platts

TE OF BIRTH (month, day, year) May 31-1894

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	10 11	21 20	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Prince George County Md

NAME Robert Platts

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME

BIRTHPLACE (city or town) (State or country)

FORMANT Emma Platts

(Address) 1820 Laurens St

RIAL, CREMATION, OR REMOVAL

Place National Date April 25 1936

NDERTAKER Samuel H Black Son

(Address) 638 N Gilmor

FILED ..... 19 Huntington Williams Registrar

APR 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis Phthisis	Apr 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo L Keller M. D.
Coroner

(Address) 50 Lexington St

O.K. Paul Schreiber

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23577

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 3218 Dudley Av St. 7-1 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

FULL NAME Rachael A. Fischer

(a) Residence: No. 815 W. Curley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

If married, widowed, or divorced WIFE of (or) HUSBAND of: William E. Fischer

DATE OF BIRTH (month, day, year): July 26, 1872

Years	Months	Days	If LESS than 1 day, hrs. or min.
63	9	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Baltimore Md

NAME OF FATHER: Wm. Henry Morgan

BIRTHPLACE (city or town) (State or country): Balto Md

MAIDEN NAME OF MOTHER: Annie Rebstock

BIRTHPLACE (city or town) (State or country): Balto Md

INFORMANT: William E. Fischer

(Address): 815 W. Curley St

BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Apl 25, 1936

UNDERTAKER: Geo. F. Waltemyer & Co Inc

(Address): 1615 Linden Ave

FILED: 19 ... Huntington Williams Asst Registrar

R 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1936 to Apr 21, 1936

I last saw h[er] alive on March 2, 1936 Death is said to have occurred on the date stated above, at 7:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis (Angina Pectoris)	4/1/36
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

No If so, specify ...

(Signed) Eugene L. Cearnal M. D.

(Address) 514 Druid Lane

2278 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 23278

CERTIFICATE OF DEATH

Registered No. 131

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 3324 Edmondson Ave. St. 16-8 Ward)

h of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

ULL NAME JOHN M. HEMLER

a) Residence: No. 3324 Edmondson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

married, widowed, or divorced
USBAND of
r) WIFE of Mattie M. Hemler

E OF BIRTH (month, day, year) Feb. 9, 1877

Years	Months	Days	If LESS than 1 day, hrs. or min.
59	2	12	

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furrier

ndustry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) New York City.

NAME William Hemler

BIRTHPLACE (city or town) (State or country) Penna.

MAIDEN NAME Annie E. Spalding

BIRTHPLACE (city or town) (State or country) Penna.

ORMANT Mrs. Mattie M. Hemler

Address) 3324 Edmondson Avenue

RIAL, CREMATION, OR REMOVAL

ace Cathedral Cemetery Date 4/24/ 1936

DERTAKER Chas. H. Grace & Son

Address) 115 W. Monroe Ave

ED Washington D.C.

3 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21st. 1936

22. I HEREBY CERTIFY, That I attended deceased from January 10 1936 to April 21 1936

I last saw him alive on April 20 1936 Death is said to have occurred on the date stated above, at 230A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Tubercular Kephritis	2 yrs ago.
Cortic Dysfunction	
Generalized Arteriosclerosis.	
Other contributory causes of importance	
Uremia & Cardiac Dilatation	3 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, how?

(Signed) Albert Eisenberg M. D.

(Address) 2025 E. Preston St.

23279 F 23279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 18

PLACE OF DEATH

Y OF BALTIMORE: (No. John Hopkins Hosp St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Ruth Bibins

(a) Residence: No. 1721 S. Clinton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
?	Col.	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) June 17-1932

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
3		10	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Balto city

NAME Harry Bibins

BIRTHPLACE (city or town) (State or country) Va.

MAIDEN NAME Annie McPherson

BIRTHPLACE (city or town) (State or country) Va.

FORMANT (Address) Annie Bibins 1721 S. Clinton St.

RIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4/23/36

NDERTAKER John T. Williams

(Address) 1315 Mc Keldin St

LED Wm. Lenton Williams

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21/36 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcic Meningitis	

Other contributory causes of importance: Meningococcic Septicemia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken M. D.

Coroner

(Address) 1918 E. North Ave

23280 F 23280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

PLACE OF DEATH

OF BALTIMORE: (No. 333 W. Hoffman St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Helen Augusta Croxton

(a) Residence: No. 333 W. Hoffman St., Ward. (If non-resident give city or town and State)

(Usual place of abode) Home

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Married

Married, widowed, or divorced HUSBAND of or) WIFE of Charles Croxton

DATE OF BIRTH (month, day, year) Dec. 9, 1873

Years	Months	Days	If LESS than 1 day, hrs. or min.
62	4	12	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) State or country) Va

NAME Samuel Leland

BIRTHPLACE (city or town) (State or country) Va

MAIDEN NAME Mahailey Miller

BIRTHPLACE (city or town) (State or country) Va

INFORMANT Eliza Hatchett

(Address) 333 W. Hoffman St.

BURIAL, CREMATION, OR REMOVAL

Place Heathsville Va Date 4/24/ 1936

UNDERTAKER Frances A. Hemsley

Address 578 W. Biddle St.

FILED Huntington Williams, M.D.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 7, 1935 to April 21, 1936

I last saw her alive on April 21, 1936 Death is said to have occurred on the date stated above, at 4:45 m. A. M.

The principal cause of death and related causes of importance were as follows:

Edema of the Lungs — Date of onset: April 12, 1936

Other contributory causes of importance: Dont Know

Nephritis (Chronic)

Myocardial Insufficiency

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. White, M. D.

(Address) 1617 Druid Hill Ave.,

✓ F 23281

23281 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. Mercy Hosp. St., 4-1 Ward)

of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Baby Boy McGeeney

a) Residence: No. 7044 Belgian Rd. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	

married, widowed, or divorced
HUSBAND of
) WIFE of

E OF BIRTH (month, day, year) 4-20-36

Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	—	12 hrs. 55 min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Baltimore, Md

NAME George James McGeeney

BIRTHPLACE (city or town) (State or country) Balt. Md.

MAIDEN NAME Anna Mayfield Swan

BIRTHPLACE (city or town) (State or country) Baltimore Md

INTERMENT (Address) Holy Redeemer Cem 4/23/36

BURIAL, CREMATION OR REMOVAL

UNDERTAKER (Address) Geo. A. Stanley Fulton & Fayette

FILED 19 Registrar

1936 Huntington Printing Co., Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-21 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-20-36, 19, to 4-21-36, 19

I last saw he alive on 4-21-36, 19. Death is said to have occurred on the date stated above, at 4:15 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity

Other contributory causes of importance:

None

Was an operation performed? No Date of

For what disease or injury?

Name of operation 0 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Howard Burns M. D.

(Address) 59 Dundalk Ave

23282 # 13254 ✓ F 23282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49-D

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Baltimore City Hospital St., 11-4 Ward)

th of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME Elsie Wilmore

(a) Residence: No. 1008 McCulloh St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	B	Single

married, widowed, or divorced
USBAND of
or) WIFE of

TE OF BIRTH (month, day, year) 8-15-1892

Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	-	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Md.
State or country)

NAME George

BIRTHPLACE (city or town) Md.
(State or country)

MAIDEN NAME Harriett Moore

BIRTHPLACE (city or town) Md.
(State or country)

FORMANT B. C. H. Records
(Address)

RIAL, CREMATION, OR REMOVAL
Place Mount Auburn Cem. Date April 24 1936

NDERTAKER Adolphus Fastnacht
(Address) 2 S Rockwell Ave.

Filed 1936 Huntington Williams, M.D.
Registrar

23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-20 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-26 1936 to 4-20 1936

I last saw h[e]r alive on 4-20 1936 Death is said to have occurred on the date stated above, at 6:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Vulva c Metastasis to Regional Lymph Nodes	?
Other contributory causes of importance: Terminal Bronchopneumonia	4-18-36

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

B 1268-9

F 23283

23283 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hospitals St., 18-1 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Martha E. Green Holmes

(a) Residence: No. 129 N. Amity St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran (specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

6. If married, widowed, or divorced WIFE of (or) HUSBAND of: Wilbert Holmes

7. DATE OF BIRTH (month, day, year): Feb 24 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housewife

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

10. NAME: Harbert Green

11. BIRTHPLACE (city or town) (State or country): Anne Arundel Co Md.

12. MAIDEN NAME: Harriet Spencer

13. BIRTHPLACE (city or town) (State or country): Anne Arundel Co Md.

14. INFORMANT: Mrs Harriet Green

(Address) 932 W. Fayette St

15. BURIAL, CREMATION, OR REMOVAL: Place Johnson Cemetery Date Apr 24, 36

16. UNDERTAKER: Mrs Katie Gilliame

(Address) 322 N. Schroeder St.

17. FILED Apr 23, 1936 Eugene Williams, D

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 21, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Knight M. D.
Coroner

(Address) 1010 S. Eliot St.

284

E 23284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 306 S. Fremont St., 21-1 Ward)

h of residence in city or town where death occurred ? yrs. ? mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Joshua Brown

(a) Residence: No. 306 S. Fremont Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Col	Widowed

married, widowed, or divorced USBAND of er) WIFE of Matilda Brown

E OF BIRTH (month, day, year) Mar 20, 1872

Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
64		29	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) Anne Arundel Co Md.

NAME Robert Brown

BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

MAIDEN NAME Margaret Smothers

BIRTHPLACE (city or town) (State or country) Anne Azundel Md.

FORMANT Ella Fisher

Address) 306 S. Fremont Ave

RIAL, CREMATION, OR REMOVAL

lace Mt. Lion Date Apr 23, 1936

DERTAKER Mr. Katie R. Williams

Address) 322 N Lafayette Sts

ED Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 17 1936 to Apr 19 1936

I last saw him alive on Apr 19 1936 Death is said to have occurred on the date stated above, at 4:40 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	4/10/36 about
Cause Unknown	

Other contributory causes of importance Senile Changes

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) John W. Jones M. D.

(Address) 61 S Caca St

285

F 23285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

PLACE OF DEATH Baltimore City Hospitals U-494 7-5

Y OF BALTIMORE: (No. Tuberculosis Division St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

ULL NAME Bessie Wilson

(a) Residence: No. 814 N. Durham st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	MARRIED

married, widowed, or divorced USBAND of (or) WIFE of William Wilson

TE OF BIRTH (month, day, year) Sept. 21, 1912

Years	Months	Days	If LESS than 1 day, hrs. or min.
23	7		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory work

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Maryland

NAME Henry Thune

BIRTHPLACE (city or town) (State or country) Maryland

MAIDEN NAME Anna Bender

BIRTHPLACE (city or town) (State or country) Maryland

FORMANT Hospital Records

Address)

RIAL, CREMATION, OR REMOVAL

Date 4/25/36

DERTAKER

Address) 1217 E. Baltimore St.

936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 20, 1936 to April 21, 1936

I last saw her alive on April 21, 1936 Death is said to have occurred on the date stated above, 5.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Aug. 1933

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ben H Feldman, M. D.

(Address) Baltimore City Hospitals

S-11 2508

3286 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 23286

CERTIFICATE OF DEATH

PLACE OF DEATH Franklin Sq. Hosp. 34-D-822 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St. 22-2 Ward)

h of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Harry Johnson

a) Residence: No. 628 Iceland St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	Colored	Single

married, widowed, or divorced
USBAND of
or) WIFE of —

TE OF BIRTH (month, day, year) 1937

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
9			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bootblack

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

RTHPLACE (city or town) Baltimore
State or country)

NAME Wilson

BIRTHPLACE (city or town) .....
(State or country)

MAIDEN NAME Annie Wilson

BIRTHPLACE (city or town) .....
(State or country)

FORMANT Hospital Records
Address)

RIAL, CREMATION, OR REMOVAL
ace University of Md. Date April 23, 1936

DERTAKER Jos. Wagner, Undertaker
ddress)

1936 Huntington Williams M.D.
2204 Eutaw

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/14, 1936, to 4/19, 1936

I last saw h. alive on 4/19, 1936, death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cerebro pneumonia (terminal)	?

Other contributory causes of importance:
Cerebral hemorrhage
Aortic insufficiency (Luetic)
Aortic aneurysm (Luetic)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. T. Bartlett M. D.

(Address) Franklin Sq. Hospital

287

✓F 23287

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

PLACE OF DEATH Baltimore City Hospitals U-13359

Registered No.

Y OF BALTIMORE: (No. Tuberculosis Division St., 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

ULL NAME Joseph Butta

(a) Residence: No. 1820 E. Fayette st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Single

married, widowed, or divorced
USBAND of
r) WIFE of

E OF BIRTH (month, day, year) Dec. 2, 1898

Years	Months	Days	If LESS than 1 day, hrs. or min.
37	4	20	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) Maryland

NAME Joseph Butta

BIRTHPLACE (city or town) (State or country) Maryland

MAIDEN NAME Mary Bobat

BIRTHPLACE (city or town) (State or country) Maryland

ORMANT Hospital Records
Address)

RIAL, CREMATION, OR REMOVAL
lace Oak Lawn Date 4/27/36 19

DERTAKER Philip Henrig Sons
Address) 2016 Orleans St.

1936 Huntington Williams & Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936, to April 22, 1936

I last saw him alive on April 22, 1936 Death is said to have occurred on the date stated above, at 2.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1930
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Leon H. Feldman M. D.

(Address) Baltimore City Hospitals

23288 ✓ F 23288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. University Hospital St. 27-5 Ward)

rth of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sallie A. Nickel

If U. S. Veteran specify WAR .....

(a) Residence: No. 6311 Harford Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

married, widowed, or divorced HUSBAND of (or) WIFE of George Nickel

TE OF BIRTH (month, day, year) Sept 23, 1867

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6	29	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Balto. Md.

. NAME Geo. Persell

. BIRTHPLACE (city or town) (State or country) Balto. Md.

. MAIDEN NAME Mary E. White

. BIRTHPLACE (city or town) (State or country) Balto. Md.

FORMANT Mrs. Paul Fresh

(Addr) 6311 Harford Rd.

URIAL, CREMATION, OR REMOVAL

Pl Date 4/15/36 19

NDERT (Address) 5705 Harford Rd

LED 19 Registered No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1936 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractur of L. Femur	
Pernicious Anemia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury March 15, 1936 19

Where did injury occur? 6311 Harford Rd.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell on Floor

Nature of injury Fractur of L. Femur

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify .....

(Signed) G. L. O'Malley M. D.
Coroner

(Address) 2737 W. Lanvale

23289 ✓ F 23289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. Sydenham Hospital St., 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred ..yrs. 6 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR

FULL NAME Bernard Cromwell

(a) Residence: No. 1108 Sarah Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) Oct 21, 1935

Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	6		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Baltimore
(State or country)

NAME Bernard Cromwell

BIRTHPLACE (city or town) Baltimore Md
(State or country)

MAIDEN NAME Mabel Mason

BIRTHPLACE (city or town) Baltimore Md
(State or country)

FORMANT Noble J. McCoy Cromwell
(Address) 1108 Sarah Ann St

RIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date April 23, 1936

NDERTAKER Mrs Katie R Williams
(Address) 322 S Separate St
Huntington Williams

LED Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1936, to April 21, 1936

I last saw h.. alive on April 21, 1936. Death is said to have occurred on the date stated above, at 5 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	4-11-36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Francis J. Schwentker M. D.

(Address)

Schaumburg ✓ F 23290

290 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

Registered No. .....

PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. University Hospital St., 1903 ward)

of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Conrad Schaumburg (Schaumburg)

(a) Residence: No. 1025 Arlington Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	married

Married, widowed, or divorced
HUSBAND of
(or) WIFE of Pete Schaumburg

E OF BIRTH (month, day, year) April 2. 1861

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75		20	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) 1920 | 11. Total time (years) spent in this occupation 30+

BIRTHPLACE (city or town) Baltimore
(State or country)

NAME Louisa Schaumburg

BIRTHPLACE (city or town) Germany
(State or country)

MAIDEN NAME Artzen

BIRTHPLACE (city or town) Unknown
(State or country)

INFORMANT Mrs. K. Schaumburg
(Address) 102 S. Arlington Ave

BURIAL, CREMATION, OR REMOVAL

Place Catholic Date 4/24/36

UNDERTAKER Thos. F. Kemp
(Address) 1000 Pulton Ave

4936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-19, 1936, to 4-22, 1936

I last saw him alive on 4-22, 1936 Death is said to have occurred on the date stated above, at 3:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolus, right	4-19
Bronchopneumonia	4-21
Other contributory causes of importance: arteriosclerotic cardiovascular disease	1920 (?)

Was an operation performed? no Date of —

For what disease or injury? none

Name of operation — Date of —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify —

(Signed) I. Freeman, M. D.

(Address) University Hospital

✓ F 23291

3291 HEALTH DEPARTMENT—CITY OF BALTIMORE

81

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH St. Agnes' Hospital
Y OF BALTIMORE: (No. Wilkens + Caton aves E-1 St., ... Ward)

th of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Sister Stella (Elizabeth) Hetherington

(a) Residence: No. St Agnes' Hospital St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) March 31, 1865

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71		22 21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sister of Charity
Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.C.
Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 44

RTHPLACE (city or town) (State or country) England

NAME Humphrey Hetherington

BIRTHPLACE (city or town) (State or country) Leadgate (Durham County) England

MAIDEN NAME Elizabeth Mansforth

BIRTHPLACE (city or town) (State or country) Leadgate (Durham County) England

FORMANT Sister Anna Conley
Address) St Agnes' Hospital

RIAL, CREMATION, OR REMOVAL
Place Emmitsburg Md Date April 24. 1936

NDERTAKER Martin Kelly & Sons
Address) 1827 N. Howard St.

1936 Huntington Wilkens 27 ... istrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-22-1936

22. I HEREBY CERTIFY, That I attended deceased from 4/15 1936 to 4/22 1936

I last saw h.er alive on 4/22 1936 Death is said to have occurred on the date stated above, at 6 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia mycetic	
Syphilis cord & C paralysis	1900
Cystic tumor extremities	

Other contributory causes of importance:
Secondary anemia
Exclusive

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Karl F. Meek M. D.
(Address) St. Agnes' Hospital

✓ F 23292

3292 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

24

Registered No.

PLACE OF DEATH South Balto Gen Hosp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Bldg)

h of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Cynthia Patricia Kutz

If U. S. Veteran specify WAR

(a) Residence: No. 731 S. Ansley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	W	Single

married, widowed, or divorced
HUSBAND of
er) WIFE of

TE OF BIRTH (month, day, year) March 5 1935

Years	Months	Days	If LESS than 1 day, hrs. or min.
1	1 Months	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Baltimore
State or country)

NAME Adam Kutz

BIRTHPLACE (city or town) Balto
(State or country)

MAIDEN NAME Mona Galvey

BIRTHPLACE (city or town) Balto
(State or country)

FORMANT Father
Address)

RIAL, CREMATION, OR REMOVAL

Stanislaus Cem Date April 25 1936

DERTAKER Stephen J. Feathogwith Inc.

Address) 1000 S. Kenwood Ave

1936 Huntington Williams Co

RTH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/14, 1936 to 4/22, 1936

I last saw her alive on 4/21, 1936 Death is said to have occurred on the date stated above, at 12:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Tuberculous Meningitis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? Spinal Fluid Exam

Name of operation Date of

What test confirmed diagnosis? Spinal Fluid Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) M. D.

(Address) Lo Balto Gen Hosp

23293 F 23293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. 20-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 W. Fayette St., 20 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Ella Phillips Didenhoover

(a) Residence: No. 1806 West Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 23 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	0	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland.
(State or country)

13. NAME of Father W. C. Didenhoover

14. BIRTHPLACE (city or town) Georgetown
(State or country) Md.

15. MAIDEN NAME of Mother Martha Baldwin

16. BIRTHPLACE (city or town) Maryland.
(State or country)

17. INFORMANT Miss Ella Didenhoover.

(Address) 1806 west Fayette.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Lindley Date April 23 1936

19. UNDERTAKER George L. Smith

(Address) 1900 Eutaw Place

Huntington Williams, M.D.
Registrar.

April 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to her death on the day stated above. 7.05 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Following Concussion	
of Brain	4-14-36

Other contributory causes of importance: —

Was an operation performed? no Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4-14 1936

Where did injury occur? Baltimore Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of injury Fell down Stairs

Nature of injury Lacerations & Contusions Death.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos H. Phillips, M. D.
Coroner

(Address) 1934 Edmondson Ave

3294 ✓ F 23294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. 15-8

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 2108 Allendale Rd. St., Ward)

of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Edith Annesley (Lillie E.) Gallon

a) Residence: No. 2108 Allendale Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	white	Widow

Married, widowed, or divorced
HUSBAND of
WIFE of John Gallon

DATE OF BIRTH (month, day, year) April 8 1860

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	0	13 14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Calvert Co
(State or country) Md

NAME Thomas Bird Chew

BIRTHPLACE (city or town) West River
(State or country) Md

MAIDEN NAME Elizabeth E Sunderland

BIRTHPLACE (city or town) Calvert Co
(State or country) Md

INFORMANT Esther Chew Gallon

(Address) 2108 Allendale Rd.

BURIAL, CREMATION, OR REMOVAL

Place All Saints Calvert Co Date April 24 1936

UNDERTAKER Wm J Tucker & Sons

(Address) North & Gay Sts Huntington Williams, Md

FILED ... 19 ... Registrar

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1936 to Apr 21st 1936

I last saw h[er] alive on Apr 19 1936. Death is said to have occurred on the date stated above, at 10 00 P m.

The principal cause of death and related causes of importance were as follows:

Apoplexy.

Date of onset

Other contributory causes of importance:

Glaucoma-Paralysis Agitans

Was an operation performed? No Date of

For what disease or injury?

Name of operation Physical Findings Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Walter Tom Grampeal M. D.

(Address) 1013 Eagle Point Rd

✓ F 23295

23295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1613 North Caroline Street St., 8-6 Ward)

h of residence in city or town where death occurred 77 yrs. 5 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

ULL NAME Alice Burnham

(a) Residence: No. 1613 North Caroline Street. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Single

married, widowed, or divorced USBAND of r) WIFE of ------

E OF BIRTH (month, day, year) Nov 2nd 1858

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	5	20	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher 0065

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Public Schools

Date deceased last worked at this occupation (month and year) June 1926

11. Total time (years) spent in this occupation 35.

RTHPLACE (city or town) (State or country) Baltimore, Md. 80

NAME Samuel Burnham

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MAIDEN NAME Lydia Sophia Hopkins

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FORMANT (Address) Miss Margaret H. Burnham 1613 N. Caroline St.,

RIAL, CREMATION, OR REMOVAL

lace Loudon Park Cemetery April 25 1936

DERTAKER (Address) Wm. J. Dickerson & Son 1300 E. Monument St.

Huntington Williams, M.D.

Registrar.

936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1936, to April 22, 1936.

I last saw her alive on April 22, 1936 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis	
Left Hemiplegia	4/15/36
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Harry Hyder, M. D.

(Address) 1100 E North Ave

B 1268-9

F 23296

23296 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 28-4 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2. S. Woodington Rd. Ward)

th of residence in city or town where death occurred 1 yrs. 8 mos. Ods. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Dora Catherine Flora

(a) Residence: No. 2 S. Woodington Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

married, widowed, or divorced
HUSBAND of
er) WIFE of Joseph C. Flora

TE OF BIRTH (month, day, year) Dec 29, 1875

Years	Months	Days	If LESS than 1 day, hrs. or min.
60	3	23 24	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife

Date deceased last worked at this occupation (month, year) 3/36

11. Total time (years) spent in this occupation Life

RTHPLACE (city or town) (State or country) Howard Co Maryland

NAME Philip P. Krause

BIRTHPLACE (city or town) (State or country) Maryland

MAIDEN Anna C. Yeager

BIRTHPLACE (city or town) (State or country) Maryland

ORMANT Joseph C. Flora

Address) 2 S. Woodington Rd.

RIAL, CREMATION, OR REMOVAL

ace St Pauls Cem. Date April 24 1936

DERTAKER Easton & Sons

Address) Ellicott City

936 Huntington Village, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-17, 1936 to 4-21, 1936

I last saw h alive on 4-21, 1936 Death is said to have occurred on the date stated above, at 7:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	4-20-36
Other contributory causes of importance: Diabetes	1934

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) D. Elliott, M. D.

(Address) Catonsville, Md.

B 1268-9

297 HEALTH DEPARTMENT—CITY OF BALTIMORE

Grave 8

F 2.297

CERTIFICATE OF DEATH

PLACE OF DEATH Found floating in the water at 183 Registered No. .....

Y OF BALTIMORE: (No. Pier 5 Locust Point. St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME John Sezen.

(a) Residence: No. 604 N. Saratoga St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Do not know.

married, widowed, or divorced
HUSBAND of
) WIFE of ----------

E OF BIRTH (month, day, year) Do not know.

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	----------	----------	

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Do not know.

ndustry or business in which work was done, as silk mill, saw mill, bank, etc. 008

ate deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) Do not know.

NAME Do not know.

BIRTHPLACE (city or town) (State or country) Do not know.

MAIDEN NAME Do not know.

IRTHPLACE (city or town) (State or country) Do not know.

RMANT Joseph Zurek.

ddress) 212 S. Caroline St.

IAL, CREMATION, OR REMOVAL

ce Public Cemetery Date Aug 23 1936

ERTAKER

ddress)

936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found April 10, 1936 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .. to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	
Probably accidental.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

4/12/36 Signed Otto M. Reinhardt, M. D.

(Address) 2. Charles St. Coroner

✓ F 23298

298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Volunteers Hospital St. Ward)

n of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

ULL NAME Baby (girl) Robbins

(a) Residence: No. 709 W. Cross St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
el	wh-b	

married, widowed, or divorced
USBAND of
r) WIFE of

E OF BIRTH (month, day, year) 4-22-36

Years	Months	Days	If LESS than 1 day hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

NAME Wm J. Robbins

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Emma Lickliter

BIRTHPLACE (city or town) (State or country) Md.

FORMANT Emma Robbins

Address) 709 W. Cross St

RIAL, CREMATION, OR REMOVAL

Date April 23, 1936

DERTAKER

Address)

1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-22, 1936 to 4-23, 1936

I last saw her alive on 4-23, 1936 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage a Disease of Newborn — Date of onset 4-22-36

Other contributory causes of importance: Premature Birth

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. J. Conroy, M. D.

(Address) Vol. Hospital

F 23299

299 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No. 0

PLACE OF DEATH

Y OF BALTIMORE: (No. Sydenham Hospital St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Claude Harden

(a) Residence: No. 23 W Hill St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	Colored	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) June 6, 1918

Years	Months	Days	If LESS than 1 day, hrs. or min.
17	10	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) South Carolina
(State or country)

NAME Dumpler Harden

BIRTHPLACE (city or town) S. C.
(State or country)

MAIDEN NAME Nance Moore

BIRTHPLACE (city or town) S.C.
(State or country)

FORMANT Mother

(Address) Same

RIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Apr 24 1936

NDERTAKER James A Hayes

(Address) 142 W Fayette St

Huntington Williams, N.Y.

LICENSE 1986

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 20, 1936, to Apr 22, 1936

I last saw h... alive on Apr 22, 1936 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Meningococcus meningitis	4-18-36
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Lumbar puncture Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D Schwentker M. D.

(Address) Sydenham Hospital

23300 HEALTH DEPARTMENT—CITY OF BALTIMORE F 23300

CERTIFICATE OF DEATH. Registered No. C.....

1-PLACE OF DEATH
City of BALTIMORE: (No. Mercy Hospital St., H-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Byron Leslie Morford

Residence in Baltimore: No. Spencer West Va St.; yrs. mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M

4-COLOR OR RACE: W.

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

6-DATE OF BIRTH: Nov. (Month) 1 (Day) 1897 (Year)

7-AGE: 38 yrs. 5 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION
a) Trade, profession, or particular kind of work: Federal Land Bank
b) General nature of industry, business, or establishment in which employed (or employer): Office Clerk

9-BIRTHPLACE (State or Country): Spencer W. Va

10-NAME OF FATHER: Patrick H. Morford

11-BIRTHPLACE OF FATHER, (State or Country): W. Va

12-MAIDEN NAME OF MOTHER: Elizabeth Newlon

13-BIRTHPLACE OF MOTHER, (State or Country): W. Va

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Ardis Morford

(Address) Spencer W. Va

Filed Apr 24 1930 Huntington W. Va

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: April (Month) 23 (Day) 1930 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an.....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said.....(Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....(Duration).....yrs.....mos.....ds.

(Signed) Orin B. Hollar M. D.
(Coroner)
192....(Address) 1061 E. Paul St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Spencer W. Va DATE OF BURIAL: Apr 24 1930

20-UNDERTAKER: W. J. Tuckwiller & Son ADDRESS No. Pa.

23301 ✓ F 23301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-W

PLACE OF DEATH University Hosp 21-1

Registered No.

OF BALTIMORE: (No.) St., (or) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Thomas H. Mitchell If U. S. Veteran specify WAR No Record

a) Residence: No. 1121 Scott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
	White	Married

married, ~~widowed or divorced~~
USBAND of ~~WIFE of~~ Emma S. Mitchell

E OF BIRTH (month, day, year) April 1st 1874

Years	Months	Days	If LESS than 1 day, hrs. or min.
62	0	22	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. O R.R.

Date deceased last worked this occupation (month and year) Dec 1935

11. Total time (years) spent in this occupation 39

BIRTHPLACE (city or town) (State or country) Balto Md.

NAME John T. Mitchell

BIRTHPLACE (city or town) (State or country) Balto Md.

MAIDEN NAME Emma M. Wonder

BIRTHPLACE (city or town) (State or country) Balto Md.

FORMANT Emma S. Mitchell

(Address) 1121 Scott St

RIAL, CREMATION, OR REMOVAL

Place London Park Date April 27th 1936

DERTAKER Wm Cook

(Address) 1217 St. Paul St.

RD 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/14, 1936 to 4/23, 1936

I last saw him alive on 4/23, 1936. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	4/20/36
Carcinoma of Oesophagus	4/20/36

Other contributory causes of importance:

Was an operation performed? Yes Date of 4/23/36

For what disease or injury? Carcinoma of Oesophagus

Name of operation Gastrostomy Date of 4/23/36

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C W Mees, M. D.

(Address) University Hosp.

✓ F 23302

23302 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 82-A #13512

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Baltimore City Hospitals St. 12-6 Ward)

th of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

FULL NAME Helen Scott

(a) Residence: No. 2125 N. Charles St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
nale	White	Divorced

married, widowed, or divorced
HUSBAND of
or) WIFE of ?

TE OF BIRTH (month, day, year) 11-15-1879

Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

RTHPLACE (city or town) (State or country) Balto., Md.

NAME Elmer Hen[illegible] Baltimore

BIRTHPLACE (city or town) (State or country) Maryland

MAIDEN NAME Ada Dors[illegible]

BIRTHPLACE (city or town) (State or country) Maryland

FORMANT Hospital Records

Address)

RIAL, CREMATION, OR REMOVAL

Place London Park Date April 25th 1936

DERTAKER Wm. Cook

Address) 1217 St Paul St

ED 1936 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/23/1936

22. I HEREBY CERTIFY, That I attended deceased from 4/10/1936 to 4/23/1936

I last saw h[illegible] alive on 4/23/1936 Death is said to have occurred on the date stated above, at 4 20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	4/20/36
Hypertensive heart disease	"

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reeder M. D.

(Address) Baltimore Md.

23303 ✓ F 23303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 22 N. Kresson St. 26-4 Ward)

of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

FULL NAME William T. Hook

a) Residence: No. 22 N. Kresson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

Married, ~~widowed or divorced~~
HUSBAND of Grace B. Hook

DATE OF BIRTH (month, day, year) Sept 5th 1886

Years	Months	Days	If LESS than 1 day, hrs. or min.
49	7	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 10

BIRTHPLACE (city or town) (State or country) Balto Md.

NAME OF FATHER Henry F. Hook

BIRTHPLACE (city or town) (State or country) Balto Md

MAIDEN NAME OF MOTHER Sarah B. Rutter

BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Grace B. Hook
(Address) 22 N. Kresson St

BURIAL, CREMATION, OR REMOVAL London Park Date April 24th 1936

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED Harrington Walker

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21st, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 36 to April 21 1936

I last saw Him alive on April 20 1936 Death is said to have occurred on the date stated above, at 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset ?
Acute Miliary Tuberculosis	

Other contributory causes of importance: ✓

Was an operation performed? No Date of

For what disease or injury? ✓

Name of operation ✓ Date of

What test confirmed diagnosis? X-ray - clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) M. A. Jacobs M. D.

(Address) 1735 N. Bentalou St

F 23304

23304

HEALTH DEPARTMENT—CITY OF BALTIMORE

53-E

CERTIFICATE OF DEATH

Registered No. .....

PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. St. 25 25 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St. ..... Ward)

h of residence in city or town where death occurred ..... yrs. 7 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR W. W.

FULL NAME Earl J. Bemis

(a) Residence: No. USS Mendota - Curtis Bay, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ALE	white	Divorced

married, widowed, or divorced USBAND of or) WIFE of Laura Allard

E OF BIRTH (month, day, year) July 10, 1892

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	9	11	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist Mate 1c

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coast Guard

Date deceased last worked at this occupation (month and year) Sept. 8, 1935

11. Total time (years) spent in this occupation

RTHPLACE (city or town) St. Johnsbury
State or country) Vermont

NAME Allen Bemis

BIRTHPLACE (city or town) Richford
(State or country) Vermont

MAIDEN NAME Ella Bathrow

BIRTHPLACE (city or town) Richford
(State or country) Vermont

FORMANT Records, U.S. Marine Hospital
Address) Baltimore, Md.

RIAL, CREMATION, OR REMOVAL
Place Lyndonville, Vermont Date Apr. 23 19 36

DERTAKER E. Leroy Stoller, Inc.
Address) 125 E. North Ave.

FD. 1586

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 19, 1935 to April 21, 1936

I last saw h... im alive on April 21, 1936 Death is said to have occurred on the date stated above, at 11:32 P.M.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, adeno, of right femur, metastatic, source undetermined	Unknown
Other contributory causes of importance: Bronchopneumonia, terminal	3 days

Was an operation performed? Yes Date of 2-3-36

For what disease or injury? Carcinoma right femur

Name of operation Amputation, rt. leg Date of 2-3-36

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) T. M. V. Anderson, M. D.

(Address) U.S. Marine Hospital

23305 F 23305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Provident Hospital St. W-13 Ward)

th of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Ethel Curry

(a) Residence: No. 2337 Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Married

married, widowed, or divorced
or) WIFE of Robert Curry

TE OF BIRTH (month, day, year) June 10-1899

Years	Months	Days	If LESS than 1 day, hrs. or min.
36	37 10 9	1912	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Lancaster Co., Va

NAME James Waters

BIRTHPLACE (city or town) (State or country) Lancaster Co., Va

MAIDEN NAME Maria Caster

BIRTHPLACE (city or town) (State or country) Lancaster Co., Va

FORMANT (Address) Lena Waters 2409 Eutaw Place

RIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date April 25 1936

DERTAKER (Address) V. A. Dodson 1463 N. Carey St

LED 4.23.1936 19 Fee Williams NEA

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4.22 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 4.19 . 1936 to 4.22 . 1936

I last saw her alive on 4.22 . 1936. Death is said to have occurred on the date stated above, at 6.30 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 4.16.36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) R. N. Jackson M. D.

(Address) 600 N. Arlington

23306 ✓ E 23306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Baltimore City Hospital St., 6-b Ward)

th of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Mary Griffin

(a) Residence: No. Halethorpe, Md. (1509 N Carlins St.) St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	W	Single

married, widowed, or divorced
USBAND of
or) WIFE of

TE OF BIRTH (month, day, year) 3-24-1860

Years	Months	Days	If LESS than 1 day, hrs. or min.
76	0	28	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Md.

NAME Charles Griffin

BIRTHPLACE (city or town) (State or country) ?

MAIDEN NAME Mary Ogle

BIRTHPLACE (city or town) (State or country) ?

FORMANT B. C. H. Records

(Address)

RIAL, CREMATION, OR REMOVAL

Place Baltimore County Date Apr. 25 1936

DERTAKER Henry Aberle & Sons, Inc.

Address 1801 E. Eager St.

ED 1936 Huntington Williamson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/22/1936

22. I HEREBY CERTIFY, That I attended deceased from 3/23/1935 to 4/22/1936.

I last saw her alive on 4/22/1936 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	4/20/36
Hypertension	?
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp.

Hornide

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F. 23307

95-B

23307

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. Mercy Hospital St. 10th-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

ULL NAME Mrs Nancy B. Hornidge (Irish DC)

a) Residence: No. 1522 Eutaw Place Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Married

married, widowed, or divorced USBAND of r) WIFE of Michael Hornide

E OF BIRTH (month, day, year) Oct. 31 1873

Years	Months	Days	If LESS than 1 day, hrs. or min.
63	5	22	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

ndustry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

ETHPLACE (city or town) (State or country) England

NAME Edward Riley

BIRTHPLACE (city or town) (State or country) England

MAIDEN NAME Mary Burke

BIRTHPLACE (city or town) (State or country) England

ORMANT Hospital Records

Address)

RIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date April 27 1936

DERTAKER John A. Mitchell & Sons

Address 1900 Eutaw Place

Huntington Williams, M.D.

1966

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22 1936

22. I HEREBY CERTIFY, That I attended deceased from April 19 1936 to April 22 1936

I last saw h e alive on April 21 1936 Death is said to have occurred on the date stated above, at 8 A.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemmhage. — Date of onset April 7 1931

Other contributory causes of importance:

Hypertensive Cardiovascular Disease — ?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edwin Kuntzleman M. D.

(Address) Mercy Hospital

P 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2308 — B 23308

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Church Home & Infirmary St. 15 Ward)

th of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William H. Robertson

(a) Residence: No. 2632 Pennsylvania Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

married, widowed, or divorced
HUSBAND of (or) WIFE of Edna Fenwick

TE OF BIRTH (month, day, year) Oct. 10, 1885

Years	Months	Days	If LESS than 1 day, hrs. or min.
50	6	12	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sales

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Virginia

NAME Samuel Robertson

BIRTHPLACE (city or town) (State or country) Wicomico Co, Md.

MAIDEN NAME Emma Erlenbergen

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FORMANT Mrs. E. Robertson
Address) 3028 Guilford Ave

RIAL, CREMATION, OR REMOVAL

Place Glen Mount Date April 25 1936

DERTAKER John D. Mitchell Sons
Address) 1900 Eutaw Place

24 1936 [illegible] Reisterstown, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1926, to April 22, 1936

I last saw him alive on April 22, 1936. Death is said to have occurred on the date stated above, at 9:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of mediastinum, primary, metastasis to abdomen & lungs	1935
Other contributory causes of importance: Cachexia (extreme)	1 mo
Pneumonia (Lobar), Rt.	2 days

Name of operation Biopsy, inguinal gland Date of 3/20/36

What test confirmed diagnosis? Above Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Carlton M Adams, M. D.

(Address) Clinical Hospital Bldg

23309 ✓ F 23309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82-W

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Provident Hosp. St. 1st-2d Ward)

th of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Wayman Christy

(a) Residence: No. 502 Morris St. Havre de Grace Ward MD.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	Colored	Married

married, widowed, or divorced
USBAND of Mary Christy

TE OF BIRTH (month, day, year) Jan. 2 1882

Years	Months	Days	If LESS than 1 day, hrs. or min.
54	3	1	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1

RTHPLACE (city or town) Havre de Grace,
(State or country) Md.

NAME Isaac Christy.

BIRTHPLACE (city or town) Germany. Md.
(State or country)

MAIDEN NAME Mary Matthews

BIRTHPLACE (city or town) Pennsylvania.
(State or country) Md.

FORMANT Mary Christy
(Address) Havre de Grace, Md.

RIAL, CREMATION OR REMOVAL

Place Havre de Grace Md. Date 4/26/ 1936

DERTAKER Frances L. Hemsley

Address 578 W. Biddle St. Huntington Williams, Registrar

19

24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4.23 1936

22. I HEREBY CERTIFY, That I attended deceased from 4.7 1936 to 4.23 1936

I last saw him alive on 4.23 1936 Death is said to have occurred on the date stated above, at 12 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4.22.36
Malignant Hypertension	Oct. '35
Other contributory causes of importance: Subacute gastro-enteritis	4.5.36

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Lab Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) K. H. Jackson M. D.

(Address) 100 N. Arlington.

F 23310

23310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94 B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 Mt. Henry St., 70-3 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William H. Wilkins

(a) Residence: No. 1906 Mt. Henry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Susie Wilkins

DATE OF BIRTH (month, day, year) Mar. 10 1881

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	1	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year) 4/22/1936

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) England

13. NAME George H. Wilkins

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Susie Wilkins (Address) 1906 Mt Henry St

18. BURIAL, CREMATION, OR REMOVAL Place Western Cem Date 4/25/36

19. UNDERTAKER John J Cowan & Son (Address) 901 Hollins St

20. FILED ..... Registrar

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-22-36. 19

22. I HEREBY CERTIFY, That I took charge of the remains above-named deceased on the ..... day of ..... 19..., and that I last saw deceased alive on the ..... day of ..... 19..., and that death occurred on the date stated above, at ..... M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Contributory	

Other contributory causes of importance: —

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Thos H Chilcoat Coroner M. D.

(Address) .....

23311 ✓ F 23311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

930

Registered No.

PLACE OF DEATH ST. JOSEPH'S HOSPITAL
Y OF BALTIMORE: (No. BALTIMORE, MD St., 8-b Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred? 36 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Eva Mrs. Brannon (BRANNAN) If U. S. Veteran specify WAR

(a) Residence: No. 1800 E. Lanvale St., — Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	married

married, widowed, or divorced) (BRANNAN)
USBAND of or) WIFE of E. W. Brannon

TE OF BIRTH (month, day, year) Feb 9-1872

E Years	Months	Days	If LESS than 1 day, hrs. or min.
64	2	14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 037
Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation —

RTHPLACE (city or town) Baltimore
(State or country) Maryland

NAME Jacob Stenger

BIRTHPLACE (city or town) Germany
(State or country)

MAIDEN NAME Margaret Trautmann

BIRTHPLACE (city or town) Germany
(State or country)

FORMANT Mr. E. W. Brannan
(Address) 1800 E. Lanvale St.

RIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 27, 1936

NDERTAKER F. B. Kippert & Son
(Address) 1300 Eutaw Place

Huntington Williams, M.D.
24 1936 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1936, to April 23, 1936

I last saw her alive on April 23, 1936. Death is said to have occurred on the date stated above, at 7:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arteriosclerosis	
2. Chronic myocarditis	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. H. Wagenseller, M. D.
(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

23312

✓ F 23312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82B

PLACE OF DEATH St Agnes Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Wilkens & Caton Ave 70-5 St., Ward)

th of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Mr Henry Seitz

(a) Residence: No. 2502 Dulaney St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

married, widowed, or divorced, HUSBAND of WIFE of Minnie Seitz

Wilhelmina

TE OF BIRTH (month, day, year) May 3 1874

Years	Months	Days	If LESS than 1 day, hrs. or min.
1	11	18	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Merchant

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prop. 0045

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Germany
State or country)

NAME Henry Seitz

BIRTHPLACE (city or town) Germany
(State or country)

MAIDEN NAME Katharine Kirchner

BIRTHPLACE (city or town) Germany
(State or country)

FORMANT Minnie V. Seitz

Address) 2502 Dulaney St

RIAL, CREMATION, OR REMOVAL

Place Western Cem Date April 24 1936

DERTAKER H. B. Kighet & Son

Address) 1128 Eutaw & Huntington Aves

Registrar.

LED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1936, to April 21, 1936

I last saw h[illegible] alive on April 21, 1936 Death is said to have occurred on the date stated above, at 3.15 p.m.

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis
Cerebral thrombosis

Date of onset ? 4/11/36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Surgical Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Karl F Meech M. D.

(Address) St. Agnes' Hospital

H. 1268-9

23313 F 23313

HEALTH DEPARTMENT—CITY OF BALTIMORE

82a

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. City Hospital St., 7-1 Ward)

h of residence in city or town where death occurred 64 yrs. 2 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

ULL NAME John Henry Lawrence

a) Residence: No. 2910 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Single

married, widowed, or divorced
USBAND of
r) WIFE of ---------

E OF BIRTH (month, day, year) Feb. 14, 1872

Years	Months	Days	If LESS than 1 day, hrs. or min.
64	2	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. #23 School Fireman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Employee 0086

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore, Md.

NAME George Lawrence

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MAIDEN NAME Virginia Jordan

BIRTHPLACE (city or town) (State or country) Va.

FORMANT (Address) Mrs. Jennie King 3612 Woodbine Ave.,

RIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Apr. 25, 1936

DERTAKER (Address) John F. Kenny 715 Light St.

24 1936 Entered [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to .....

I last saw h alive on ....., 19... Death is said to have occurred on the date stated above, at 8:30 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: arterial hypertension	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.
Coroner.

(Address) 1010 S. Edmondson Ave.

V

23
23314 HEALTH DEPARTMENT—CITY OF BALTIMORE T 23314

CERTIFICATE OF DEATH X 34a

Registered No.

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. St., 7-5 Ward)

h of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Florence Taylor

(a) Residence: No. Verona - Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

married, widowed, or divorced
USBAND of
r) WIFE of

E OF BIRTH (month, day, year) 7/5/35

Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	18	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Maryland
(State or country)

NAME Elmer Taylor

BIRTHPLACE (city or town) Md -
(State or country)

MAIDEN NAME Alphonsa Perkinson

BIRTHPLACE (city or town) Md -
(State or country)

FORMANT Reeves -
Address)

RIAL, CREMATION, OR REMOVAL

ce Verona Md Date Apr. 24 19 36

DERTAKER George Lehmaier
Address) 3101 Eastern Ave

R 24 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 6, 1936 to Apr. 23, 1936

I last saw her alive on Apr. 23, 1936 Death is said to have occurred on the date stated above, at 7:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Syphilis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? W2R Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John A. Lewenberg Jr. M. D.

(Address) Johns Hopkins Hosp.

3315 ✓ F 23315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. 316 S. Pulaski St., 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs Elizabeth Otto

If U. S. Veteran specify WAR

(a) Residence: No. 316 S. Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

married, widowed, or divorced) HUSBAND of or) WIFE of: William Otto

TE OF BIRTH (month, day, year): July 28-1857

E Years	Months	Days	If LESS than 1 day, hrs. or min.
78	8	26	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife

Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation:

RTHPLACE (city or town) (State or country): Baltimore Co. Md.

NAME: Christian Kuhbert

BIRTHPLACE (city or town) (State or country): Germany

MAIDEN NAME: Mary Kniebes

BIRTHPLACE (city or town) (State or country): Germany

FORMANT: Walter Otto

Address): 316 S. Pulaski St.

RIAL, CREMATION, OR REMOVAL

Place: Mastens Cemetery Date: April 25 1936

NDERTAKER: George L. Schwab

Address): 2101 Gilmore St.

1936 Huntingtn Mathews, MD

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1936, to April 23, 1936

I last saw her alive on April 23, 1936. Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast (2°)	1 yr. 3 mo

Other contributory causes of importance:

acute cardiac dilatation	1 day ago

Was an operation performed? no Date of

For what disease or injury? no

Name of operation: clinical findings Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Benjamin Miller, M. D.

(Address) 2030 Williams Ave

F 23316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓165

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 Cole St. St. 19-th Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Philip Shugar

(a) Residence: No. 1703 Cole St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Shugar

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Sarah Shugar (Wife)

(Address) 1703 Cole St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Sinai Wash. Co. Date 4-24- / 1936

UNDERTAKER Jack Heinz Inc.

(Address) 1439 E. Balto. St

FILED 19 Registrar

4 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-23- , 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Coroner's Autopsy or Inquiry) find that said deceased came to his death on the day stated above. 2 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by hanging	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of Injury ..... , 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at Home

Manner of injury Hung by the neck

Nature of injury Hanging

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Thos H. Philbin, M. D. Coroner

(Address) 1939 Edmondson Ave

F 23317

23317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

140

Registered No. .....

PLACE OF DEATH St Agnes' Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Wilkens & Catah ave St., 10-6 Ward)

th of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

FULL NAME Leona A Garney

(a) Residence: No. 551 S. Catah ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

married, widowed, or divorced (or) WIFE of Patrick T. Garney

TE OF BIRTH (month, day, year) Mar. 27 1906

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30		7 29	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Maryland

NAME Henry A Wedd

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Lucie Ellen Davy

BIRTHPLACE (city or town) (State or country)

FORMANT (Address)

URIAL, CREMATION, OR REMOVAL

Place Date 19

NDERTAKER (Address)

ILED

24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1936, to April 22, 1936

I last saw h.. alive on April 22, 1936 Death is said to have occurred on the date stated above, at 12 15 p.m.

The principal cause of death and related causes of importance were as follows: Septicemia following Spontaneous abortion

Date of onset

Other contributory causes of importance: none

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation - Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis L Llewelyn, M. D.

(Address) St. Agnes Hospital

23318 F 23318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH Lyndenham Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St. 1213 Ward)

gth of residence in city or town where death occurred 21 yrs. 2 mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Sherman Scott

(a) Residence: No. 1013 Sharp St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
BUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Feb 14, 1915

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	2	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 1040
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Howard Scott

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Helen Kaffenburger

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs Rea

(Address) 1013 Sharp Street

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md. Date April 25th 1936

UNDERTAKER Ed Schloman & Son

(Address) 1039 Lanvale St

[illegible] Huntington Williamsport, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1936, to April 23, 1936

I last saw him alive on April 23, 1936. Death is said to have occurred on the date stated above, at 4:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus septicemia	4 1 36
Meningococcus meningitis	4 11 36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. C. Taylor Jr. M. D.

(Address) Lyndenham Hospital

3319 HEALTH DEPARTMENT—CITY OF BALTIMORE 23319

CERTIFICATE OF DEATH

131

Registered No.

PLACE OF DEATH Sinai Aged Home

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 7-5 St., 7 Ward)

h of residence in city or town where death occurred 10 ? yrs. mos. ds. How long in U. S. If of foreign birth? ? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Matilde ~~Pines~~ Pisanes

(a) Residence: No. Sinai Aged Home St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

married, widowed, or divorced HUSBAND of or) WIFE of Jacob Pines

TE OF BIRTH (month, day, year) About 1852

E Years	Months	Days	If LESS than 1 day, hrs. or min.
out 84			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None prob

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Germany

NAME Unknown

BIRTHPLACE (city or town) (State or country) Gemany

MAIDEN NAME Blankenstein

BIRTHPLACE (city or town) (State or country) Germany

FORMAN Mrs. Lon Baum

(Address) 4004 Maine Ave.

RIAL, CREMATION, OR REMOVAL

Pl Balto. Hebrew Date Apr. 24 1936

NDERTAKER David Sondheim

(Address) 902 Eutaw Place

24 1936 Washington, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-23 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-20 1936 to 4-23 1936

I last saw h alive on 4-23 1936. Death is said to have occurred on the date stated above, at 1:10 P m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis 9 d

Cardiac insufficiency 2 d

Chronic nephritis 13 y

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) David J. Levy M. D.

(Address) Home Hosp.

B 23320 F 23320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH University Hospital 21 Ward

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Charles R Hewes

(a) Residence: No. Owings Mills Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna R Hewes

DATE OF BIRTH (month, day, year) Oct 14 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	6	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Owings Mills Md

10. NAME Charles R Hewes

11. BIRTHPLACE (city or town) (State or country) Baltimore Md

12. MAIDEN NAME Mary E Brandenburg

13. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Edgar Hewes

(Address) Glyndon Md

BURIAL, CREMATION, OR REMOVAL

Place Asbury M.E. Cem Date April 25 1936

UNDERTAKER J. F. Blunes Sons

(Address) Reisterstown Md

FILED 24 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, last Friday (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Lung	
Crushed Chest	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 4/22 1936

Where did injury occur? Near Owings Mill (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On lot - Near Owings Mill

How injury occurred Struck backed into tree

Nature of injury Fractured Skull Chest Abd

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

Signed Hulon Baker M. D. Coroner

(Address) 907 N. Charles

23321

F 23321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Sydenham Hosp St. 23-1 Ward)

th of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... ds.

FULL NAME Emerson Isaac Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1025 S. Sharp St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Single

married, widowed, or divorced HUSBAND of (or) WIFE of —

TE OF BIRTH (month, day, year) June 10, 1918

E Years	Months	Days	If LESS than 1 day, hrs. or min.
17	10	14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore

. NAME Joseph Johnson

. BIRTHPLACE (city or town) (State or country) Bacto.

. MAIDEN NAME Sarah Bryan

. BIRTHPLACE (city or town) (State or country) Maryland

FORMANT (Address) Mrs Joseph Johnson 1025 S. Sharp St

URIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 4/20/36

NDERTAKER (Address) Isaiah L Brown & Son 1082 W Montgomery St

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24. 1936

22. I HEREBY CERTIFY, That I attended deceased from April 19. 1936 to April 24. 1936

I last saw him alive on April 24. 1936 Death is said to have occurred on the date stated above, at 6 45/a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis Meningococcic	4/18/36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Myron G Tucker M. D.

(Address) Sydenham Hospital

H. 1268-0

F 23322

23322 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ 23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 2030 McCulloh St., 14 Ward)

h of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

ULL NAME Lenden H. Brown

a) Residence: No. 2030 McCulloch St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	colored	Married

married, widowed, ~~divorced~~
USBAND of Nannie Brown
WIFE of

1881

E OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day.....hrs. or min.
55	7		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6040

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

THPLACE (city or town) Md
(State or country)

NAME Thomas Brown

BIRTHPLACE (city or town) Va
(State or country)

MAIDEN NAME Nancy Young

BIRTHPLACE (city or town)
(State or country) Va

FORMANT Clarence Brown
(Address) 2030 McCulloch St

RIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date April 25 1936

DERTAKER Frank H Burkett
Address 28 Lexington Baltimore, Md

ED 1936 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 16 1936. to April 22 1936

I last saw h/m alive on April 22, 1936. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2

Other contributory causes of importance:

Pulmonary Hemorrhage

Name of operation none Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. A. Fiel M. D.

(Address) 120 Aisquith St.

B. 1268-9

F 23323

2332 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2127 E. Lombard St., 1-5 Ward)

th of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME ELSIE WOODWARD

(a) Residence: No. 2127 E. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Robert M.P. Woodward

TE OF BIRTH (month, day, year) June 29, 1880

E Years	Months	Days	If LESS than 1 day, hrs. or min.
55	8	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Baltimore
(State or country) Maryland

NAME Alexander Barber

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MAIDEN NAME Anna S. Riegel

BIRTHPLACE (city or town)
(State or country) Kentucky

FORMANT Robert M. P. Woodward
(Address) 2127 E. Lombard St.

RIAL, CREMATION, OR REMOVAL

Place Lorraine Date April, 24 1936

NDERTAKER H. Sander & Sons, Inc.
(Address) 1710 Fleet St.

LED 1936, 19 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1935 to April 21, 1936

I last saw her alive on April 21, 1936 Death is said to have occurred on the date stated above, at 10:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	Early 1935

Other contributory causes of importance:

Name of operation Attempted Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed George D. Dunlap M. D.

(Address) 3 E. Lexington St.

23324 F 23324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 150 N. Hare St., 6-1 Ward)

th of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME JOHN RIETH

(a) Residence: No. 150 N. Hare St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Widowed

married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Rieth

TE OF BIRTH (month, day, year) August 25.1855

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	7	27	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 662

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chesapeake Marine Railway

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 32 yrs

RTHPLACE (city or town) (State or country) Baltimore

NAME John Rieth

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Not Known

BIRTHPLACE (city or town) (State or country) Germany

FORMANT r. Chas. H. Rieth Sr.

(Address) 621 S. Glover St.

RIAL, CREMATION, OR REMOVAL

Place Earal Ch Date Apr 26. 1936

RY SANDER & SONS. INC. Geo. F. Sander

NDERTAKER

(Address) Baltimore & Broadway

LED 1936 Huntington Williams, Jr.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 22. 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from August 1934 to April 22 1936

I last saw him alive on April 22 1936 Death is said to have occurred on the date stated above, at 11.30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Asthma	1934
Acute Cardiac Failure	1 day

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

I attended H. E. Reifschneider M. D.

(Address) 2939 Eastern Ave

23325

F 23325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-D

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 808 S Clinton St. No 11 Ward)

h of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

ULL NAME Anna Toland

a) Residence: No. 808 S Clinton St., Ward.
(Usual place of abode) Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
nde	White	Widow

married, widowed or divorced
USBAND of
er) WIFE of James.

E OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, hrs. or min.
75			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Philadelphia
State or country)

NAME Andrew Tinney

BIRTHPLACE (city or town) Ireland
(State or country)

MAIDEN NAME Not known

BIRTHPLACE (city or town) Ireland
(State or country)

FORMANT Andrew Toland
Address) 808 S Clinton St

RIAL, CREMATION, OR REMOVAL

Place Holy Cross Date 4/26 19 36

DERTAKER John J Fuda
Address) 2811 Hudson St Huntington Village

ED 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23 19 36

22. I HEREBY CERTIFY, That I attended deceased from Mar 17 1936 to Apr 23 1936

I last saw h[illegible] alive on Apr 23 1936. Death is said to have occurred on the date stated above, at 3:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Mandible Metastases to Skull & long bones.	1936
	1936
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas J Heckman M. D.

(Address) 3507 Falls Ave

F 23326

No. S-81 250B

23326 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 108

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. Ward)

Length of residence in city or town where death occurred 89 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Joseph Gilbert

(a) Residence: No. 1412 N Milton Ave St., Ward.
(Usual place of abode) Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

If married, widowed, or divorced
WIFE of (or) HUSBAND of Louise

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6004

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
State or country) Md

NAME ✓

BIRTHPLACE (city or town) ✓
(State or country)

MAIDEN NAME ✓

BIRTHPLACE (city or town) ✓
(State or country)

INFORMANT Emilia Mc Donald
Address) 130 Arabel St

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 4/25 1936

UNDERTAKER John J Luzda
(Address) 2811 Hudson St Huntington Maryland

4 1936 1 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22. 1936

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1936 to April 22, 1936

I last saw h. alive on April 22 1936 death is said to have occurred on the date stated above, at 3:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	4-7-36
Other contributory causes of importance	
Prostatic hypertrophy - benign	?
Arterio-Sclerosis	?

Name of operation none Date of —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Ellen Mooney M. D.

(Address) Franklin Square Hosp.

23327

F 23327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-B

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. 1120 Scott St. St. 21-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Christian Schlosser

If U. S. Veteran specify WAR

(a) Residence: No. 1120 Scott St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

married, widowed, or divorced
HUSBAND of (or) WIFE of Charlotte M. (nee Holtgreve)

TE OF BIRTH (month, day, year) Feb. 26, 1854.

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	1	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1934

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sheet Metal Worker

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Pa.

NAME William Schlosser

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Germany

FORMANT (Address) Mrs. Charles F. Starke, 1106 S. Paca St.

RIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 4/25/36 19

NDERTAKER (Address) 4101 Edmondson Ave.

Huntington Williams, Md.

1986

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 22 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/18 . 1934 to 4/22 . 1936

last saw h. alive on 4/21 . 1936 Death is said to have occurred on the date stated above, at 4:30 p m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic cardio-renal disease

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. H. Briscoe M. D.

(Address) 1326 W. Lombard

9-30—A & Co.—250 Blks

F 23328

23328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-C

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5104 Wetherville Road) ST. (Lowndes)

2. FULL NAME Anna Rebecca Slade

(a) RESIDENCE No. 5104 Wetherville Road ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced. (write the word): Widowed

If married, widowed, or divorced
(or) WIFE of: Samuel Slade

DATE OF BIRTH (month, day, and year): June 19, 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	10	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Maryland.

NAME OF FATHER: James Boyd

BIRTHPLACE OF FATHER (city or town) (State or country): Unknown Maryland

MAIDEN NAME OF MOTHER: Elizabeth Hemrick

BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown Maryland

Informant (Address): Mrs. Mary Elizabeth Lilley 5104 Wetherville Road

Filed ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): April 23, 1936.

17.

I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1936, to April 23, 1936

that I last saw her alive on April 22, 1936,

and that death occurred, on the date stated above, at 1 15 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Degeneration

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Senility

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Joshua H. Adkins M. D.

Apr 23 1936 (Address) Woodlawn, Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: April 25, 1936

20. UNDERTAKER: Joseph H. Cook — ADDRESS: 1003 W. Baltimore St

23329 HEALTH DEPARTMENT—CITY OF BALTIMORE E 23329

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No. 13607 76-815

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 27 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Baby Girl Smith

(a) Residence: No. 3604 Pratt Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 3-27-36

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	27 hr	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore City Hospitals

NAME George Smith

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Mary. Hinkle

BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apr. 25, 1936

UNDERTAKER George L. Lohmeyer
(Address) 210 Frederick Ave.

FILED 19 ..... By .....

1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 4/23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/10, 1936 to 4/23, 1936

I last saw her alive on 4/23, 1936. Death is said to have occurred on the date stated above, at 6 39 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mongolian Idiocy	
B. Prematurity	
? Erysipelas	4/23/36
Non-tbc Bronchopneumonia	4/23/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Irving Rosenbaum Jr. M. D.

(Address) Balto. City Hospitals

(Himmes)

F 23330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

PLACE OF DEATH ST. JOSEPH'S HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. BALTIMORE, MD. St., 8-6 Ward)

th of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Elizabeth Himmes

(a) Residence: No. 1633 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

married, widowed, or divorced HUSBAND of (or) WIFE of John H. Himmes

TE OF BIRTH (month) July 5 — 1858

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	9	18	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Pikesville Balto Co. Md.

NAME Peter Smithmeyer

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Germany

FORMANT (Address) Mrs Chester A Warren 1633 N. Caroline St

URIAL, CREMATION, OR REMOVAL Place Balto Cem. Date Apl 25 — 36

NDERTAKER (Address) Chas. F. Grafe & Son 118 N. Howard St

Interment in Wilkins, MD

1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1936 to April 23, 1936

I last saw h~~er~~ alive on April 23, 1936 Death is said to have occurred on the date stated above, at 1.15 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

Other contributory causes of importance:

Arteriosclerosis
Chronic Myocarditis

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how? no

(Signed) P. M. Magruder, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

D 1268-9

F 23331

HEALTH DEPARTMENT—CITY OF BALTIMORE

3331

CERTIFICATE OF DEATH

34-B

Registered No.

PLACE OF DEATH In front of

Y OF BALTIMORE: (No. 146 W. Cross St. St., 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred 35 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

ULL NAME John Hall. (C)

(a) Residence: No. 1007 Peach Alley. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	Colored	Do not know.

married, widowed, or divorced
HUSBAND of
WIFE of ----------

K OF BIRTH (month, day, year) Do not know.

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55	----	----	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) Norfolk, Va.

NAME Do not know.

BIRTHPLACE (city or town) (State or country) Do not know.

MAIDEN NAME Do not know.

BIRTHPLACE (city or town) (State or country) Do not know.

ORMANT Eliza Talbott.(C)

Address) Marley Neck, A.A.Co.Md.

RIAL, CREMATION, OR REMOVAL

ce University of Md Date April 24. 19 36

DERTAKER [illegible]

e 1936 Huntington Ave

D

2273 MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....

I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of an Aortic Aneurism. specific.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto Reinhardt, M. D. Coroner

(Address) 1017 E. Charles St. 4/22/36

F 23332

3332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No.

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Shirley Mary Dewey

(a) Residence: No. 1214 W. Fayette St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) 1/14/36

Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	5	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Md

NAME Thos. Dewey

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME Hilda Smith

BIRTHPLACE (city or town) (State or country) Md

FORMANT Reynolds
Address)

RIAL, CREMATION, OR REMOVAL

Place J.H. Med School Date April 23 1936

DERTAKER
Address)

4 1936 Huntington Williams, MD Registrar.

2260

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 16, 1936 to April 19, 1936.

I last saw h alive on Apr 19, 1936 Death is said to have occurred on the date stated above, at 7:45 a m.

The principal cause of death and related causes of importance were as follows:

Acute Primary Pneumonia — Date of onset 4-11-36

Other contributory causes of importance:

Pneumococcus Septicemia — 4-17-36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Arrident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jordan B Cleaveland M. D.

(Address) Johns Hopkins Hospital

F 23333

HEALTH DEPARTMENT—CITY OF BALTIMORE

333

CERTIFICATE OF DEATH

54

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Mercy Hospital St. 15 4 (Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Mr. Joseph Bonner

(a) Residence: No. 2728 Penna. Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	Widower.

married, widowed, or divorced HUSBAND of (or) WIFE of Deceased.

TE OF BIRTH (month, day, year) June 1 1854.

Years	Months	Days	If LESS than 1 day, hrs. or min.
82	10	22	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not Employed

Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

RTHPLACE (city or town) (State or country) Baltimore

NAME Andrew Bonner

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Barbara ?

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Hospital Records
(Address)

RIAL, CREMATION, OR REMOVAL

Place New Cathedral Date April 27, 1936

NDERTAKER Josiah Ryker
(Address) New York Ave. & Huntington Pikesville, Md.

1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-23-1936

22. I HEREBY CERTIFY, That I attended deceased from 3-15 1936 to 4-23 1936

I last saw him alive on April 22 1936 Death is said to have occurred on the date stated above, at 9:20 A.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset 1934

Other contributory causes of importance: Diabetic Gangrene Rt Leg — 3-15-36
Cerebral Arteriosclerosis — ?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ..... 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Edwin Knowles Jr. M. D.

(Address) Mercy Hospital

F 23334

23334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1943-B

PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Robert Bowman

(a) Residence: No. 1722 McCubbin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or WIFE of) Kate Bowman

DATE OF BIRTH (month, day, year) 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 803

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Mildred Carroll

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Carrie Wilmore
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Ashley Cemetery Date April 26. 1936

19. UNDERTAKER Nelly Davis & Co
(Address) 416 N Carolina Ave

Filed 19 Huntington Williams, M.D.

1986

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound Fracture of Rt. Femur	7 days

Other contributory causes of importance:

Gas bacillus Gangrene of Rt. Thigh

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical + X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury April 17 1936

Where did injury occur? 1727 McCubbin St Balto, Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place - Street

Manner of injury Part of wall fell on him

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schuyler M. D.
Coroner

(Address) 1919 E. North Ave.

23335

F 23335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 49-a

PLACE OF DEATH

Y OF BALTIMORE: (No. 1617 E-33" St., 9-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Rosina Theresa Kemper

If U. S. Veteran specify WAR .....

(a) Residence: No. 1617 E-33 St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

married, widowed or divorced HUSBAND of (or) WIFE of Harry Edgar Kemper

TE OF BIRTH (month, day, year) Feby 10-1877

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	58	2	12	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Worker

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation .....

RTHPLACE (city or town) (State or country) Baltimore Md.

NAME Charles Schumacher

BIRTHPLACE (city or town) (State or country) Baltimore Md

MAIDEN NAME Elizabeth Rausch

BIRTHPLACE (city or town) (State or country) Baltimore Md

FORMANT Harry E. Kemper

(Address) 1617 E-33.

RIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date April 25 1936

NDERTAKER Wm J Tucker & Sons

(Address) North & Gay Sts

FILED 1936 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 1934 to April 22 1936

I last saw h.. alive on April 22 1936 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma left ovary.	

Other contributory causes of importance:

Metastatic carcinoma pelvic organs with hemorrhage

Was an operation performed? Yes Date of 1934

For what disease or injury? Carcinoma Ovary

Name of operation Oophorectomy Date of

What test confirmed diagnosis Clinical & Curettage Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schumacher, M. D.

(Address) 1918 E. Northave.

F 23338

236 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 12 East Eager St. St., 11-2 Ward)

th of residence in city or town where death occurred 56 yrs. 6 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Charlotte Elizabeth Luetscher

(a) Residence: No. 12 East Eager St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of John A. Luetscher

TE OF BIRTH (month, day, year) Oct. 7, 1879

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	6	15	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore, Md.

NAME Robert J. Tumbleson

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MAIDEN NAME Mary E. Gayle

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FORMANT Dr. John A. Luetscher

(Address) 12 East Eager St.

RIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 4/25/36. 19

NDERTAKER Henry W. Myers and Son

(Address) 805 E. Eager St.

1936 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mch. 19, 1936 to, Apl. 23, 1936

I last saw h alive on Apl 23, 1936 Death is said to have occurred on the date stated above, at 9.45 P.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset 3/15/36 c. 4/16/36
Pulmonary Tuberculosis
Pneumothorax (Therapeutic)

Other contributory causes of importance:

Was an operation performed (Pneumothorax Artificial) Date of Repeated

For what disease or injury? Pulm. Tbc.

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John F. Ming M. D.

(Address) 1210 Eutaw Place

F 23337

D. B. 1268-9

3337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1721 Jackson St. 24-4 Ward)

gth of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William Edgar Cook

(a) Residence: No. 1721 Jackson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Cook

ATE OF BIRTH (month, day, year) Dec. 3, 1865

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	4	20	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. B&O Engineer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Locomotive 573

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Middletown Md

2. NAME Joseph Cook

4. BIRTHPLACE (city or town) (State or country) Md

5. MAIDEN NAME Laura E. Kraus

6. BIRTHPLACE (city or town) (State or country) Md.

NFORMANT (Address) Mary Cook 1721 Jackson St

URIAL, CREMATION, OR REMOVAL Place Mt Olivet Date April 27 1936

NDERTAKER (Address) H. Edgar Evans 1422 E. Baltimore St

ILED 19

1986

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1936, to April 23, 1936

I last saw him alive on April 23, 1936. Death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1932 ?
Coronary Thrombosis	4-11-36
Bronchio-pneumonia	4-19-36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. C. Talbot, M. D.

(Address) 707 E. Fort Ave.

F 23338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1145 Cleveland St., 21-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Lillian M. Finnegan

(a) Residence: No. 1145 Cleveland St., ... Ward.
(Usual place of abode) 20 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

4. Color or Race: White

5. ~~Single~~ Married, ~~Widowed~~ or ~~Divorced~~ (write the word)

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Walter G Finnegan

DATE OF BIRTH (month, day, year): Dec 1, 1894

AGE: Years 41 · Months 4 · Days 21 · If LESS than 1 day, ... hrs. or ... min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife at Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Balto Co Md

NAME: James A Downey

BIRTHPLACE (city or town) (State or country): Howard Co Md

MAIDEN NAME: Mollie Snapp

BIRTHPLACE (city or town) (State or country): Laurel Md

INFORMANT: Herbert J Finnegan

(Address) 1145 Cleveland St

BURIAL, CREMATION, OR REMOVAL

Place: Oaklawn Date: April 25 1936

UNDERTAKER: W M Cook

(Address) 121 So Paul St

Huntington Millinas Md

Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 22nd 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936 to April 22, 1936

I last saw her alive on April 21, 1936 Death is said to have occurred on the date stated above, at 3:55 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset Jan 1936

Other contributory causes of importance:

Name of operation: None — Date of ...

What test confirmed diagnosis? Signs — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) W. N. Dugan, M. D.

(Address) 1326 W. Fayette

F 23339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 N. Grantley St., 16-8 Ward)

Length of residence in city or town where death occurred ..yrs.....mos.....ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

If U. S. Veteran specify WAR No Record

FULL NAME Sarah E. Berry

(a) Residence: No. 721 N. Grantley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

~~married~~ widowed, or ~~divorced~~
(or) WIFE of Alexander C. Berry

DATE OF BIRTH (month, day, year) April 11th 1850

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
86	0	12	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife at 27

Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 35

BIRTHPLACE (city or town) (State or country) Balto Md

NAME OF FATHER James Sheldon

BIRTHPLACE (city or town) (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Lavenia Burke

BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Chas. P. Lupton

(Address) 721 N. Grantley St

BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 27th 1936

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Filed 1936 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23rd, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936 to April 23, 1936

I last saw h.. alive on April 23, 1936. Death is said to have occurred on the date stated above, at 10:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis.	1926.
Other contributory causes of importance: None	

Was an operation performed? None Date of —

For what disease or injury? —

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas Norton Lund, M. D.

(Address) 1888 N Fulton Ave

E 23340

340 HEALTH DEPARTMENT—CITY OF BALTIMORE

53-E

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Volunteers Hosp. Ward)

th of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME John Nee

(a) Residence: No. 1013 Stewart St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Mar 9 1875

E Years	Months	Days	If LESS than 1 day, hrs. or min.
61	1	15	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. [illegible]

Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 30

IRTHPLACE (city or town) (State or country) Md.

. NAME John Nee

. BIRTHPLACE (city or town) (State or country) Ireland

. MAIDEN NAME Unknown

. BIRTHPLACE (city or town) (State or country) Unk.

FORMANT (Address) Mrs Inez Brant 1013 Stewart St

RIAL, CREMATION, OR REMOVAL Place Woodlawn Md. Date April 1 1926

NDERTAKER (Address) Jas Robertson Inc Lafayette Ave.

1986 Huntington Pittsburgh, Pa. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-24 1926

22. I HEREBY CERTIFY, That I attended deceased from 4-15 1926 to 4-24 1926

I last saw h alive on 4-24 1926 Death is said to have occurred on the date stated above, 3.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Melanotic Sarcoma	2yr ago
Other contributory causes of importance:	

Was an operation performed? Nature of Radium treatment

For what disease or injury? at U. of M.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. J. Conroy, M. D.

(Address) Volunteers Hospital

4032 F 23341

3341 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

51-E

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Baltimore City Hospital St. 1-1 Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME George Falkenhen

(a) Residence: No. 916 S. Linwood Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	W	Widowed

married, widowed, or divorced HUSBAND of (or) WIFE of Maggie

TE OF BIRTH (month, day, year) 2-9-1871

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	2	12	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Md.

NAME George

BIRTHPLACE (city or town) (State or country) Va.

MAIDEN NAME Mary

BIRTHPLACE (city or town) (State or country) Germany

FORMANT B. C. H. Records

(Address)

URIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 4/27/36

NDERTAKER John B. Connelly

(Address) Essex Md.

1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-26, 1935 to 4-22, 1936

I last saw him alive on 4-22, 1936 Death is said to have occurred on the date stated above, at 1:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Scrotum & Urethral Fistulae	?
Other contributory causes of importance: Terminal Bronchopneumonia	4-21-36

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

F 23342

3342 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-108

Registered No.

PLACE OF DEATH University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

rth of residence in city or town where death occurred 20

If U. S. Veteran specify WAR

FULL NAME Clarence Bucker

(a) Residence: No. 1132 Pennsylvania Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

ATE OF BIRTH (month, day, year) ? ? 1894

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	?	?	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Comedian & Dancer

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stage

. Date deceased last worked at this occupation (month, year) April 1936 | 11. Total time (years) spent in this occupation 30

IRTHPLACE (city or town) (State or country) Texas

3. NAME Robt Roland Rucker

4. BIRTHPLACE (city or town) (State or country) Texas

5. MAIDEN NAME unknown

6. BIRTHPLACE (city or town) (State or country) unknown

NFORMANT Martha Reese

(Address) 1132 Penna ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Date Apr 1936

UNDERTAKER Lincoln Funl Parlors Inc

Address 1630 Madison ave

FILED 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1936 to April 21, 1936

I last saw him alive on April 21, 1936 Death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 4/14

Circulatory failure — 4/21

Other contributory causes of importance:

Syphilis — Unknown

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Charles L. Goodland M. D.

(Address) University Hospital

F 23343

23343 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 79-a

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. Sydenham Hospital St., 14 Ward

(If death occurr a hospital or insth give its NAME in of street and number.)

h of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos.

FULL NAME Maggie Clements

If U. S. Veteran specify WAR

(a) Residence: No. 1710 McCulloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Married

married, widowed, or divorced USBAND of er) WIFE of Walter C Clements

TE OF BIRTH (month, day, year) Dec 25 1886

Years	Months	Days	If LESS than 1 day, hrs. or min.
49	3	28	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Richmond Va
(State or country)

NAME Henry Fry

BIRTHPLACE (city or town) Richmond Va
(State or country)

MAIDEN NAME

BIRTHPLACE (city or town) Richmond Va
(State or country)

FORMANT Husband
(Address)

RIAL, CREMATION, OR REMOVAL Apr 26 36

Apr 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 21, 1936 to Apr 23, 1936

I last saw h.. alive on Apr 23, 19.. Death is said to have occurred on the date stated above, at 5.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus meningitis	4-16-36
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Francis D'Schweinitz M. D.

(Address) Sydenham Hospital

F 23344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1410 N. Bethel Street St., 8-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds. Life

If U. S. Veteran specify WAR .....

FULL NAME Bertha Trentler

(a) Residence: No. 1410 N. Bethel Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Trentler

DATE OF BIRTH (month, day, year) Jan. 2nd, 1867.

AGE Years	Months	Days	If LESS than 1 day, ##### or ##### min.
69	3	21	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Henry Silverzahn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Henkle

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Henry Trentler

(Address) 1410 N. Bethel Street

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date April 27th 19

UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Hanford Avenue

APR 24 1936 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/16 19 36 to 4/23 19 36

I last saw her alive on 4-23 19 36 Death is said to have occurred on the date stated above, at 9.30 p.m.

The principal cause of death and related causes of importance were as follows:

Coma — Date of onset 4/15/36

Other contributory causes of importance:

Apoplexia — 4/16/36

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Amelia E. Luck, M. D.

(Address) 1717 N. Caroline St.

F 23345

23345 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 46-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 456 E Cross St. 24 Ward)

h of residence in city or town where death occurred ... yrs. 65 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME John W Moran

(a) Residence: No. 456 E Cross St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
lr	White	Married

married, widowed, or divorced
USBAND of (or) WIFE of Minnie Hall.

TE OF BIRTH (month, day, year) July 27 1862

Years	Months	Days	If LESS than 1 day, hrs. or min.
73	9	7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. D. D. Co.

Date deceased last worked at this occupation (month and year) 15 — | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) A. A. Co. Md

NAME John W Moran

BIRTHPLACE (city or town) (State or country) A. A. Co Md

MAIDEN NAME Mary Stansbury

BIRTHPLACE (city or town) (State or country) A. A. Co Md

FORMANT Mrs Minnie Moran

(Address) 456 E Cross St

RIAL, CREMATION, OR REMOVAL Md Date April 27 1936

Place Cedar Bluff A A Co

NDERTAKER Chas E Stevens

(Address) 101 E Fort Ave

Registrar Hunting for Williams

S 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1936, to April 24, 1936

I last saw him alive on April 24, 36 8 P.M. Death is said (to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis & Carcinoma	1935

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wooten Kolb M. D.

(Address) 102 E Fort Ave

23346 ✓ F 23346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 Carrollton Aven. 16-1 Ward)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Bettie M. Bates

(a) Residence: No. 716 N. Carrollton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence

DATE OF BIRTH (month, day, year) Jan 1 1869

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	3	21	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

11. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation 0037

BIRTHPLACE (city or town) (State or country) Charlottesville Virginia

13. NAME

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) —

INFORMANT Mrs. Fannie Tibbs

(Address) 716 N. Carrollton Ave

BURIAL, CREMATION, OR REMOVAL Date 4/26/36, 19

Place St Lukes Remitorium

UNDERTAKER Mrs. Geo. N. Holland

(Address) 1631 Druid Hill Ave

Huntington Williams, M.D.

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-22 1936

22. I HEREBY CERTIFY, That I attended deceased from 1933, 19 ... to Ap 22- 1936.

I last saw her alive on Ap. 22 1936. Death is said to have occurred on the date stated above, at 7.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis cebebral	1931
Pgeneral	

Other contributory causes of importance: Thrombotic areas.

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Mary E. Moriarty M. D.

(Address) 37 W. Preston St.

MAY 5 1936

23347 ✓ F 23347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

PLACE OF DEATH Lyndenham Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St. 27-1 ..... Ward)

rth of residence in city or town where death occurred 14 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

FULL NAME Rufus Lewis

(a) Residence: No. 108 W Henrietta St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

f married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year) Sept 7 1921

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
14	7		

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore Md

. NAME Stephen Lewis

. BIRTHPLACE (city or town) (State or country) North Carolina

. MAIDEN NAME Gertrude Lewis

. BIRTHPLACE (city or town) (State or country) South Carolina

NFORMANT Mother

(Address) 108 W. Henrietta St

URIAL, CREMATION, OR REMOVAL

Place Johnson County Date 4/28 . 1936

NDERTAKER Walter B. Lowry

(Address) 1320 Hanley St

D 25 1936 . 19 Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 25 . 1936

22. I HEREBY CERTIFY, That I attended deceased from April 20 . 1936 to April 25 . 1936

I last saw h/ alive on April 23 . 1936. Death is said to have occurred on the date stated above, at 10:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	4-18-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Wm C Stafford Jr. . M. D.

(Address) Lyndenham Hospital

23348 ✓ F 23348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 174

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Whatever Dr. Man* 1141 St., 14-W Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 4/ yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME George MacKall

If U. S. Veteran specify WAR .....

(a) Residence: No. 1408 Division St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Dora MacKall

DATE OF BIRTH (month, day, year) 2, 1905

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Harwood
(State or country) Anne Arundel Co. Md.

13. NAME George MacKall

14. BIRTHPLACE (city or town) Calvert Co.
(State or country) Md.

15. MAIDEN NAME Ella Parker

16. BIRTHPLACE (city or town) Annapolis
(State or country) Md.

INFORMANT Dora MacKell

(Address) 1408 Division St

BURIAL, CREMATION, OR REMOVAL H.A.Co.

Place Adonas Chapel Date 4/25, 1936

UNDERTAKER Thomas E. Kelson

(Address) 1305 Pennsylvania Ave ~~Huntington Williams~~

FILED ..... 19 ..... Registrar.

5 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ,, (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 8:20 pm

The principal cause of death and related causes of importance were as follows

	Date of onset
Hemorrhage from stab wound of heart	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Homicide Date of injury 4/21, 1936

Where did injury occur? on Riggs ave near Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place on Riggs ave near Whatever

Manner of injury Stab wound with knife

Nature of injury Wound of heart

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. Hans, M. D.
Coroner

(Address) 12 15 Hanover

D. B. 1268-9

23349

F 23349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospitals S. 22-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillian May Cherry

If U. S. Veteran specify WAR .....

(a) Residence: No. 504 Lee St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) May 20, 1920

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
15	11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Samuel Cherry

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Carry Simpson

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Anna Foster

(Address) 504 Lee St.

BURIAL, CREMATION, OR REMOVAL

Place Johnson Cem Date April 26, 1936

UNDERTAKER Joseph A. Lisby

(Address) 419 North Mount Street

FILED [illegible] Funeral for Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21 1936 19

22. I HEREBY (CERTIFY) that I attended the deceased from ..... to ..... and from the evidence above, held an Inquest Autopsy or Inquiry) and from information obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound of Chest	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide April 21, 1936 Date of injury ..... 19 .....

Where did injury occur? 413 Perry St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Gun Shot Wound

Nature of injury Wound of Chest

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. H. Gallun M. D. Coroner

(Address) 737 W. Lexington

23350 F 23350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 72-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 827 N Collington Ave.) (Ward) 7-12

th of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR.....

FULL NAME Miss Stella E Harrington

(a) Residence: No. 827 N Collington Ave. Ward. Baltimore Md

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

married, widowed, or divorced HUSBAND of (or) WIFE of

TE OF BIRTH (month, day, year) Nov 4 1909

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
26	5	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Work at home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Flat Ridge Va

. NAME Joseph Harrington

. BIRTHPLACE (city or town) (State or country) Flat Ridge Va

. MAIDEN NAME Berdie Boyer

. BIRTHPLACE (city or town) (State or country) Elk Creek Va

NFORMANT (Address) Mrs Berdie Harrington Rowlandsville Md.

URIAL, CREMATION, OR REMOVAL Place Nottingham Friends Cem Cecil Co Date April 27. 196

NDERTAKER (Address) J E Tyson Rising Sun Md

ED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25. 1936

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1936. to April 25, 1936.

I last saw her alive on April 24, 1936. Death is said to have occurred on the date stated above, at 12 10 a.m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Hodgkins Disease

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? ✓

Name of operation none Date of ✓

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ✓

no If so, specify .....

(Signed) Joseph Pokorny M. D.

(Address) 2200 E Madison St

23351 ✓ F 23351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1533-N. Caroline Street, 8-6 Ward)

th of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME HERMAN SCHMIDT

(a) Residence: No. 1533-N. Caroline Street, Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Widower

married, widowed, or divorced HUSBAND of (or) WIFE of Annie Rodgers Schmidt

TE OF BIRTH (month, day, year) 12/14/1853

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	4	10	XXXXX

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1904

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipping Clerk

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore, Md.

. NAME Theodore Schmidt

. BIRTHPLACE (city or town) (State or country) Switzerland

. MAIDEN NAME Mary (Unknown

. BIRTHPLACE (city or town) (State or country) "

FORMANT Mrs Mary Sullivan

(Address) 1533-N. Caroline Street

URIAL, CREMATION, OR REMOVAL

Place New Cathedral Date April 28th 36

NDERTAKER George A. Ruth & Son, Inc.

(Address) 1225 Eastern Ave

Filed ... 19 ... Registrar. Washington Williams, M.D.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 6, 1936 to Apr 24, 1936

I last saw him alive on Apr 24, 1936. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Cardiac decompensation — Date of onset Apr 19

Other contributory causes of importance:

arteriosclerosis, hypostatic pneumonia + chronic valvular disease — Apr 6 36

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of no

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John W. Anderson, M. D.

(Address) 1533 N. Caroline St

23352

F 23352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-B

PLACE OF DEATH Sinai Hosp., Balto. Md. (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No.

Y OF BALTIMORE: (No.) St., 6-6 (Ward)

rth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME William F. Liegman

(a) Residence: No. 1527 N. Durham St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

married, widowed, or divorced HUSBAND of (or) WIFE of Katherine E. Liegman

TE OF BIRTH (month, day, year) May 16/1878

E Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Clerk

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business Retired

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore Md

. NAME Frederick W. Liegman

. BIRTHPLACE (city or town) (State or country) Germany

. MAIDEN NAME Louise Sachs

. BIRTHPLACE (city or town) (State or country) Balto Md

NFORMANT Katherine Liegman

(Address) 1527 N. Durham St

URIAL, CREMATION, OR REMOVAL

Place Balto Cem Date 4/27/36 19

NDERTAKER Philip Herring & Sons

(Address) 2116 Eutaw Pl Reg. Washington, Md

19 Registrar.

51986

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-24 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-24 1936 to 4-24-36 19

I last saw h alive on 4-24-36 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Resp. Collapse due to Bronchectasis & operative shock — Date of onset 4-24-36

Other contributory causes of importance:

Was an operation performed? 3-24-36 Date of 4-24-36

For what disease or injury? Bronchiectasis

Name of operation Thoracoplasty Date of {3-26-36 / 4-24-36

What test confirmed diagnosis? Oper. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. Merken, M. D.

(Address) Sinai Hosp.

✓ F 23353

3353

HEALTH DEPARTMENT—CITY OF BALTIMORE

X57

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

2 wks 3 ds

Length of residence in city or town where death occurred ....yrs.... mos.....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

FULL NAME Mrs. Laura M. Gleason

(a) Residence: No. 504 Delaware Ave. St., Towson, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of J. Frank Gleason

DATE OF BIRTH (month, day, year) Jan. 7 1860

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	3	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Maryland

NAME John Stonebreaker

BIRTHPLACE (city or town) (State or country) Penna.

MAIDEN NAME Ellen Bluhm

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Daughter-in-Law (Address) 504 Delaware Ave. Towson

BURIAL, CREMATION, OR REMOVAL Ignatius Hickey Date April 27, 1936

UNDERTAKER Edmund W. Coughlin

(Address) 524 E. Eager St.

APR 25 1936 Deputy Registrar, [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24. 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.... Death is said I last saw h.... alive in Hospital

to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

Senile Debility — Date of onset .....

Generalized arteriosclerosis

Other contributory causes of importance:

Arthritis deformans

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Denver R. Johnson, M. D.

(Address) Mercy Hosp.

23354 ✓ F 23354

HEALTH DEPARTMENT—CITY OF BALTIMORE

#12538

CERTIFICATE OF DEATH

95-B

Registered No. 17-3

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Clarence Selby

(a) Residence: No. 788 Franklin St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 12-25-1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
39		3	29	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME OF FATHER Mack Selby

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME OF MOTHER Mary Sneed

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date 4/27 19 36

19. UNDERTAKER Chas A Jackson
(Address) 716 Pennsylvania Ave

20. Date 5 1936 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/24 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/26 1936 to 4/24 1936

I last saw him alive on 4/24 1936 Death is said to have occurred on the date stated above, at 4a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular disease	2 mo.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

23355 F 23355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid Park St., 19-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Paul Boykin

(a) Residence: No. 414 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Belle Boykin

DATE OF BIRTH (month, day, year) March 2, 1891

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	1	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1004

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Howard County Maryland

9. NAME Boykin

10. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

15. MAIDEN NAME Eliza Hammelton

16. BIRTHPLACE (city or town) (State or country) Howard Co Md.

INFORMANT Belle Boykin

(Address) 414 N Calvert

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Apr. 27, 36

UNDERTAKER Mrs. Kate R. Williams

(Address) 222 Lafayette Ave Huntington Pittsburgh, Pa.

APR 25 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-9, 1936, to 4-23, 1936

I last saw him alive on 4-23, 1936. Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carotid Abscess	
Cellulitis of neck	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Boykin, M. D.

(Address) Provident Hospital

D. B. 1268 F 23356

F 23356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210-R

1. PLACE OF DEATH Mercy Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 4-1 (Ward)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bro. Eulogius Leuse

(a) Residence Normal Institute, Ammendale, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 1861?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	75	? 4	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, etc. Normal Institute 1168

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Ireland

13. NAME OF FATHER James Denlin

14. BIRTHPLACE (City or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Mary Lan -

16. BIRTHPLACE (City or town) (State or country) Ireland

17. INFORMANT Hosp. Record

(Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL Ammendale Md April 27 1936

19. UNDERTAKER J. Loyd Bauser

(Address) Laurel Md.

No. 51936 19 Registered ... 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/28/36 - 210 RM

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lues Cerebri Febrile Cardiac Coma	3/26-36

Other contributory causes of importance: Cardiac Failure

Was an operation performed? no Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 3/26, 1936

Where did injury occur? R. 1. P. O. Ammendale Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street - Highway

How injury occurred Struck by automobile while crossing the Natl. Blvd

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert Gurley Auto M. D. Coroner

(Address) 907 N Charles

23357

F 23357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Hunsey Bldg. St., 13-4 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME Thomas Wilson Johnston

(a) Residence: No. 1639 Gwynns' Falls Pky. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Anita Jones

DATE OF BIRTH (month, day, year) July 4, 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	9	20	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grain Export

8. Date deceased last worked at this occupation (month and year) Apr. 24, 1936

11. Total time (years) spent in this occupation 32 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Thomas Johnston

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Georgie Cunningham

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Mrs. Anita Jones Johnston
(Address) 1639 Gwynns' Falls Pky.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Apr. 27, 1936

UNDERTAKER John B. Kirchhoff & Son
(Address) 1128 Eutaw Pl.

FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Cl. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Orrin B. Wallace M. D. Coroner

(Address) 1031 St. Paul St.

3358 5586 F 23358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18-234-4-25

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St.) (Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Lorenzo Spears

(a) Residence: No. 1139 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 10-11-1901

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	6	17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothes Cl'g

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) S.C.

10. NAME Wm.

11. BIRTHPLACE (city or town) (State or country) S.C.

12. MAIDEN NAME Alice Williams

13. BIRTHPLACE (city or town) (State or country) S.C.

14. INFORMANT B.C.H. Records
(Address)

15. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cem. Date 4/25 19 36

16. UNDERTAKER Rayner Sanders
(Address) 1203 E Fresson St

Filed 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/23 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/18 1936 to 4/23 1936

I last saw him alive on 4/23 1936 Death is said to have occurred on the date stated above, at 11 55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous peritonitis.	?
Myocardial insufficiency	16 mo.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Baltimore City Hosp.

F 23359

23359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 241 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME Samuel German

(a) Residence: No. 423 W Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transfer Boy
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal
9. Date deceased last worked at this occupation (month and year)
10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Maryland

12. NAME Ralph German

13. BIRTHPLACE (city or town) (State or country) Maryland

14. MAIDEN NAME Jennie [illegible]

15. BIRTHPLACE (city or town) (State or country) Maryland

16. INFORMANT Ella Workers (sister)
(Address) 423 W Hamburg St

17. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cemetery Date 4-30 1936

18. UNDERTAKER Edward Bryan
(Address) 1442 Edgewood St Huntington Maryland

APR 25 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1936 to April 24, 1936
I last saw him alive on April 24, 1936 Death is said to have occurred on the date stated above, at 6 55 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis	
Meningococcic	4/22/36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Lumbar puncture Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signature) Francis D. Schweinhaut M. D.

(Address) Sydenham Hospital

F 23360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-C

Registered No.

PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Jeanette Allender

(a) Residence: No. 127 Maffitt St., Ward. Elkton Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	—

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 7-7-27

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	9	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) md

NAME Garrett Allender

BIRTHPLACE (city or town) (State or country) md

MAIDEN NAME Clara Talbot-

BIRTHPLACE (city or town) (State or country) md

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Elkton Date April 26, 1936

UNDERTAKER N. L. Gaspar

(Address) Elkton Md

FILED APR 25 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1936 to April 24, 1936.

I last saw her alive on April 24, 1936. Death is said to have occurred on the date stated above, at 7:12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, malignant	1935
Other contributory causes of importance:	

Was an operation performed? Yes Date of 4/24/36

For what disease or injury? Cerebellar exploration

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford, M. D.

(Address) The Johns Hopkins Hospital

23361 F 23361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1621 Lancaster St., 2-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME O'Day

(a) Residence: No. 1621 Lancaster St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 26

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woman

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Balto

3. NAME Richard O'Day

4. BIRTHPLACE (city or town) (State or country) Balto Md

5. MAIDEN NAME Helen Bosowa

6. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Richard O'Day

(Address) 1621 Lancaster St

BURIAL, CREMATION, OR REMOVAL

Place U of Md School Date Oct 25 1936

UNDERTAKER Commissioner Health.

(Address)

FILED ... 19 ... Registrar

220

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 36

22. I HEREBY CERTIFY, That I attended deceased from April 26 36 to April 26 36

I last saw h alive on April 26 1936 Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

Prematur Birth

Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Ryan M. D.

(Address) 801 Kennwood

23362

F 23362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

200-B

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

Y OF BALTIMORE: (No. 3-1 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Shirley Coleman

If U. S. Veteran specify WAR

(a) Residence: No. 2617 S-Carrollton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) 3/26/36

E Years	Months	Days	If LESS than 1 day, hrs. or min.
	3 mths	24	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Md —

NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

FORMANT Parents —

(Address) JOHNS HOPKINS HOSPITAL

URIAL, CREMATION, OR REMOVAL

Place J. H. Med. School Date April 24, 1936

NDERTAKER

(Address)

1936 Registered No.

2201

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1936 to April 14, 1936

I last saw her alive on April 14, 1936 Death is said to have occurred on the date stated above, at 4-55 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown — ? Meningitis	
days	
	about

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John L. Cunningham M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

F 23363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3414 Caton Ave St. 7 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Bangs

(a) Residence: No. 3414 Caton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Bangs

7. DATE OF BIRTH (month, day, year) Dec 25 1861

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	3	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Patrick Coyne

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Ella Bangs

(Address) 3414 Caton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 4/27, 1936

19. UNDERTAKER Morgan 2107 Fulton Ave

(Address)

20. FILED 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1936, to April 24, 1936.

I last saw her alive on April 24, 1936. Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930?
Coronary Thrombosis	1935

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) Huntington Williams, M. D.

(Address) 207 E. Fort Ave.

2364 F 23364

3364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-D

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Baltimore City Hospital St. 18-1 Ward)

gth of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Welter Giddens (or Giddings)

(a) Residence: No. 916 Clomey St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) 8-27-1900

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35		7	27	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Texas

. NAME Augustus

. BIRTHPLACE (city or town) (State or country) Texas

. MAIDEN NAME Corsa Atlanta

. BIRTHPLACE (city or town) (State or country) Texas

NFORMANT B. C. H. Records
(Address)

URIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4/28 1936

NDERTAKER Wm A Jackson
(Address) 916 Clomey

1986 Huntington Phillips, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/24 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/10 1935 to 4/24 1936

I last saw him alive on 4/24 1936 Death is said to have occurred on the date stated above, at 6½ p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency Syphilitic	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

F 23365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 Shields Place St., 17-2 Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Richard McCloud

(a) Residence: No. 920 Shields Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ella McCloud

6. DATE OF BIRTH (month, day, year) July 30 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	8	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Tampa Fla.
(State or country)

13. NAME Richard McCloud

14. BIRTHPLACE (city or town) Tampa, Fla.
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ...
(State or country)

17. INFORMANT Ella Gaffney McCloud

(Address) 920 Shields Place

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4/28 19 36

19. UNDERTAKER Clinton E. Jackson

(Address) 916 Palmer ave

19 36 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 12 40pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 1216 Harris Bldg

F 23266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Home for Aged of M. E. Church (Street) 22-15 (Ward)

Length of residence in city or town where death occurred 58 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

FULL NAME Mary Sweary

(a) Residence: No. 2211 Rogers Ave (Usual place of abode) Ward. ... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced (or) WIFE of Edward Sweary

DATE OF BIRTH (month, day, year) Oct 12th 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83 83	6	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inmate

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home for Aged

Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Delaware

13. NAME OF FATHER James Stokes

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

15. MAIDEN NAME OF MOTHER Nancy Morris

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

17. INFORMANT Etta Cuddy

(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 27th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 1936 Huntington Williams MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25th, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1st 36 to April 25 36

I last saw her alive on April 24 36 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	
Other contributory causes of importance: Endocarditis	

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) George C Shannon M. D.

(Address) 700 Fulton Ave

4/25/36

D. B. 1268-9

(Goshen)

F 23367

HEALTH DEPARTMENT—CITY OF BALTIMORE

67

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 Aisquith St., 9-7 Ward)

Length of residence in city or town where death occurred 21 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Louisa Gosher — No War Record

(a) Residence: No. 1804 Aisquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Frederick Gosher

DATE OF BIRTH (month, day, year) Feb 1 1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	2	19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife at home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 40

9. BIRTHPLACE (city or town) Wurtemberg
(State or country) Germany

13. NAME OF FATHER William Kehber

14. BIRTHPLACE (city or town) Wurtemberg
(State or country) Germany

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Frederick Gosher (Son)
(Address) 1804 Aisquith St.

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Date April 27th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 1936 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 1936

22. I HEREBY CERTIFY, That I attended deceased from October 1934 to April 25 1936

I last saw her alive on April 25 1936 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio vascular Disease	1933
Other contributory causes of importance Chronic Glomerular Nephritis	1929

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred Lyerly M. D.

(Address) 1212 N. Eutaw Place

D. B 1268-9

F 23368

3368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 Pennsylvania St., 14th Ward)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Weaver

If U. S. Veteran specify WAR .....

(a) Residence: No. 1518 Pennsylvania St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 28, 1935

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	6	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Richmond Co. Va.

13. NAME Reuben Weaver

14. BIRTHPLACE (city or town) (State or country) Richmond Co. Va.

15. MAIDEN NAME Sadie Corbin

16. BIRTHPLACE (city or town) (State or country) Richmond Co. Va.

INFORMANT Sadie Carbaugh

(Address) 1518 Pennsylvania

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date April 27 1936

UNDERTAKER V. G. Brooks

(Address) 1423 E. Lexington St. Baltimore, Md.

1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April - 25 - 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry, thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery	
Diarrhea & enteritis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Jay Hartman, M. D.
Coroner

(Address) 12 E. Hamburg

3037795

B 23369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 53-C

PLACE OF DEATH Johns Hopkins Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. St., Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Ardell Williams

(a) Residence: No. 3210 Main St., Ward. Endwell—N Y

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

married, widowed, or divorced HUSBAND of (or) WIFE of —

ATE OF BIRTH (month, day, year) 8-31-04

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	7	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tacker

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe factory

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pa

. NAME Thomas Williams

. BIRTHPLACE (city or town) (State or country) Pa

. MAIDEN NAME Alameda Porter

. BIRTHPLACE (city or town) (State or country) Pa

FORMANT Records

(Address) Johns Hopkins Hospital

URIAL, CREMATION, OR REMOVAL

Place Binghamton N-Y Date 4/26 19 36

NDERTAKER Mitchell Bros.

(Address) Endwell Entered place.

ILED Huntington Williams, Registrar.

1936 WRK

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1936

22. I, HEREBY CERTIFY, That I attended deceased from April 24, 1936 to April 26, 1936

I last saw him alive on April 26, 1936 Death is said to have occurred on the date stated above, at 5:5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, malignant	1935

Other contributory causes of importance:

Was an operation performed? Yes Date of 4/25/36

For what disease or injury?

Name of operation Rt. cranio tomy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward J. Stafford M. D.

(Address) The Johns Hopkins Hospital

23370

✓ F 23370

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 95-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Saint Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. Ward) 25-1

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Crook

(a) Residence: No. Elkridge Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie M. Crook

7. DATE OF BIRTH (month, day, year) Aug. 24 1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48		8	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist 2031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) Dec. 1935

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME James H. Crook

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Quinn

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Minnie M. Crook

(Address) Elkridge, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Elkridge, Md. Date Apr. 28, 1936

19. UNDERTAKER E. Leroy Stuffle, Inc.

(Address) 125 E. Mount Ave.

20. Huntington Williams, M.D. Registrar

1936 NPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 15th, 1936 to April 25, 1936.

I last saw him alive on April 25, 1936 Death is said to have occurred on the date stated above, at 6.12 a.m.

The principal cause of death and related causes of importance were as follows:

Rheumatic cardio vascular disease - congestive failure

Date of onset .....

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Karl E. Meeh M. D.

(Address) St. Agnes' Hospital

✓ F 23371

23371 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1323 W. 40th St., 13-8 Ward)

gth of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Clarence Russell Rosier

(a) Residence: No. 1323 W. 40th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	Single

f married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Feb. 24, 1919

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
17	2	01	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Parkton Maryland

. NAME Joshua Rosier

. BIRTHPLACE (city or town) (State or country) Parkton Maryland

. MAIDEN NAME Grace Rosier

. BIRTHPLACE (city or town) (State or country) Parkton Maryland

NFORMANT (Address) Grace Rosier 1323 W. 40th Street

URIAL, CREMATION, OR REMOVAL Date Apr. 25, 1936

ver Market, Balto. Co.

NDERTAKER (Address) E. Leroy Stuffler, Inc. 1250 E. North Ave.

ILED Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 28, 1935, to April 25, 1936

I last saw h[illegible] alive on April 25, 1936 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Russell Fargo M. D.

(Address) 2937 N. Calvert St.

M. D. B 1268-9

372 ✓ F 23372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hosp. 3-1 Ward)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob P. Goodhues (Goodhues) U. S. Veteran (Specify WAR)

(a) Residence: No. 606 S. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jane Emma Goodhues

DATE OF BIRTH (month, day, year) July 16-1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired City Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York N.Y.

13. NAME Frederick Goodhues

14. BIRTHPLACE (city or town) (State or country) New York N.Y.

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) New York N.Y.

17. INFORMANT Lottie Bergner
(Address) 606 S Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Apr 27 1936

19. UNDERTAKER Lilly & Zeiler
(Address) 405 S Broadway
Huntington Williamson W Va

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by Autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	

Other contributory causes of importance:
Vascular sclerosis + chronic myocarditis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. P. Wright M. D.
Coroner

(Address) 2105 Eutaw Pl.

F 23373

373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-21

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen'l Hosp St., 13-W Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Mrs. Bertha Spitzler

(a) Residence: No. 2006 Brookfield St., Ward Balto. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

If married, widowed, or divorced, HUSBAND of (or) WIFE of Benjamin

6. DATE OF BIRTH (month, day, year) 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia Russia [illegible]

17. INFORMANT Athahoya Spitzler [illegible]
(Address) 702 Fremont Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Inc Date 4-26- 1936

19. UNDERTAKER Jack Levin Inc
(Address) 1386 E. Balto St

20. 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/26/1936

22. I HEREBY CERTIFY, That I attended deceased from 4/18/36, 19 to 4/26/36, 19

I last saw h[illegible] alive on 4/26, 19 36 Death is said to have occurred on the date stated above, at 1.37 a.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4/13/36
Senility	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. Alessi M. D.

(Address) West Balto Gen'l Hosp.

2-29-28—L. F. S.—500 Blks.

(Robert M. Davis) ✓ F 23374

3374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

REGISTERED NO.

PLACE OF DEATH

OF BALTIMORE: (No.) Children's Hospital School

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Davis, Robert M.

RESIDENCE NO. Seven Valleys Pa. ✓ WARD ✓

(Usual place of abode)

(If non-resident give city or town and State)

of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
	W.	Single

arried, widowed, or divorced USBAND of er) WIFE of ✓

OF BIRTH (month, day, and year) March 26-1930

Years	Months	Days	If LESS than 1 day, hrs or min.
6	1	0	✓

PATION OF DECEASED

Trade, profession or cular kind of work School child

General nature of industry, ess, or establishment in employed (or employer) ✓

Name of employer ✓

IPLACE (city or town) e or country) Pa

AME OF FATHER Davis, Paul H.

IRTHPLACE OF FATHER (city or town) State or country) Pa

AIDEN NAME OF MOTHER Romaine Grayhill

IRTHPLACE OF MOTHER (city or town) State or country) Pa

formant Mother

ddress)

1936 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-26-36

17 I HEREBY CERTIFY, That I attended deceased from 4-19- , 1936, to 4-26- , 1936, that I last saw him alive on 4-26- , 1936 and that death occurred, on the date stated above, at 5.20 A m.

The CAUSE OF DEATH* was as follows:

Septicaemia -

(duration) ✓ yrs. ✓ mos. 9 ds.

CONTRIBUTORY (Secondary) osteomyelitis femur left (duration) ✓ yrs. ✓ mos. 9 ds.

18 Where was disease contracted if not at place of death? Pa.

Did an operation precede death? yes Date of 4-19-36 4-22-36

Was there an autopsy? no

What test confirmed diagnosis? Blood culture

(Signed) Bernard D Baker, M. D.

4-26-1936 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Sevenvalleys, Pa

DATE OF BURIAL 4/27 1936

20 UNDERTAKER G W Gerber & Son

ADDRESS Glen Rock Pa

D. B. 1268-9

F 23375

3375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49 a

1. PLACE OF DEATH Church Home and Infirmary Registered No.

CITY OF BALTIMORE: (No. N. Broadway St. 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Katherine Leach

(a) Residence: No. 307 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced (or) WIFE of John Leach

6. DATE OF BIRTH (month, day, year) May 4 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	53	11	23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) April 1936

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Tom Bwins

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Katherine McGwine

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Katherine Leach

(Address) 307 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 27, 1936

19. UNDERTAKER H. Sander Sons Inc

(Address) 1210 Eutaw St.

6 1936 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1936 to April 24, 1936.

I last saw her alive on April 24, 1936 Death is said to have occurred on the date stated above, at 10:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovary with Metastases	Unknown

Other contributory causes of importance:

Carcinoma of Ovary -	Unknown

Name of operation Laparotomy Date of April 22

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carlton M Adams M. D.

(Address) Church Home & Inf.

D. B 1268-9

F-23376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 E. Chase Street St., 7-4 Ward)

Length of residence in city or town where death occurred 30 Years yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME August Papale

(a) Residence: No. 1503 E. Chase Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Glorioso Papale

DATE OF BIRTH (month, day, year) June 19th, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	10	6	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit dealer
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Market
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Italy
10. NAME Anthony Papale
12. BIRTHPLACE (city or town) (State or country) Italy
13. MAIDEN NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Italy
15. INFORMANT Mrs. Minnie Papale (Wife)
(Address) 1503 E. Chase Street

16. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date April 28, 1936
17. UNDERTAKER George J Ruth, Inc.
(Address) 1735 Harford Ave.

Filed 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis 93 d	
Hypertension 10 y	
Other contributory causes of importance:	
Cardiac Failure 9 hrs	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Paul Schenlyn, M. D. Coroner
(Address) 1919 E. North Ave.

D. B 1268-9

F 23377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 122-a

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Union Memorial Hospital St., 12-2 Ward)

gth of residence in city or town where death occurred ....yrs. ....mos. 1 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME James Edward Hall.

(a) Residence: No. Fork, Maryland. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Single

f married, widowed, or divorced
HUSBAND of ----------
(or) WIFE of

TE OF BIRTH (month, day, year) February 17, 1869

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	2	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Maryland.

. NAME John Hall.

. BIRTHPLACE (city or town) (State or country) Maryland.

. MAIDEN NAME Sarah Johnson.

. BIRTHPLACE (city or town) (State or country) Maryland.

FORMANT Thomas Hall. (brother)
(Address) Hyde, Maryland.

RIAL, CREMATION, OR REMOVAL
Pla Ark M E. Date Apr. 28, 1936

NDERTAKER C E. Arthur
(Address) Ark Md.

E 1936 Huntington Williams, Registrar.
& 1504

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 10.05 m. p. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction from strangulated Hernia.	
Other contributory causes of importance:	

Name of operation Resection of bowel Date of 4/25/3
operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt, M. D.
Coroner

4/2-/36 (Address) 1017 N. Charles St.

D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

23378 — 23378

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3103 Belmont Ave St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baccio Forni

(a) Residence: No. 3103 Belmont ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: W

5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word): married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Hilda Forni

DATE OF BIRTH (month, day, year): Nov. 3-1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sculptor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Italy

12. NAME: John

13. BIRTHPLACE (city or town) (State or country): Italy

14. MAIDEN NAME: Ricci

15. BIRTHPLACE (city or town) (State or country): Italy

INFORMANT: Mrs. Hilda Forni Wife

(Address) 3103 Belmont Ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Date 4/27/36

UNDERTAKER: J. J. Cummings

(Address) 1136 Light St

FILED 1936 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 15th, 1936, to April 24, 1936

I last saw him alive on April 23, 1936 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	
Chronic myocardial disease	several years

Other contributory causes of importance:

Coronary sclerosis	
Bronchitis	1 month

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

How

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Mitchell. M. D.

(Address) 2901 Eutaw Pl

✓ F 23379

3379) # HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

PLACE OF DEATH Bon Secours Hosp

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Baltimore Md. St., 11-1 Ward)

gth of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR .....

FULL NAME Ella M. Kaltenbach.

(a) Residence: No. Madison Apt St Paul st Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Earl G Kaltenbach

DATE OF BIRTH (month, day, year) Aug 30 1894

AGE	Years	Months	Days 25	If LESS than 1 day, ..hrs. or ..min.
	41	7		

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc

11. Total time (years) spent in this occupation

12. Date deceased last worked at this occupation (month and year)

BIRTHPLACE (city or town) (State or country) West Virginia

13. NAME Jos M Cupler

14. BIRTHPLACE (city or town) (State or country) W Va

15. MAIDEN NAME Cecilia Keenan

16. BIRTHPLACE (city or town) (State or country) Penna

INFORMANT Earl G Kaltenbach

(Address) Madison Apt

BURIAL, CREMATION, OR REMOVAL

Place Wheeling W Va Date 4/26 1936

UNDERTAKER Geo A Farley

(Address) Frederick Md

FILED 1936 Lexington Williamson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 1936

22. I HEREBY CERTIFY, That I attended deceased from April 22 1936 to April 26 1936

I last saw her alive on April 26 1936 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	1935
Other contributory causes of importance:	
Cachexia	1-1-36
Secondary anemia	

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Simon [illegible] Kemp, M. D.

(Address) Baltimore Md.

D. B. 1268-9

✓ F 23380

2380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 2558 W. Fairmount Ave. St. 20-2 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Rosa Ann McLane

(a) Residence: No. 2558 W. Fairmount Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	married

If married, widowed, or divorced: (or) WIFE of James McLane

ATE OF BIRTH (month, day, year) Nov 22.1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	5	1	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

9. NAME John T. Davis

10. BIRTHPLACE (city or town) Somerste Co.
(State or country) Md.

12. MAIDEN NAME Millicent N. Bozman

13. BIRTHPLACE (city or town) Somerset Co.
(State or country) Md.

INFORMANT James McLane

(Address) 2558 W. Fairmount Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date Apl. 27. 1936

UNDERTAKER Mother & Son Use

(Address) 424 N. Broadway

FILED 1936 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 34 to April 23 1936

I last saw her alive on April 23. 1936 Death is said to have occurred on the date stated above, 3:20P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Sclerosis	
Coronary Thrombosis	1 Yr
Other contributory causes of importance:	
Cerebral Hemorrhage	3 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Edward F. Leon M. D.

(Address) 1571 Washington

23381 ✓ E 23381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-a-108

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hosp St., 4-2 Ward)

Length of residence in city or town where death occurred ..... yrs. 5 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Williams Day

(a) Residence: No. Annapolis Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of infant

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Annapolis

13. NAME Clarence W. Allen

14. BIRTHPLACE (city or town) (State or country) Md. Anne Arundel Co.

15. MAIDEN NAME Elizabeth Day

16. BIRTHPLACE (city or town) (State or country) Md. Anne Arundel Co.

INFORMANT Elizabeth Day Jones
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Brookside M.G. Date Apr 27 1936

UNDERTAKER P. Thomas Annapolis
(Address)

26 1936 , 19 .. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1936 to April 26, 1936

I last saw him alive on April 26, 1936. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	4/20/36

Other contributory causes of importance:

Congenital syphilis	Birth
Convulsions this crisis	"

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) O. B. Hamilton, M. D.

(Address) Annapolis Hospital

23382 F 23382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 N. Curley St., 7-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? 65 yrs. mos. ds.

FULL NAME Henry B. Gehring

If U. S. Veteran specify WAR

(a) Residence: No. 810 N. Curley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma V. Gehring

DATE OF BIRTH (month, day, year): Jan 1, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	24	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter Builder

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 086

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore

3. NAME OF FATHER: Frank Gehring

4. BIRTHPLACE (city or town) (State or country): Germany

5. MAIDEN NAME OF MOTHER: Mary Moenning

6. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Emma V. Gehring

(Address) 810 N. Curley St

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan 27, 1936

UNDERTAKER: Frank Ortwein & Son

(Address) 1406 Eastern Ave

FILED Jan 27, 1936 H. C. Blum, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1936, to Jan 24, 1936

I last saw him alive on Jan 24, 1936. Death is said to have occurred on the date stated above, at 12:10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1/1/36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Wilbur Reamer, M. D.

(Address) 901 Kenwood

F 23383

23383 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 Chauncey ave St. 13-1 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Samuel Silberg

If U. S. Veteran specify WAR ...

(a) Residence: No. 809 Chauncey ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie

DATE OF BIRTH (month, day, year) 1879

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	—	—	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant Tailor

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Russia

10. NAME Hyman Silberg

11. BIRTHPLACE (city or town) (State or country) Russia

12. MAIDEN NAME Minnie —

13. BIRTHPLACE (city or town) (State or country) Russia

14. INFORMANT Hattie Silberg

(Address) 809 Chauncey ave

15. BURIAL, CREMATION, OR REMOVAL

Place New Washington Rd Date 4/27 1936

16. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto st.

17. Filed ... 19 ... Registrar ...

APR 27 1936

Huntington Avenue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936 to April 18, 1936

I last saw h... alive on April 18, 1936 Death is said to have occurred on the date stated above, at 5:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	2 years

Other contributory causes of importance:

Bronchopneumonia	April 18

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Sol Wolinson, M. D.

(Address) 2444 Eutaw Pl.

D. B. 1268-9

23384

F 23384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 19 W. Barney St. St., 23-3 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John J. Englerth (ENGLE)

(a) Residence: No. 19 W. Barney St. St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma ... Englerth

DATE OF BIRTH (month, day, year) Feb 21 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	3	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ooo

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Balto. Md.

12. NAME Casper Englerth

13. BIRTHPLACE (city or town) (State or country) Germany

14. MAIDEN NAME Unknown

15. BIRTHPLACE (city or town) (State or country) Unknown

16. INFORMANT Mrs. Portman

(Address) 19 W. Barney

17. BURIAL, CREMATION, OR REMOVAL

Place National Date 4/27, 1936

18. UNDERTAKER L. Fus McCully

(Address) 130 E Fort Ave

19. FILED 1936, Huntington Williams, Registrar. 4/26/36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 17 1936 to April 24 1936

I last saw him alive on April 24 1936 Death is said to have occurred on the date stated above, at 8:45P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/17/36
Other contributory causes of importance:	
Exhaustion	4/23/36

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed J. F. Campbell M. D.

(Address) 1644 Hanover St

4/26/36

71936

23385

F 23385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. U-13695 ✓ 23

PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Tuberculosis Division St. 12-5 Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Robert Rice

(a) Residence: No. 408 E. Federal st. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 5, 1918

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	4	18	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School abde

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Cornelius Rice

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mary Edmonds

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 4/27/ 36

UNDERTAKER Frances A. Hemsley

(Address) 758 W. Biddle St.

Huntington Williams, M.D.

Registrar

71936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1936 to April 23, 1936

I last saw him alive on April 23, 1936 Death is said to have occurred on the date stated above, at 3.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Oct. 1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Lim H. Feldman, M. D.

(Address) Baltimore City Hospitals

23386 F 23386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ✓18

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 70-4 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME MARTIN SMITH

(a) Residence: No. 209 S Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 7 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
17	16	8	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

13. NAME Edgar Smith

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

15. MAIDEN NAME Emma Lyons

16. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

17. INFORMANT Mother

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Md Date April 27 1936

19. UNDERTAKER Albert W Gregory

(Address) 440 E. North Ave

I HEREBY CERTIFY that I attended deceased from April 21, 1936 to April 25, 1936

I last saw h— alive on April 25, 1936. Death is said to have occurred on the date stated above, at 8:10 p.m.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Apr 25, 1936

22. The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Meningococcus meningitis	4-20-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed Irving D. Schwentker, M. D.

(Address) Sydenham Hospital

Registrar.

71986

3387

F 23387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital W. Ward) 11-4

(Length of residence in city or town where death occurred) Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME Theresa Herzog

(a) Residence: No. 304 N Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 29-1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	27	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

11. Date deceased last worked at this occupation (month and year) April 1936 | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Adams H. Herzog

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Adelaide Ellenbrogh

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date April 29 1936

UNDERTAKER Chas. E. Ernest & Son
(Address) 118 W. Mt. Royal Ave

FILED APR 27 1936 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1931, to April 26, 1936

I last saw her alive on April 26, 1936 Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/2/36

Other contributory causes of importance:

Hypertension	1926?
Diabetes Mellitus	1926?

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Milton L. Laclu M. D.

(Address) Mercy Hospital

F 23388

D. B. 1288-3

23388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 13-6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John H. Lowe

(a) Residence: No. 3325 Ensor Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Emma H. Lowe.

DATE OF BIRTH (month, day, year) Nov 4, 1861

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	5	20	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Statesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mt. Vernon Mills

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Va

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Clay H. Lowe (Son)

(Address) 3963 Keswick Road

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date April 28, 1936

UNDERTAKER Chenoweth Bros.

(Address) 3615 Hamilton Ave. H. Winston Williams, M.D.

FILED ..... 19 ..... Registrar.

71936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	
gastric ulcer, etc.	

Other contributory causes of importance: Hypostatic pneumonia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. F. Mayer M. D.

(Address) 1010 S. Edmondson Ave. Coroner.

F 2|389

23389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 E. 28th St. St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Was U. S. Veteran specify WAR

2. FULL NAME Bertha C. Monnin

(a) Residence: No. 1601 E. 28th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Late Emile Monnin

6. DATE OF BIRTH (month, day, year) 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Seufer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Frederick Baggan

(Address) 1601 E. 28th St.

BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Apr. 27, 19 36

UNDERTAKER Harry A Kurtz

(Address) 101 Edmondson Ave

(Filed) APR 27 1936, 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-24-1936

22. I HEREBY CERTIFY, That I attended deceased from FEBRUARY, 1936, to APRIL 24th, 1936

I last saw her alive on APRIL 24th, 1936. Death is said to have occurred on the date stated above, at [redacted]

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerotic Cardio-Vascular Disease	1736

Other contributory causes of importance: Cardiac Hypertrophy & Dilatation, Pulmonary Edema 4-22-36

Was an operation performed? NO Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? EXAM Was there an autopsy? NO.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alex A Wennstock, M. D.

(Address) 713 Aisquith St.

23390

F 23390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34E-59

Registered No. 27-5

PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Elsie Hager

(a) Residence: No. 3131 Chesley Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) Apr 18, 1888

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48		6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ladies dresses

10. Date deceased last worked at this occupation (month and year) Apr 17 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Nicholas Hager

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Kisling

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Margaret Stewart

(Address) 3131 Chesley Ave

BURIAL, CREMATION, OR REMOVAL

Place St Matthews Cem Date Apr 28, 1936

UNDERTAKER John Ullrich

(Address) 200 E Oregon

Huntington Ullrich, Registrar.

FILED , 19

F 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-21, 1936, to 4-24, 1936

I last saw her alive on 4-24, 1936. Death is said to have occurred on the date stated above, at 5:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	
Pyonephrosis left	
Exophthalmic goitre	
Serological Syphilis	
Other contributory causes of importance:	
Uremia	
Central nervous System Syphilis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? No injury (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. J. Cornbrooks Jr, M. D.

(Address) University Hospital

2-29-28—1 L F & —500 Bks.

23391

F 23391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 Ensor ST. 9-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Gabel Sr.

(a) RESIDENCE NO. 1318 Ensor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6 If married, widowed, or divorced WIFE of (or) HUSBAND of: Anna Karl Gabel

7 DATE OF BIRTH (month, day, and year): Feb. 8, 1869

8 AGE: Years 67 | Months 2 | Days 15 | If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cutter

(b) General nature of industry, business, or establishment in which employed (or employer): Clothing

(c) Name of employer: Burke, Fried & Co.

10 BIRTHPLACE (city or town) (State or country): Balto., Md.

11 NAME OF FATHER: John Gabel

12 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

13 MAIDEN NAME OF MOTHER: Elizabeth Rosch

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: George Gabel Sr.

(Address): 1318 Ensor St.

Filed 27 1936 19 Livingston Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-23-36

17 I HEREBY CERTIFY, That I attended deceased from April 17, 1936, to April 23, 1936

that I last saw him alive on April 23, 1936

and that death occurred, on the date stated above, at 9 55 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Chr. myo. + endocarditis (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Geo. B. Dyberst, M. D.

, 19 (Address) 2802 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

UNDERTAKER: John Ulrich

DATE OF BURIAL: Apr 27, 1936

ADDRESS: 2008 Aliceanna

D. 23392 F 23392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5306 Cordelia Ave. St. 27-18 Ward)

Length of residence in city or town where death occurred 27 yrs. 8 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Evelyn Ruth Schapperle.

(a) Residence: No. 5306 Cordelia Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

If married, widowed, or divorced (or) WIFE of Charles R. Schapperle.

DATE OF BIRTH (month, day, year) August 13 1908.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	8	11	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

INFORMANT Charles R. Schapperle (husband.)

(Address) 1702 N. Monroe St.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date April 27 1936

UNDERTAKER Charles J. Schupb.

(Address) 505 N. Monroe St.

FILED 7 1936, 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide.	
Illuminating gas poisoning,	
from gas oven.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? suicide Date of injury 4/24/36, 19...

Where did injury occur? 5306 Cordelia Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. At home.

Manner of injury suicide.

Nature of injury Gas poisoning.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

Signed Otto M. Steinhardt M. D.
Coroner

4/27/36 (Address) 10 E. Chas. St.

M. D. B 1268-9

F 23393

F 23393 HEALTH DEPARTMENT—CITY OF BALTIMORE 9-5B

CERTIFICATE OF DEATH ✓ 34-D-9

1. PLACE OF DEATH 226 N Stricker St. 19-26 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Brockington

(a) Residence: No. 226 N. Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 10

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	8	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florence S C

13. NAME Arthur Brockington

14. BIRTHPLACE (city or town) (State or country) Florence S C

15. MAIDEN NAME Fanny Hunter

16. BIRTHPLACE (city or town) (State or country) Florence S C

17. INFORMANT Jennie Crawford

(Address) 821 W Lexington

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem Date 4/28 19 36

19. UNDERTAKER Walter B Long Jr

(Address) 139 W Hamburg St

Huntington Williams, Registrar.

APR 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of Death

April 22

Acute Dilatation of Heart + Pulmonary oedema

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Thos H Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

1936 38

HEALTH DEPARTMENT—CITY OF BALTIMORE

1936 23394

CERTIFICATE OF DEATH

✓ 18

Registered No. .....

PLACE OF DEATH JOHNS HOPKINS HOSPITAL St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St., ... Ward)

ngth of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Randolph Colley

(a) Residence: No. 907 W. Mulberry St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 6/26/29

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
6	9	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Joe Colley

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Cora Malone

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date April 27 1936

19. UNDERTAKER Joseph A. Lucy

(Address) 1500 N. Mount St

APR 27 1936 19 ..... Funeral Director

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Apr 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 21 1936 to Apr 25 1936

I last saw him alive on Apr 25 1936 Death is said to have occurred on the date stated above, at 7.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
meningococcus meningitis, meningococcemia.	4/20/36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Culture Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Joseph P. Sedwick, M. D.

(Address) Johns Hopkins Hospital

D. B 1268-9

F 23395

HEALTH DEPARTMENT—CITY OF BALTIMORE

3395

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Pitts

(a) Residence: No. 416 N. Gilmore St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Col.	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Lettie Pitt

DATE OF BIRTH (month, day, year) June 15 1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Thom. Pitt

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Jane Hill

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Pitt

(Address) 416N. Gilmore, Mt.

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Co Date April 27 1936

19. UNDERTAKER Joseph A. Lyddy

(Address) 1404 N. Mount St

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. K. Mullen M. D.
Coroner

(Address) 2257 Eutaw

13328

23396 — 23396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-3

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME William Dyer

(a) Residence: No. 1023 Carrollton Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	B	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-20-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	4	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0057

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Dyer

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Lizzie Burgess

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cem Date April 28 1936

19. UNDERTAKER Joseph A Siwely

(Address) 1804 N. Mount St

20. FILED APR 27 1936 Huntington Wm. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/25, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 3/31, 1936 to 4/25, 1936

I last saw him alive on 4/25, 1936 Death is said to have occurred on the date stated above, at 9 00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Disease.	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

3397 F 23297

CERTIFICATE OF DEATH

107-2

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Bats Gen Hosp Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Abraham Hellman

(a) Residence: No. 2019 Christian St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20, 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	8	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME OF FATHER Aron Hellman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME OF MOTHER Rica Rosenstein

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL Loew Southern Cem Date 4/27/36

UNDERTAKER Jos Lewis Inc
(Address) 1739 E Balto St

FILED ... 19 ... Huntington Williams, MD

APR 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4.26 1936

22. I HEREBY CERTIFY, That I attended deceased from 4.25 1936 to 4.26 1936

I last saw him alive on 4.26 1936 Death is said to have occurred on the date stated above, at 2:04 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic meningitis	

Other contributory causes of importance:

Bronchopneumonia Terminal

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Max J. W. Wade M. D.

(Address) South Balto Gen Hosp

13275 Res Affidavit

HEALTH DEPARTMENT—CITY OF BALTIMORE

23398 23398

CERTIFICATE OF DEATH

Registered No. 22-2342

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Mary Dawson

(a) Residence: No. 210 W. Henrietta St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widowed

If married, widowed, or divorced
HUSBAND of Howard
(or) WIFE of

6. DATE OF BIRTH (month, day, year) [redacted]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. not?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT B. C. H. Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Ct. Date 4/28/36 19
Isaiah Brown Son
UNDERTAKER Isaiah L. Brown And Son
(Address) 108 W. Montgomery St. Baltimore, Md.

1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/28, 1936 to 4/24, 1936
I last saw her alive on 4/24, 1936 Death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency Syphilitic	2

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Robert A Reitz M. D.
(Address) Baldwin Hosp.

23399 F 23399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 48

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lucy Seldon

(a) Residence: No. 317 N. Stricker St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	~~White~~ Col.	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Seldon

DATE OF BIRTH (month, day, year) 11-15-188[illegible]

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	5	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Philip Johnson

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Willie Allen

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem Date 4/27/36 19

UNDERTAKER Chas H. Cooper

(Address) 514 N. Calhoun St.

Huntington W. Va. 19 Registered No. [illegible]

27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-24 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-18 1936 to 4-24 1936

I last saw her alive on 4-24 1936 Death is said to have occurred on the date stated above, at 12:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus with metastases to Lungs & Spine	?
Other contributory causes of importance: Terminal massive atelectasis.	4-24-36

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

D. 23400

F 23400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. Md. City Hospital Street 19-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Melvina Viggs

If U. S. Veteran specify WAR .....

(a) Residence: No. 26 N. Gilmore St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colo	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Viggs

6. DATE OF BIRTH (month, day, year) 10-18-1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) 4-23-36

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Northumberland Co Va.

MOTHER

13. NAME Spencer Lewis

14. BIRTHPLACE (city or town) (State or country) Northumberland Co Va

15. MAIDEN NAME Maria Gray

16. BIRTHPLACE (city or town) (State or country) Northumberland Co Va.

17. INFORMANT (Address) Julia Viggs (daughter) 26 N. Gilmore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date April 27 1936

19. UNDERTAKER (Address) Chas. G. Cooper 514 N. Calhoun St.

20. FILED Huntington Williams, MD

APR 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Aortic insufficiency	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. L. Wright, M. D.
Coroner

(Address) 1010 S. Ellwood Ave

F 23401

23401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals U-10526 Registered No.
CITY OF BALTIMORE: (No. Tuberculosis Division St., 17-25 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Steves Zirekos

(a) Residence: No. 1339 Pennsylvania ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 6, 1882

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employed in
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. lunch room
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Greece

13. NAME Nick Zirekos

14. BIRTHPLACE (city or town) (State or country) Greece

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Greece

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date April 27. 1936

UNDERTAKER J. Francis Reese
(Address) Westminster Md.

Filed 1936, 19 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20 1936

22. I HEREBY CERTIFY, That I attended deceased from November 14 1935 to April 20 1936
I last saw him alive on April 20 1936. Death is said to have occurred on the date stated above, at 9.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Sept. 1935
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clin. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Karfgin M. D.
(Address) Baltimore City Hospitals

23402 F 23402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1611

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Louise Alton McNelly

(a) Residence: No. 3510 Roland Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 9, 1936

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
17 days	-	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Frank McNelly

14. BIRTHPLACE (city or town) (State or country) Texas, Md.

15. MAIDEN NAME Ella Bartell

16. BIRTHPLACE (city or town) (State or country) Guthrieville, Md.

INFORMANT Mother - Mrs. Frank McNelly

(Address) 3510 Roland Ave.

BURIAL, CREMATION, OR REMOVAL

Place St Marys Hampden Date April 27th 1936

UNDERTAKER Leo G. Brooks

(Address) 1703 N. Patterson Park Ave

Huntington Williams, N.D.

APR 27 1936 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-26 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-22 1936 to 4-26 1936

I last saw her alive on 4-26 1936 Death is said to have occurred on the date stated above, at 5:07 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interventricular Hemorrhage (Spontaneous)	
Hemorrhagic Disease of Newborn	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Spinal puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify. .....

(Signed) John A. Ramsey M.D.

(Address) Maryland General Hosp

F 23403

F 23403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH 1130 N. Carey St

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Bennett

(a) Residence: No. 1130 N. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances

DATE OF BIRTH (month, day, year) Sept 4 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter at Hotel

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year) 3/36 | 11. Total time (years) spent in this occupation 12 yrs

BIRTHPLACE (city or town) (State or country) Va. Mary Co. Md

13. NAME George Bennett

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Frances Tinsley

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT (Address) Mrs. Bennett 1130 N. Carey St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4/27 1936

UNDERTAKER Thomas E. Kelson

(Address) 1303 Baltimore St

FILED 27 1936 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22 1936

22. I HEREBY CERTIFY, That I attended deceased from April 10 1936 to April 23 1936

I last saw h. alive on April 22 1936 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	April 15

Other contributory causes of importance:

Cirrhosis of Liver

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Samuel H. Horsley M. D.

(Address) 710 N. Carey

F 23404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-C #12434

F 23404

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 11-25 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sylvester Charles Hopkins

(a) Residence: No. 128 Dolphin St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Dorothy Hopkins

6. DATE OF BIRTH (month, day, year) 9-29-1903

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32	5	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown 0867

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marylend

13. NAME Lloyd Hopkins

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Iola

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 4/29 . 1936

UNDERTAKER Thomas E. Kelly
(Address) 1323 Druid Hill Ave.

FILED 27 1936 . 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-26 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-20 . 1936 to 4-26 . 1936

I last saw him alive on 4-26 . 1936 Death is said to have occurred on the date stated above, at 1.00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Neoplasm (type unknown)	?
Other contributory causes of importance: Herniation of Brain thru Rt. temporal opening	?

Was an operation performed? yes Date of ..... at Johns Hopkins

For what disease or injury? Cerebral Neoplasm (Hospital Case)

Name of operation Rt. Temporal Exploration Date of ?

What test confirmed diagnosis? Exploration Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... , 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson Jr. , M. D.

(Address) Balto. City Hosp.

23405

F 23405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1607 W. Lanvale St., (or) 16-3 Ward)

Length of residence in city or town where death occurred ..22.. yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Olivia Smith.

(a) Residence: No. 1607 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Col.	married.

If married, widowed, or divorced (or) WIFE of William J. Smith.

DATE OF BIRTH (month, day, year) May 22/1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	72	11	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER John H. Smith.

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Sarah C. Hall

16. BIRTHPLACE (city or town) (State or country) Maryland.

INFORMANT Wm. J. Smith, Jr.
(Address) 1607 W. Lanvale St.

BURIAL, CREMATION, OR REMOVAL

Place Laurel Mem. Date 4/28 19 36

UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St.

Huntington Williams, M.D.
Registrar

PR 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 23, 1936 to Apr. 24, 1936

I last saw her alive on Apr. 24, 1936 Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/23/36
Other contributory causes of importance: Arteri-Sclerosis	?
Myocarditis	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) O. M. Pilcher, M. D.

(Address) 1556 W. Lanvale St.

F 23406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 28-1 Ward)

Length of residence in city or town where death occurred 93 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 93 yrs. 0 mos. 0 ds.

2. FULL NAME Hannah Sinclair

(a) Residence: No. Mount Hope Retreat Ward. 1
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) ?-?- 1843

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) unknown unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) unknown unknown

INFORMANT Mt Hope Records
(Address) Balto.

BURIAL, CREMATION, OR REMOVAL
Place Mt Cathedral Date April 28 19

UNDERTAKER Edward Mowatt Co.
(Address) 108 N Howard St

FILED . 19 Washington Wilmington, N.C.
(Registrar)

4 7 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1 1928 to Apr. 26 1936

I last saw h[illegible] alive on Apr. 26 1936 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombus	2 dy.
Other contributory causes of importance	
Arteriosclerosis	?
Melancholia	48 yr.

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Duncan P. Thomas M. D.
(Address) 3326 Ford Ave

F 23407 ✓ F 23407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 95-B

Registered No. 5-1

1. PLACE OF DEATH St. Agnes Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Caton St., ... Ward)

Length of residence in city or town where death occurred 46 yrs. ... mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Richard T. Gardner

(a) Residence: No. Rivera Beach, Md St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Ann Gardner

DATE OF BIRTH (month, day, year) March 17, 1852

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	1	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman ret'd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Besche Bros.

10. Date deceased last worked at this occupation (month and year) April 1932

11. Total time (years) spent in this occupation 18 years

12. BIRTHPLACE (city or town) (State or country) Anne Arundel County Maryland

13. NAME Mr. Gardner

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Wm. B. Gardner

(Address) 49 Delrey Ave., Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date April 29, 1936

19. UNDERTAKER Joseph L. Cook

(Address) 1003 W. Baltimore St.

20. FILED 1936 ... Registrar.

APR 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1936 to April 26, 1936

I last saw him alive on April 26, 1936. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	6 Mo.
Acute Retention Urine	2 wks.
Arterio sclerotic Heart disease	?

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Carl G Merkel M. D.

(Address) St Agnes Hosp.

F 23408

AACo. 5-11 250R

F 23408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 99

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. N.E. cor St. Paul & 23rd St., 12 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 13 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leonidas Hickman Barnett

(a) Residence: No. Weston, W. Va St., ... Ward. Baltimore, Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Maud C Barnett

DATE OF BIRTH (month, day, year) May 5, 1868

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. attorney at law
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year) Apr. 11. 1936. 11. Total time (Years) spent in this occupation 40

BIRTHPLACE (city or town) (State or country) Marker W Va

13. NAME Rev. Allison Bonnett.

14. BIRTHPLACE (city or town) (State or country) W Va.

15. MAIDEN NAME Mary C Hickman

16. BIRTHPLACE (city or town) (State or country) Worthington W Va

INFORMANT Mrs Lynn Allen

(Address) Clarksburg W Va

BURIAL, CREMATION, OR REMOVAL.

Place Clarksburg, W. Va. Date April 27 19 36

UNDERTAKER Joseph B Cook

(Address) 1005 W. Baltimore St.

FILED 1936 19 Huntington West Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1936, to April 26, 1936

I last saw h m alive on April 26, 1936 death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

Thrombosis Superior Mesenteric Artery

Date of onset

Other contributory causes of importance:

Cardiac Myocardial Insufficiency

Name of operation ... Date of —

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Harvey H Beck M.D.

(Address) 11 Paul & 23rd St

F 23409

H. D. B. 1265-9

23409 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 210

1. PLACE OF DEATH University Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF RALTIMORE: (No.) St. 28-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME H. Duvall Ambrose If U. S. Veteran specify WAR

(a) Residence: No. 4000 Groseland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W. White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 23 - 1913

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	4	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student Dentistry Md.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Hebert A. Ambrose

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

15. MAIDEN NAME Irene M. Duvall

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hebert A. Ambrose

(Address) 4000 Groseland Ave Balto Md

18. BURIAL, CREMATION, OR REMOVAL

Place Wood Lawn Cem Date April 27, 1936

19. UNDERTAKER Clarence F. Arthur

(Address) [illegible]

20. FILED [illegible]

APR 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/25/36 5:30 AM, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture Skull — Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Trephine Date of 4/25/36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/25, 1936

Where did injury occur? Rectangle Rd near (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Bicycle Ran into Telephone Pole

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hubert Brooks Mills M. D.
Coroner

(Address) 1010 N. Charles

F 23410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 23410

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 5 mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William W. Hayes

(a) Residence: No. 512 Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

7. DATE OF BIRTH (month, day, year) Aug 2 1888

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	48	8	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto County club

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Thomas Hayes

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Howard Smith

(Address) 10 S. Arlington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date 4/28/ 1936

19. UNDERTAKER John J. Carew & Son

(Address) 901 Madison St.

20. FILED 4/28/36 Arlington Millacovic, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary occlusion	
Chronic myocarditis	

Other contributory causes of importance:

Acute alcoholism

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. W. Wright, Coroner, M. D.

(Address) 1210 S. Edwards Ave.

3411 ✓ F 23411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals. Tb. Div.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 2-1 Ward)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Leon Smith

(a) Residence: No. 324 S. Spring St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 4,1905

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	1	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unkown

10. Date deceased last worked at this occupation (month and year) Unkown

11. Total time (years) spent in this occupation Unkown

12. BIRTHPLACE (city or town) (State or country) Florida

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) W. Va.

15. MAIDEN NAME Matilda Norris

16. BIRTHPLACE (city or town) (State or country) Florida

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date July 27 1936

19. UNDERTAKER Commissioner Health
(Address)

FILED JUL 27 1936 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1935 to April 18, 1936

I last saw him alive on April 18, 1936. Death is said to have occurred on the date stated above, at 11.45pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Aug. 1935

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur Karsner M. D.

(Address) Baltimore City Hospitals

23412 F 23412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH #12744

340-97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St. 16-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Richard Hebron

(a) Residence: No. 704 N. Arlington Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 3-8-1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Richard

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Henrietta

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Records of Baltol City Hospts.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 4-30 19 36

UNDERTAKER Jos. Gus. E. Holland
(Address) 1201 Lanvale St.

FILED 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19..., to 4/26, 1936

I last saw him alive on 4/26, 1936 Death is said to have occurred on the date stated above, at 2.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis peripheral & cerebral.	?
Other contributory causes of importance: Hypertension.	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert A Reale M. D.

(Address) Balto City Hosp.

H. D. P. 1268-9

F 23413 HEALTH DEPARTMENT—CITY OF BALTIMORE F 23413

CERTIFICATE OF DEATH

92-W

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1232 Argyle Ave St., 17 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Linous Charles Curtis

(a) Residence: No. 1232 Argyle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Cecelia Curtis

7. DATE OF BIRTH (month, day, year) April 14 1866

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	0	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Preacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M.E.

10. Date deceased last worked at this occupation (month and year) Apr 21-36

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Orlando, Fla.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Cecelia Curtis
(Address) 1232 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Ivy Cemetery Date 4-27, 1936

19. UNDERTAKER Ivy & Geo. K. Holland
(Address) 1631 Druid Hill Ave

20. FILED, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1936 to April 24, 1936

I last saw him alive on April 23, 1936 Death is said to have occurred on the date stated above, at 2.45 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Edema — Date of onset 4/22
Chronic Valvular Heart Disease.

Other contributory causes of importance:
Arterio-Sclerosis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Solon Wright, M. D.

(Address) 1170 W. Saratoga St

AACo. 5-11 2500

23414

F 23414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice Corbin

(a) Residence: No. 1024 Madison Ave St., ... Ward. ...
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 1922

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
14	[illegible]		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME George Corbin

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) (State or country) Lexington Va

17. INFORMANT Mary Corbin
(Address) 1024 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 4-28-1936

19. UNDERTAKER Mrs. Geo. H. Holland
(Address) [illegible]

20. FILED ... 19... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1936, to April 25, 1936

I last saw her alive on April 25, 1936 death is said to have occurred on the date stated above, at 9:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	4-18-36
Post Operative pneumonia	4-22-36

Other contributory causes of importance:

Name of operation Appendectomy Date of 4-21-36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. Dewer Moore M. D.

(Address) Franklin Sq. Hosp.

23415 F 23415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2124 W Mulberry St., 70-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bernard Patrick Mc Sweeney

(a) Residence: No. 2124 W. Mulberry St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Angela.

DATE OF BIRTH (month, day, year) Nov. 2 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	5	24 ds.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electric Co.

10. Date deceased last worked at this occupation (month and year) April 1936

11. Total time (years) spent in this occupation 34 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Bernard P. McSweeney

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Catharine Fitzpatrick

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Angela McSweeney

(Address) 2124 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 7/28/36

19. UNDERTAKER Geo. Lemmon

(Address) 466 Park Heights Ave.

20. FILED 7 1936 19 ... Registrar. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1936.

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1935 to April 25, 1936

I last saw him alive on April 24, 1936 Death is said to have occurred on the date stated above, at 6:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung.	9 mos.
Other contributory causes of importance:	
None	—

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

No If so, specify .....

(Signed) Chester Riland. M. D.

(Address) 2532 Edmondson Ave.

23416 ✓ F 23416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH South Baltimore Gen. Hosp. Registered No.
CITY OF BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Mrs. Bruneda Reed
(a) Residence: No. 610 N. Luzerne St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank

DATE OF BIRTH (month, day, year) Jan 22 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto
13. NAME Fredrick Nissner
14. BIRTHPLACE (city or town) (State or country) Balto
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) Balto

INFORMANT Marie Stong
(Address) 610 N Luzerne ave

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 29 1936

UNDERTAKER Martin W. E. Deppel
(Address) 37 S. Ann St

FILED , 19 Registrar.

27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 1936

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1936 to April 26, 1936
I last saw h[illegible] alive on April 26 1936 Death is said to have occurred on the date stated above, at 6:10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	4/24
Left Galactitis	4/24
Other contributory causes of importance: Cerebral Hemorrhage	4/1/36

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wellington Dwyer M. D.
(Address) South Baltimore Hosp

6281 ✓ F 23417

23417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-W

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 2-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Crispens ~~Crispens~~

(a) Residence: No. 212 S. Register St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Hannah~~ Anna

DATE OF BIRTH (month, day, year) 10-21-1890 - 1888

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46 -	47	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Addie Potee

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION OR REMOVAL
Maryland Park Cem Date April 30 1936

19. UNDERTAKER Martin W. S. Ruppel
(Address) 37 S Carrollton Ave

Date 4-27-1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-26-1936

22. I HEREBY CERTIFY, That I attended deceased from 3-24-1936 to 4-26-1936

I last saw him alive on 4-26-1936 Death is said to have occurred on the date stated above, at 10:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post operative Ventral Hernia	1934
Infected Abdominal wound	4-4-36
Terminal Bronchopneumonia	4-25-36

Other contributory causes of importance:

Was an operation performed? Yes Date of 3-31-36

For what disease or injury? Post operative Ventral Hernia

Name of operation Herrioplasty Date of 3-31-36

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson Jr. M. D.

(Address) Balto City Hosp.

✓ F 23418

23418 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49a #13578

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Bopp

(a) Residence: No. 137 N. Ellwood Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of George Bopp

DATE OF BIRTH (month, day, year) 4-29-77

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	11	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

13. NAME Thomas Connor (Deceased)

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Kilkenny

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Italy Redeemer Date 4/28 1936

19. UNDERTAKER Leonard F. Ent

(Address) 5005 Harford Rd

Huntington Williams Co

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-25 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-14 1936 to 4-25 1936

I last saw her alive on 4-25 1936 Death is said to have occurred on the date stated above, at 5:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Left Ovary & Carcinomatosis	?
Other contributory causes of importance: Cachexia & Secondary Anemia	12-21-35

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson M. D.

(Address) Balto. City Hosp.

F 23419 Cinquina ✓ F 23419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 238 S. Exeter St. 3-2 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia Cinquina — Cinquina
If U. S. Veteran specify WAR .....

(a) Residence: No. 238 S. Exeter St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Vincent

7. DATE OF BIRTH (month, day, year) Oct 27 1868

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. assist in housework
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

FATHER

12. BIRTHPLACE (city or town) (State or country) Italy
13. NAME Dominick Del Barro

MOTHER

14. BIRTHPLACE (city or town) (State or country) Italy
15. MAIDEN NAME Mary Carmella
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Gabriel Cinquina (son)
(Address) 238 S. Exeter St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 28 1936

19. UNDERTAKER Martin H. E. Ruppel
(Address) 37 S. Amity St

20. FILED 1936 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of femur	

Other contributory causes of importance: Pneumonia from chronic nephritis

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury April 14, 1936
Where did injury occur? Baltimore Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place at home
Manner of injury Fell off edge of bed & fell
Nature of injury Fracture of femur

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) H. W. Wright M. D.
Coroner
(Address) 1010 S. Eutaw St

23420

F 23420

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 N Carey St, H-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: fifty yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary P. Mackey

(a) Residence: No. 612 N Carey St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph B Mackey

DATE OF BIRTH (month, day, year) Aug 29 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
73	67	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER John Wilson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Annie Roberts

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Elsie Lickey

(Address) 612 N Carey St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date April 30th 1936

UNDERTAKER Thomas E Bell & Co

(Address) 1520 Eastern Ave

FILED ... Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1st 1935 to April 27 1936

I last saw h alive on April 27 1936 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Nephritis	April 1935
Both Kidneys	now

Other contributory causes of importance: Age

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Thos. H. Magnus M. D.

(Address) 14 Eutaw St

23421 ✓ F 23421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1012 N Caroline St., 16-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
If U. S. Veteran specify WAR ...

2. FULL NAME Ella C George
(a) Residence: No. 1012 N Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE Thomas George

DATE OF BIRTH (month, day, year) Dec 28 1879

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56 57	4	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia
13. NAME OF FATHER Thomas H Newman
14. BIRTHPLACE (city or town) (State or country) Virginia
15. MAIDEN NAME OF MOTHER Mary Newman
16. BIRTHPLACE (city or town) (State or country) Virginia
INFORMANT Mrs. Virginia H. Cure
(Address) 1012 N Caroline St
BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date April 28 1926
UNDERTAKER Thomas F. English
(Address) 708 N Caroline St
Huntington W. Thomas, M.D.
FILED APR 27

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 1926
22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1926 to April 26 1926
I last saw her alive on April 26 1926 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
Cardiac Carcinoma
Date of onset Oct 1925
Other contributory causes of importance:
Was an operation performed? No Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis None Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, what?
(Signed) Chas. H. Thompson M. D.
(Address) 1012 N Caroline St

M. D. B 1268-9

F 23422

23422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. 24-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 Light St. St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 11111 mos. ds. How long in U. S. if of foreign birth 53 yrs. mos. ds.

2. FULL NAME Henry Geis.

(a) Residence: No. 1519 Light St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced, HUSBAND of Sophie Geis.

DATE OF BIRTH (month, day, year) July 18, 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Structural iron worker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Do Not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

INFORMANT Sophie Geis. (wife)

(Address) 1519 Light St.

BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date April 2[illegible] 1936

UNDERTAKER C. Bayard Evans

(Address) 400 N. Howard St

4-7 1936 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 6.30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If not specific

(Signed) Otto M Steinhardt, M. D.
Coroner

4/27/36 (Address) 1017 N. Charles St.

F 23423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 181

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Ridgeley

(a) Residence: No. Sykesville, Md St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Gen Cemetery Date April 29 1936

19. UNDERTAKER C. M. Nolte
(Address) Westminster, Md

Huntington Williams, M.D.
Registrar

19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/26. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns over 90% Body Area	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4/26. 1936

Where did injury occur? Sykesville, Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Smoking Cigarette in bed

Nature of injury Bed caught fire

24. Was disease or injury in any way related to occupation of deceased? no If so, when?

(Signed) Orin B. Wallace M. D.
Coroner

(Address) 1031 St Paul

27 1936

23424 F 23424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1911 Mosher St. 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 7 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Blanche Spies

If U. S. Veteran specify WAR

(a) Residence: No. 1911 Mosher St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 31, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME George H. Spies

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Frances Matthews

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Edgar A. Spies

(Address) 3606 Elsinore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 28, 1936

19. UNDERTAKER John H. Denny

(Address) 715 Light St

Huntington Williams, M.D.
Registrar.

7 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1935 to April 25, 1936

I last saw her alive on April 25, 1936 Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	
Cardio sclerosis	1932

Other contributory causes of importance:

Chronic intestinal nephritis

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Darius T. Taggart, M. D.

(Address) 3225 Eutaw Place

M. D. B 1268-9

✓F 23425

23425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1646 Normal Ave. St. 8-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Pagel.

(a) Residence: No. 1646 Normal Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

7. DATE OF BIRTH (month, day, year) Dec. 11/1865.

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	24 14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. all kinds of work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Charles Pagel.

14. BIRTHPLACE (city or town) (State or country) Germy.

15. MAIDEN NAME Augusta Lindemann.

16. BIRTHPLACE (city or town) (State or country) Germy.

17. INFORMANT Mrs Minnie Burns.
(Address) 1646 Normal Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date April 28 1936

19. UNDERTAKER C. Schlomann & Son
(Address) 1039 Hanover St

20. FILED 1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 25 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 4 - 21 - 1936 to 4 - 25 - 1936

I last saw him alive on 4 - 25 - 1936 Death is said to have occurred on the date stated above, at 6 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/21/36
Arteriosclerosis + Hypertension	Indefinite

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Wm B. Lybert M. D.
(Address) 2802 Edmondson Ave

23426 ✓ F 23426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 Park Lane, Roland Park 27-14 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Albert W. Adt

(a) Residence: No. 103 Park Lane, Roland Park St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Von Mitzel Adt

DATE OF BIRTH (month, day, year) July 10, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	9	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machinery-John B Adt

10. Date deceased last worked at this occupation (month and year) Feb. 1936

11. Total time (years) spent in this occupation 55 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John B. Adt

14. BIRTHPLACE (city or town) (State or country) Ensheim Germany

15. MAIDEN NAME Sarah Raine

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. John B. Adt
(Address) 4706 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date April 28, 1936

19. UNDERTAKER Robt. H. Poole
(Address) 1005 W. Baltimore St.

20. Filed 7 1936 Huntington Williams, M.D. Registrar. R.B.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1933, 19.. to 4-26, 1936

I last saw him alive on 4-25, 1936 Death is said to have occurred on the date stated above, at 1.45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
HYPERTENSIVE HEART DISEASE	1932
CO	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) John A. Jones, M. D.

(Address) 1129 St. Paul St.

F 23427

3427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90-5-82-W

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 East Lynn St. St. 90 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 5 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James T. DeLauder If U. S. Veteran specify WAR .....

(a) Residence: No. 413 East Lynn St. St., ... Ward. ..... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie E. DeLauder (nee Green)

7. DATE OF BIRTH (month, day, year) May 17, 1879.

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	11	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yards

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co., Md.

13. NAME Andrew DeLauder

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Margaret Kerr

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mrs. James T. DeLauder 413 East Lynn St.

18. BURIAL, CREMATION, OR REMOVAL Place St. Michael's Cem. Howard Co. Md. Date 4/28/36

19. UNDERTAKER (Address) 4101 Edmondson Ave.

27 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 26 Apr. 1936

22. I HEREBY CERTIFY, That I attended deceased from 22 Apr. 1936 to 26 Apr. 1936

Last saw him alive on 26 Apr. 1936 Death is said to have occurred on the date stated above, at 12:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	Apr 1935
Other contributory causes of importance: Cerb. Hemor	Apr 1936

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Z Dawes Hooper M. D.

(Address) 2565 Frederick Ave

23428 ✓ F 23428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH #13650 107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St. 25-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1878 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR

2. FULL NAME Fannie Rabbe

(a) Residence: No. 1710 Hollins Ferry Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of [illegible]

DATE OF BIRTH (month, day, year) 3-8-1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71	72	1	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore, Md.

13. NAME Charles Brown

14. BIRTHPLACE (city or town) (State or country) Queens Anne Co., Md.

15. MAIDEN NAME Rebecca Scotten

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Int Alvert Date 4/28 1936

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins sts

[illegible] Registrar

R 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/25 1936

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19__, to 4/25 1936

I last saw her alive on 4/25 1936 Death is said to have occurred on the date stated above, at 4:25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-3 days
Arteriosclerosis	?
Other contributory causes of importance:	
Senility	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

F 23429

23429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

VX 46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Genl Hosp 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry de Fouble

(a) Residence: No. West minster, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Fouble

6. DATE OF BIRTH (month, day, year) Nov 4 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. agent for W. M. Ry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carroll Co
(State or country) Md

13. NAME Jerome F. Fouble

14. BIRTHPLACE (city or town) Carroll Co
(State or country) Maryland

15. MAIDEN NAME Laura A. Holtzinger

16. BIRTHPLACE (city or town) Carroll Co
(State or country) Maryland

17. INFORMANT Mrs Jennie Fouble
(Address) Westminster Md

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Fire wks Date April 29, 1936

19. UNDERTAKER H Bankard & Son
(Address) Westminster Md

20. FILED 1936 Registrar

28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27-36

22. I HEREBY CERTIFY, That I attended deceased from 4-13, 1936, to 4-27, 1936

I last saw h.i.m. alive on 4-27, 1936. Death is said to have occurred on the date stated above, at 11.20 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	
Other contributory causes of importance: Cardiac failure	

Was an operation performed? yes Date of 4-13-36

For what disease or injury? Carcinoma Stomach

Name of operation Laparotomy Date of 4-13-36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Charles A Fenby, M. D.

(Address) Md Gen Hosp

F 23430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. F 23430

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Univ Hospital St., 2-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME John Moore

(a) Residence: No. 4326 Fair haven Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Singl

6. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

DATE OF BIRTH (month, day, year) July 7th 1933

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	9	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Ralph Moore

14. BIRTHPLACE (city or town) (State or country) Penna.

15. MAIDEN NAME Catherine Babalik

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Ralph B. Moore

(Address) 4326 Fair haven Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross (Brooklyn) Date April 28th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul st.

F 23430 Burlington Delaware

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/25/36

22. I HEREBY CERTIFY, That I attended deceased from 4/16/36 to 4/25/36

I last saw him alive on 4/25/36 Death is said to have occurred on the date stated above, at 12 30 P m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Broncho Pneumonia	9 days

Other contributory causes of importance:

Osteogenesis imperfecta

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) William G. Kelsch M. D.

(Address) Univ Hospital

23431 Turow F 23431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2534 Greenmount St., 9th W. 3) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah Turow If U. S. Veteran specify WAR

(a) Residence: No. 2534 Greenmount ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Samuel

6. DATE OF BIRTH (month, day, year) 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Israel Eisenberg

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Esther Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Bella King

(Address) 2534 greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Herzing Cem Date 4/28, 1936

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Baltimore St

Huntington Woodlawn, Md.

25150 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/1 1936 to 4/27 1936

I last saw h alive on 4/27 1936 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis Hypertension	
Other contributory causes of importance: Acute Hyperacidity	4/1/36

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas A Cahn, M. D.

(Address) 2145 W Baltimore

M. D. B 1268-9

F 23432

23432 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2449 West Port St. 25-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 24 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert C Fowler

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2449 West Port St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Margaret V. Fowler

6. DATE OF BIRTH (month, day, year) May 17 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Refrigerator Servicer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md Refrigerator Co

10. Date deceased last worked at this occupation (month and year) April 10 1936

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Prince George Co.

FATHER

13. NAME William H. Fowler

14. BIRTHPLACE (city or town) (State or country) Prince George Co.

MOTHER

15. MAIDEN NAME ? Milligan

16. BIRTHPLACE (city or town) (State or country) Prince George Co

17. INFORMANT Melvin H Fowler

(Address) 2449 West Port Ave

18. BURIAL, CREMATION, OR REMOVAL Forestville Md. M. E. Church Cemetery Date April 28 1936

19. UNDERTAKER W. Cook

(Address) 1207 St Paul St

20. FILED 4-29-36 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25th, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Fracture of Calcaneous about 1-36

Was an operation performed? Yes Date of

For what disease or injury? Fractured Calcaneus

Name of operation Cast Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury April 10 1936

Where did injury occur? At Maryland Refrigerator Co
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Industry

Manner of injury Ladder slipped from under him

Nature of injury Fracture of Calcaneous Rt

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Fell with ladder

(Signed) Thos. H Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

F 23433

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23433

CERTIFICATE OF DEATH

50

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4003 Forest Park Ave 5-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nellie Welch Wolfe

(a) Residence: No. 4003 Forrest Park Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of T. Robey Wolfe

DATE OF BIRTH (month, day, year) Feb 9 - 1896

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	7	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Geo W. Welch

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Thompson

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT T. Robey Wolfe

(Address) 4003 Forrest Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Cem Date Apr 29 . 1936

19. UNDERTAKER John Welch

(Address) 1008 Aliceanna St

DATE RECEIVED Apr 28 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 26 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 . 1935 to April 26 1936

I last saw her alive on April 24 1936 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinomatosis	
Operation for Carcinoma August 1933.	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 3-27-36

For what disease or injury? Carcinoma

Name of operation Radical Breast Operation. Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 ....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) E B Freeman M. D.

(Address) 807 Cathedral

23434 F 23134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#13128 ✓ 34J-82B

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 5-1 (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida M. Weide.

(a) Residence: No. 1218 E. Fayette St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William (D)

7. DATE OF BIRTH (month, day, year) 6-11-1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	10	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Frederick Long

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Marie Missing

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Apr 28, 1936

19. UNDERTAKER John Ullrich
(Address) 2108 Orleans

APR 28 1936 E. Fayette Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/19, 1936 to 4/25, 1936

I last saw her alive on 4/25, 1936 Death is said to have occurred on the date stated above, at 6 35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis (?)	12 hr.
Other contributory causes of importance:	

Was an operation performed? Date of 0000

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert A Reitz M. D.

(Address) Baltimore Hosp

23435

F 23435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. 5323

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 Spence Avenue (Mercy Hospital.) (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR no.

2. FULL NAME John Peter Russel

(a) Residence: No. 1714 Spence Avenue St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Bucheit Russel

7. DATE OF BIRTH (month, day, year) Oct. 17th 1874

AGE	Years	Months	Days	If LESS than 1 day, ######## or ### min.
	61	6	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John Russel

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME (Unknown)

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT James William Russel

(Address) 1714 Spence Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date April 28, 1936

19. UNDERTAKER Geo. E. Ruth, Inc.

(Address) 1435 Herford Ave

Filed 4-28-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19[illegible] to April, 1936

I last saw him alive on April 24 1936 Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	?
Arteria Sclerosis	?
Other contributory causes of importance:	
Uraemia	1936

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis General exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [signature] M. D.

(Address) 2430 Mosher Blvd

F 23436

312719

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23436

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 5-W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Colluraficci

(a) Residence: No. 430 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 5-7-35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	11	19	X

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) md
13. NAME Vincent Colluraficci
14. BIRTHPLACE (city or town) (State or country) md
15. MAIDEN NAME Gertrude Quinn
16. BIRTHPLACE (city or town) (State or country) md
17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL
18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cathedral Cem Date April 28th 1936
19. UNDERTAKER George [illegible]
(Address) 1725 Eutaw Pl
[illegible] Huntington Wilhauer Registrar
20. FILED APR 28 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1936 to April 26, 1936
I last saw her alive on April 26, 1936. Death is said to have occurred on the date stated above, at 7.20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PNEUMONIA - PRIMARY - Lobar Right upper and left lower.	4-21-36
Other contributory causes of importance: NUTRITIONAL ANEMIA -	

Was an operation performed? NO Date of —
For what disease or injury? —
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) J. Conway Long M. D.
(Address) Johns Hopkins Hosp

23437

F 23437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3335 Edmondson Ave St., 8-1 Ward)

Length of residence in city or town where death occurred 43 yrs. 1 mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Milton J. Wood

(a) Residence: No. 3335 Edmondson Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie V. Cadle Wood

6. DATE OF BIRTH (month, day, year) Mar 16. 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	1	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Work Dept

10. Date deceased last worked at this occupation (month and year) 6?

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Judson E. Wood

14. BIRTHPLACE (city or town) (State or country) Harford Co Md.

15. MAIDEN NAME Bettie Stamford

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

17. INFORMANT Mrs Minnie V. Wood

(Address) 3335 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore County Date April 29, 1936

19. UNDERTAKER Edmund W. Coppelin

(Address) 924 E. Eager St. Huntington Williams, MD

Registrar

28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 1936 to April 27 1936

I last saw him alive on April 27 1936 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Heart Disease	?
Infants Bodies Edema	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Bl. Culture Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Albert Schochat M. D.

(Address) 2 S. Edmondson Ave

M. D. B. 1268-9

F 23438

23438 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

N 95-B

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 700 to 40 St. 13-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret A. Garrett

(a) Residence: No. Home for Incurables St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William T. Garrett

6. DATE OF BIRTH (month, day, year) March 24-1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	One	Three	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elkridge Maryland

MOTHER FATHER

13. NAME Charles A. Hayenville

14. BIRTHPLACE (city or town) (State or country) Sullivan Co - Penna

15. MAIDEN NAME Elizabeth Jefferis

16. BIRTHPLACE (city or town) (State or country) Elkridge Howard Co Md.

17. INFORMANT Emily Bacchtel
(Address) Home for Incurables

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Park Date Apl. 29-36

19. UNDERTAKER F. B. Nisbet & Son
(Address) 1200 Eutaw Place

20. FILED ... Registrar.

APR 28 1936 Eugene Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27 . 36

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1936 to April 27, 1936
I last saw her alive on April 26, 1936. Death is said to have occurred on the date stated above, at 7.40a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular hypertension disease	1925±
Hemiplegia	1932
Other contributory causes of importance:	
Acute bronchitis	April '36
" pulmonary edema	4/26/36

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H Hanford Hopkins M. D.

(Address) 217 Mes. Art Bldg

M. D. B. 1268-6

F 23439

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23439

CERTIFICATE OF DEATH

Registered No. 86

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2742 Baker St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Barbara Lee Kuhn

(a) Residence: No. 2742 Baker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Wh	

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 2/34

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Gilbert C. Kuhn

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Ethel F. Hanks

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Mrs. G. C. Kuhn
(Address) 2742 Baker St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date April 28, 1936

19. UNDERTAKER J. B. Stephens & Son
(Address) 1st Liberty Place
Huntington West Virginia

20. FILED APR 28 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 23, 1936 to Apr. 25, 1936

I last saw her alive on Apr. 25, 1936 Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Twin born prematurely	
Weight 2 lbs.)	

Other contributory causes of importance:

Pyloric Stenosis Congenital	3 hrs.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. A. Smith M. D.

(Address) 1620 N. Howard St.

F 23440

M. D. F. 1935

F 23440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 27-10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Hsp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Nannie E. Helfenstein

(a) Residence: No. 4417 Old York Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Chas. H. Helfenstein

6. DATE OF BIRTH (month, day, year) Mar. 19 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	1	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick, Md.

13. NAME Dr. Floyd J. McGill

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Rachel Edwards

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Ruth H. Powers

(Address) 4417 Old York Road

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Fred. Md. Date April 29 1936

19. UNDERTAKER John Oursler & Sons

(Address) 1900 Eutaw Place

20. FILED 19 Registrar.

APR 28 1936 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1936. to April 26, 1936.

I last saw h alive on April 26 1936 Death is said to have occurred on the date stated above, at 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	2 yrs.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carlton N. Adams M. D.

(Address) Church Home & Hsp.

23441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 23441

94-B

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ... St., 17-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? 3 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ---

2. FULL NAME Julius Shenberg

(a) Residence: No. 25 South Street, New York, N. Y. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 17, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant seaman

10. Date deceased last worked at this occupation (month and year) April 23, 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Natur, Latvia

13. NAME Ernest Shenberg

14. BIRTHPLACE (city or town) (State or country) Natur, Latvia

15. MAIDEN NAME Anna Salme

16. BIRTHPLACE (city or town) (State or country) Natur, Latvia

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's - Hauber Date 4-28-36

19. UNDERTAKER Tendell E. Humphreys

(Address) 202 N. Broadway

20. FILED ... 19 ... H. Lyon Williams, M.D.

APR 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1936 to April 25, 1936

I last saw him alive on April 25, 1936 Death is said to have occurred on the date stated above, at 11:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	4/20/36

Other contributory causes of importance:

Arteriosclerosis general	indef.

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) T. M. H. Anderson M. D.

(Address) U. S. Marine Hosp., Balto. Md.

Mary Dutch Yacht

F 23442

23442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals U-9300 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Tuberculosis Division St. 7 Ward)

Length of residence In city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry Dutch (Yacht)

(a) Residence: No. 515 S. Newkirk st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stella Dutch Yacht

6. DATE OF BIRTH (month, day, year) April 16, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin mill

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Paul Dutch Yacht

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Anna Rushuk

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date April 28 1936

19. UNDERTAKER John E. Butler
(Address) 2435 E. Pleasant st

FILED APR 28 1936 Huntington Williams, D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 13 1935 to April 27, 1936
I last saw h. im alive on April 27, 1936 Death is said to have occurred on the date stated above, at 8.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	July 1935
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Ben H Feldman, M. D.

(Address) Baltimore City Hospitals

23443

HEALTH DEPARTMENT—CITY OF BALTIMORE

23443

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals U-13622
CITY OF BALTIMORE: (No. Tuberculosis Division St., 11-B Ward)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dauris Johns

(a) Residence: No. 901 Tyson st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary B. Johns

6. DATE OF BIRTH (month, day, year) May 28, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
62	10	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Samuel Johns

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Samuel cemetery Date April 30 1936

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Frestman's

APR 28 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1936, to April 26, 1936

I last saw h.. im alive on April 26, 1936 Death is said to have occurred on the date stated above, at 4.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Winter 1935

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Leon H. Feldman M. D.

(Address) Baltimore City Hospitals

F 23444

F 23444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 N. Bond St. St., 7-4 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Frederick Rehberger

(a) Residence: No. 913 W. Bond St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	57	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Florist

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Louis Rehberger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Faerd

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis Rehberger (Address) 7162 20th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cemetery Date Apr 29th 1936

19. UNDERTAKER Geo Schilling & Sons (Address) 1124 1126 Monument St

28 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of head	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury April 26 1936

Where did injury occur? 913 N. Bond St. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Pistol shot of head

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) [illegible] M. D.
Coroner

(Address) 1918 E. Preston Ave

F. D. 23445

F 23445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alphonso Brand If U. S. Veteran specify WAR

(a) Residence: No. 1011 21 Sparrow Point Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Brand

6. DATE OF BIRTH (month, day, year) April 22-1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Charles Brand

14. BIRTHPLACE (city or town) (State or country) Crew Va.

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Elizabeth Brand

(Address) 21 Sparrows Point Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date April 30 1936

19. UNDERTAKER Mrs. Hattie Elliott-daughter

(Address) Huntington Williams, Registrar.

R 28 1936 . 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a)	
Pulmonary tuberculosis	1 yr
(b)	2 d
(c)	4-26

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? none

Name of operation none Date of

What test confirmed diagnosis? Wassermann Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bruce P. Allen, M. D. Coroner

(Address) 20 Chesapeake St.

F 23446

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23446

CERTIFICATE OF DEATH

92-a #12918

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 21-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 87 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Louis Burke

(a) Residence: No. 825 Ostend St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Burke

6. DATE OF BIRTH (month, day, year): 7-4-72

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Elevator man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Massuchusetts

FATHER

13. NAME: George Burke

14. BIRTHPLACE (city or town) (State or country): Mass.

MOTHER

15. MAIDEN NAME: Eliz. Jones

16. BIRTHPLACE (city or town) (State or country): Mass.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Auburn Date: Apr. 30, 36

19. UNDERTAKER: Mrs Kate R Williams
(Address): 2127 Pennsylvania Ave

Date: APR 28 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/9, 1936 to 4/27, 1936

I last saw him alive on 4/27, 1936 Death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	?
Myocardial insufficiency	18 mo.
Other contributory causes of importance:	
Arteriosclerosis	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz, M. D.

(Address) Baldwin Md.

M. D. B. 1209-3

F 23447

F 23447

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 N. Bruce st St. 19-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yr. mos. ds.

2. FULL NAME Arthur Fredrick Parker

(a) Residence: No. 305 N. Bruce st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	Married

5a. If married, widowed, or divorced HUSBAND of Myrtle Parker (or) WIFE of

6. DATE OF BIRTH (month, day, year) ~~1896~~ June 9th.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lab.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fertilizer Plant

10. Date deceased last worked at this occupation (month and year) 4-24-36

11. Total time (years) spent in this occupation 15yrs

12. BIRTHPLACE (city or town) (State or country) Bowie, Md.

FATHER

13. NAME Edward Parker

14. BIRTHPLACE (city or town) (State or country) Bowie, Md.

MOTHER

15. MAIDEN NAME Rosie Coliver

16. BIRTHPLACE (city or town) (State or country) Bowie, Md.

17. INFORMANT Myrtle Parker (Wife)

(Address) 305 N. Bruce st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Apr 29, 1936

19. UNDERTAKER Meister R Williams

(Address) 3221 Edmondson Ave.

20. FILED [illegible] 19 [illegible] Registrar.

Meister R Williams, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25th. 1936

22. I HEREBY CERTIFY, That I attended deceased from April 15th. 1936 to April 25th. 19

I last saw him alive on April 24th. 1936 Death is said to have occurred on the date stated above, at 1. a m.

The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation — Date of onset 4-18-36.

Mitral Ins. — ?

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Physical Exam — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

31. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter J. Jackson M. D.

(Address) 1631 W. Franklin st

23448 F 23448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+107-a

1. PLACE OF DEATH Union Memorial Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 33 + Calvert St., 12-W Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jerry Lee Arbogast If U. S. Veteran specify WAR .....

(a) Residence No. Elliott City Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	SINGLE

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) APRIL 7 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		21 20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elliott City Md

13. NAME Lemuel Arbogast

14. BIRTHPLACE (city or town) (State or country) West Virginia

15. MAIDEN NAME Ella Townsend

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Lemuel Arbogast
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Johns Elliott City Date 4-29-36

19. UNDERTAKER H. C. Dei undertaker
(Address) Elliott City Md

FILED 28 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 4-27-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-20-36, 19, to 4-27-36, 19

I last saw him alive on 4-27-36, 19. Death is said to have occurred on the date stated above, at 3:48 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infection Gumbilliens	4-19-36
Other contributory causes of importance:	
Bronchopneumonia	4-26-36

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? none Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Colin MacRae M. D.

(Address) Union Memorial Hosp

F 23449 ✓ F 23449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2737 Harlem Ave. St., 16-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George L. Vinyard

(a) Residence: No. 2737 Harlem Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida R. Vinyard

6. DATE OF BIRTH (month, day, year) Feb. 2 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	7	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 0061
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME John Vinyard
14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER
15. MAIDEN NAME Margaret Myers
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT (Address) Gladys N. Harris 2737 Harlem ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 4/29 1936

19. UNDERTAKER Robert Brooks & Son
(Address) Baltimore Md.

FILED 4-28 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-25 1936

22. I HEREBY CERTIFY, That I attended deceased from May 7- 1922 to April 25 1936
I last saw him alive on April 25 1936 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:
Generalized arterio sclerosis
Chronic Myocardial disease.
Date of onset ... years

Other contributory causes of importance:
Cerebral Hemorrhage
Hemiplegia
March 1936.

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) W. Mitchell M. D.
(Address) 2901 Edmondson Ave

M. D. B. 1268-P

F 23450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 23450

93-C

Registered No. 45

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2029 Mc Elderry St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. da. How long in U. S. If of foreign birth 29 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Zaloc Rudecki

(a) Residence: No. 2029 Mc Elderry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Freda

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Bus. 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Ella

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachael

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Esther Diamond

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Mt Carmel Date 4-28, 1936

19. UNDERTAKER Jas. E. Lenz Inc.

(Address) 1431 E. Baltimore St.

20. FILED 19 Huntington Williams, M.D. Registrar

28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27-36 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Rhentzer, M. D. Coroner

(Address) 1919 E. Northern

F 23451 # 13191 ✓ F 23451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-D-92-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospital St. 17-W (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Annie Edwards
(a) Residence: No. 1141 Brewer St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Married

6a. If married, widowed, or divorced HUSBAND) of (or) WIFE of Walter

6. DATE OF BIRTH (month, day, year) 4-6-1899

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
37		20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER FATHER
13. NAME John Smith
14. BIRTHPLACE (city or town) (State or country) N. C.
15. MAIDEN NAME Josephine Boston
16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 4/30/36

19. UNDERTAKER J. Wm. F. Kelly
(Address) 1545 Mc Elderry St

19. FILED ..... 19 Huntington Woodlawn, Md

R 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/23, 1936, to 4/26, 1936
I last saw her alive on 4/26, 1936 Death is said to have occurred on the date stated above, at 7 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	
Myocardial insufficiency	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter M. D.
(Address) Balto City Hosp.

38067

HEALTH DEPARTMENT—CITY OF BALTIMORE

23452 F 23452

CERTIFICATE OF DEATH

95-B Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (Ward) 10-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S Veteran specify WAR .....

2. FULL NAME John Johnson

(a) Residence: No. 604 Gittings St., (Ward). (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/25/97

7. AGE: Years 35 | Months 1 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S-Car-

13. NAME A - Johnson

14. BIRTHPLACE (city or town) (State or country) S-Car-

15. MAIDEN NAME L. Johnson

16. BIRTHPLACE (city or town) (State or country) S-Car

17. INFORMANT Friends-

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date 4/29/ 1936

19. UNDERTAKER Frances A. Kennedy

(Address) 778 W. Biddle St

20. FILED ... 19... Washington, D.C.

APR 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1936 to Apr. 26 1936

last saw him alive on Apr. 26 1936 Death is said to have occurred on the date stated above, at 9 40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	1931
Myocardial Failure	1/1/36
Thrombosis of left middle cerebral artery	2/18/36

Other contributory causes of importance:

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph T. Sadusk, Jr. M. D.

(Address) Johns Hopkins Hospital

F 23453

23453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 27-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2821 Roselawn Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Joseph M. Trimble

(a) Residence: No. 2821 Roselawn Ave. St., ... Ward, ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth C. Wieneke

7. DATE OF BIRTH (month, day, year) Sept. 21, 1862

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	7	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salto Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Elizebeth C. Wieneke

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Henry Lindhorst

(Address) 2821 Roselawn Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 4/21/36

19. UNDERTAKER Leonard Rusk

(Address) 5305 Harford Rd.

20. FILED APR 28 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1936 to Apr 26, 1936

I last saw him alive on Apr 23, 1936 Death is said to have occurred on the date stated above, at 3P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Arteriosclerosis)	a number of years
Other contributory causes of importance: Cardiac Decompensation	Apr 21

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Morris B. Green M. D.

(Address) Harford & Evergreen

F 23454

3454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 9-4 ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eugen Hedgepeth

(a) Residence: No. 1706 N. Spring St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Jessie Hedgepeth

6. DATE OF BIRTH (month, day, year) 2/25/1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N C

MOTHER

13. NAME Kentelon Hedgepeth

FATHER

14. BIRTHPLACE (city or town) (State or country) N C.

MOTHER

15. MAIDEN NAME Lear

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Jessie Hedgepeth
(Address) 1706 N. Spring St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 4/29 1936

19. UNDERTAKER Rayner Sanders
(Address) 1413 E. Preston St

Huntington Williams, Registrar

8 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound Heart	

Other contributory causes of importance:

Hemorrhage

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 4/26 1936

Where did injury occur 1413 Bares St. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Pistol Shot

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenken, M. D.
Coroner

(Address) 1914 E. Northern Ave

23455 ✓ F 23455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH South Baltimore Gen. Hosp. Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 1-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John T. Miller If U. S. Veteran specify WAR .....

(a) Residence: No. 2804 Elliott St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Christina K. Miller

6. DATE OF BIRTH (month, day, year) 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Canton Boat

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md.

MOTHER FATHER

13. NAME Thos. Miller

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Christina K. Miller

(Address) 2804 Elliott st.

18. BURIAL, CREMATION, OR REMOVAL

Place W. Barmel Date April 30 1936

19. UNDERTAKER Fletcher J. Featherstone

(Address) 1000 S. Bethel Ave Huntington Williams

FILED APR 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1936 to April 27, 1936

I last saw h. alive on April 27, 1936 Death is said to have occurred on the date stated above, at 10.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral broncho-pneumonia	?
Septicemia	?
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William Duvall M. D.

(Address) South Balto Hosp

F 23456 ✓ F 23456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. #7905

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Maggie Copeland

(a) Residence: No. 1037 Maryland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thaddeus Copeland

6. DATE OF BIRTH (month, day, year) Jan. 3. 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Robert Bibey

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Cornelia Reed

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Va Date 4/30/ 1936

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W. Biddle St.

20. FILED APR 1936 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/28/1936

22. I HEREBY CERTIFY, That I attended deceased from 1/11/36, 1936 to 4/28/36, 1936

I last saw her alive on 4/28/36, 1936 Death is said to have occurred on the date stated above, at 3 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4/26/36
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Baltimore City Hosp.

M. D. B 1268-9

F 23457 ✓ F 23457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 17-3 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME John Burrell If U. S. Veteran specify WAR .....

(a) Residence: No. 506 Myrtle Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Interment Date April 28, 1936

19. UNDERTAKER Department of Health
(Address)

20. FILED R 29 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) April 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) F. J. Carlin, M. D.
Coroner

(Address) 2757 W. North Ave

2208 The Morgue

Spec.—2-29-28—L. F. S.—800 Bks.

F 23458

HEALTH DEPARTMENT—CITY OF BALTIMORE

O.K. Paul Schenck

F 23458

CERTIFICATE OF DEATH

159

1—PLACE OF DEATH 615 N. Linwood Ave REGISTERED NO.

CITY OF BALTIMORE: (No. 615 N Linwood Ave ST., 7th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Hansen

(a) RESIDENCE NO. 615 N. Linwood Ave ST., 7th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4-21-36

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto
(State or country) Md

10 NAME OF FATHER Isaac Jefferson Hansen

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Dillman

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Isaac Jefferson Hansen
(Address) 615 N. Linwood Ave

15 2815 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-23-36

17 I HEREBY CERTIFY, That I attended deceased from at birth (only), 19..., to ..., 19...,
that I last saw h[illegible] alive on 4-21, 1936
and that death occurred, on the date stated above, at 7.45 a.m.
(or as known)
The CAUSE OF DEATH* was as follows:
Premature delivery at abt
7½ Month Gestation

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) William Love, M. D.

, 19 (Address) 1901 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Md	April 28 1936
20 UNDERTAKER Commissioner Health.	ADDRESS

F 23459 ✓ F 23459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals U-442 Registered No.
CITY OF BALTIMORE: (No. Tuberculosis Division St. 12-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Frank Morton

(a) Residence: No. 211 W. 23rd st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 16, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Saxe, Virginia

FATHER

13. NAME William Morton

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Matilda ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date April 28, 1936

19. UNDERTAKER Commissioner Health.
(Address) Dr. Wm. S. Goodall

28 1936 19 Registrar

2287 Lexington Building, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 18, 1935 to April 23, 1936

I last saw him alive on April 23, 1936 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	June 1933

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lem H. Feldman, M. D.

(Address) Baltimore City Hospitals

M. D. H. 1268-9

F 23460

F 23460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4-234-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Wm. Clark

If U. S. Veteran specify WAR .....

(a) Residence: No. 705 Vine St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About 60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT .....

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date April 28, 1936

19. UNDERTAKER (Name) .....

(Address) .....

APR 28

Huntington Pittsburgh, Pa.

220 THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Syphilitic Aortitis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) R. K. Mullin, M. D.

(Address) 2757 N. Rose

M. D. B 1268-9

23461 F 23461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1337 N. Mount St. 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Pulley Jr. (U. S. Veteran) specify WAR .....

(a) Residence: No. 1337 N. Mount St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Jan. 16 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

FATHER

13. NAME William Pulley Sr.

14. BIRTHPLACE (city or town) N. C. (State or country)

MOTHER

15. MAIDEN NAME Alma Maylard

16. BIRTHPLACE (city or town) N. C. (State or country)

17. INFORMANT Alma Pulley (Address) 1337 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place Arnold, Md. Date Apr 8, 1936

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 E. Lanvale St.

Apr 8 1936 Huntington Williams, Inc. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 5 30 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... Coroner, M. D.

(Address) 1215 E. Fayette

M. D. B. 1268-9

✓ F 23462

23462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1035 W Lexington St., 18-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. 7 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella May Harris

(a) Residence: No. 1035 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 10, 1922

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
13	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. md.

MOTHER FATHER

13. NAME Edward Harris

14. BIRTHPLACE (city or town) (State or country) Washington D. C.

15. MAIDEN NAME Henrietta Moulton

16. BIRTHPLACE (city or town) (State or country) Balto. md.

17. INFORMANT Henrietta M. Harris

(Address) 1035 W. Lexington

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Mar 30, 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St.

20. FILED ... 19... [illegible] Lexington Williams, Ky.

28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4.26.36. 19

22. I HEREBY CERTIFY, That I attended deceased from 2.3.36. 19... to 4.26.36. 19...

I last saw her alive on 4.25.36. 19... Death is said to have occurred on the date stated above, at 9:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	4.20.36
Lobar Pneumonia	1.15.36
Pleural Effusion - ascites	2.3.36

Other contributory causes of importance:

Name of operation Paracentesis Date of 2.5.36

What test confirmed diagnosis? Phy. Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) James M. Farr M. D.

(Address) 806 W. Lexington St.

Spec.—1-12-23—M&T—500 Blks.

23463 ✓ F 23463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5901 Eastern Ave ST 26-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Angelo Passaro

(a) RESIDENCE NO. 5901 Eastern Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Anna Passaro

6 DATE OF BIRTH (month, day, and year) Jan 17 1867

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69 years	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work..... Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto. Tunnel Co.

9 BIRTHPLACE (city or town) Nusco, Italy
(State or country)

PARENTS

10 NAME OF FATHER Frank

11 BIRTHPLACE OF FATHER (city or town) Nusco Italy
(State or country)

12 MAIDEN NAME OF MOTHER Della Vecchia

13 BIRTHPLACE OF MOTHER (city or town) Nusco Italy.
(State or country)

14 Informant Mrs Anna Passaro
(Address) 5901 Eastern Ave.

28 1936 Huntington Williams 13
(Date) Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26 1936

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1929, to April 26, 1936, that I last saw h[illegible] alive on April 25, 1936, and that death occurred, on the date stated above, at 3:10 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-vascular failure - Hypertension

(duration) 1 yrs. 2 mos ds

CONTRIBUTORY (Secondary) Chronic nephritis - arteriosclerosis (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Frank R. DiPaula, M. D.

, 19 (Address) 232 S. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus

DATE OF BURIAL 4/29 19[illegible]

20 UNDERTAKER John Ulrich

ADDRESS [illegible] Belair Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

23464 9 F 23464

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Marshall

(a) Residence: No. 1100 Whitelock St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 21, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lemon Marshall

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Emma Weems

16. BIRTHPLACE (city or town) (State or country) S C.

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date ..... 19 .....

19. UNDERTAKER Albert H. Robb

(Address) 1630 Madison Ave

20. FILED APR 28 1936 By ..... Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Apr 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 21, 1936, to Apr 28, 1936

I last saw him alive on Apr 28, 1936. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	4-2-36
Bronchopneumonia	4-18-36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Francis J. Schwentker, M. D.

(Address) Sydenham Hospital

23465 ✓ F 23465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No. 27-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6418 Sefton Ave. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Letitia H. Hooper If U. S. Veteran specify WAR

(a) Residence: No. 6418 Sefton Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Benjamin T. Hooper

6. DATE OF BIRTH (month, day, year) Sept. 23, 1851.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm. A. Booze

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sussan Brooks

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mr. William C. Hooper 331 E. 29th St.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date April 29, 36

19. UNDERTAKER (Address) 101 Edmondson Ave.

28 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1936 to April 26, 1936

I last saw he alive on April 26, 1936 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Cerebral Hemorrhage	4/21/36
Other contributory causes of importance: Paralytic Ileus Gall Bladder disease	4/23/36

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jack A. Morgan M. D.

(Address) 6-E-Read St.

✓ F 23466

23466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No. 6-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Ratajczak Ratajczak (or Casper)

If U. S. Veteran specify WAR

(a) Residence: No. 19 N. Washington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Ratajczak

6. DATE OF BIRTH (month, day, year) Feb 12 1898 ~~1907~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Razzer 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethelem ship yard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Buffalo N.Y.

FATHER

13. NAME Henry Ratajczak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mollie Schudemon

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place H. Hamlans Date Apr 29 1936

19. UNDERTAKER George A Weber

(Address) 720 S. Arlington Ave

Apr 28 1936 Huntington Williamsport Pa

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Apr 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 27, 1936, to Apr 28, 1936

I last saw h— alive on Apr 28, 1936 Death is said to have occurred on the date stated above, at 10 55 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Meningococcus meningitis	4 25 36
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D Schwentker M. D.

(Address) Sydenham Hospital

23467 ✓ F 23467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH Provident Hospital — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave. St., 14-2 Ward)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR ____

2. FULL NAME John W. Dorsey

(a) Residence: No. Westminster Carrol County St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col.	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 4, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Phillip Dorsey

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Dr W C Stone
(Address) Westminster

18. BURIAL, CREMATION, OR REMOVAL
Place White Rock Cem Date April 30 1936

19. UNDERTAKER C. M. Galt
(Address) Winfield Md.

20. FILED Huntington Williams, Registrar.

APR 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-26, 1936, to 4-28, 1936

I last saw h[illegible] alive on 4-28, 1936. Death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	
Pneumonia	
Arteriosclerotic gangrene R Ft Leg	
Other contributory causes of importance:	

Was an operation performed? yes Date of 4-27-36

For what disease or injury?

Name of operation amputation R Ft Leg Date of 4-30

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) B F Jarvis M. D.
(Address) Provident Hospital

M. D. B 1265-9

F 23468

23468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carl Brown

(a) Residence: No. 1604 Ethun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) N. C.
(State or country)

MOTHER

15. MAIDEN NAME Jennie Ewing

16. BIRTHPLACE (city or town) N. C.
(State or country)

17. INFORMANT Jennie Brown
(Address)

18. BURIAL, CREMATION, OR REMOVAL 4/29 1926
Place Mt. Auburn Date

19. UNDERTAKER Mrs Jno. E. Holland
(Address) 1617 Eutaw Place

Arrington Williams

FILED 28 1926

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28 1926

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebro Spinal Meningitis	April 28 1926

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? Spinal Puncture Date of April 28 1926

Name of operation Lumbar Was there an autopsy? no

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jno. J. Allen Coroner, M. D.

(Address) 50 Courtland St

M. D. B 1268-9

F 23469

F 23469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 Holbrook St St., 9-4 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME George F. Forwood

(a) Residence: No. 1606 Holbrook St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Linda A. Forwood

6. DATE OF BIRTH (month, day, year) November 7, 66

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John R. Forwood

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Susan Bull

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Linda A. Forwood

(Address) 1606 Holbrook St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 30 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

APR 28 1936 Washington Nathaniel

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to his death on the day stated above.
(Inquest, Autopsy, or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Final Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Paul Schreiber Coroner . M. D.

(Address) 1918 E. Northern.

F 23470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

Registered No. F 23470

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. W-N Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 5 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Margaret Bacchiardo If U. S. Veteran specify WAR No Record

(a) Residence: No. 501 W. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced (or) WIFE of Charles Bacchiardo

6. DATE OF BIRTH (month, day, year) Jan 25 1903

7. AGE Years 33 Months 3 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Charles Bacchiardo

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Ida Caddigheger

16. BIRTHPLACE (city or town) (State or country) Anna.

17. INFORMANT Hospital Records (Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date April 30th 1936

19. UNDERTAKER Wm. Cook (Address) 1217 St. Paul St.

20. FILED 1936 Registrar.

APR 28 1936 Huntington Wilkinson Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27th 1936

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1936 to April 27 1936

I last saw h[illegible] alive on April 27 1936 Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Post-operative Intestinal obstruction

Other contributory causes of importance:

Uterine fibroids

Was an operation performed? Yes Date of 4/23/36 - 4/27/36

For what disease or injury? Uterine fibroids - Intestinal obstruction

Name of operation Resection of Intestine Date of 4/26/36

What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward A. Calhoun M. D.

(Address) Mercy Hosp.

F 23471

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23471

82-a

CERTIFICATE OF DEATH

Registered No. 23-3

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1709 Hanover St. (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR Civil Record

2. FULL NAME Annie E. Gontrum
(a) Residence: No. 1709 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of ~~~~~
(or) WIFE of ~~~~~

6. DATE OF BIRTH (month, day, year) Feb 14th 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	2	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER
13. NAME William C. Gontrum
14. BIRTHPLACE (city or town) Reading (State or country) Pa

MOTHER
15. MAIDEN NAME Christianna Creamer
16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Joseph E. Gontrum
(Address) 1709 Hanover St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 29th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED . 19 Reg.
20456 Huntington Williams, JP

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26th, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 23d, 1936, to April 26th, 1936
I last saw h[illegible] alive on April 26th, 1936 Death is said to have occurred on the date stated above, at 7h P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthenolepsis	4/24
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Walter Lohr, M. D.
(Address) 102 E. Fort Ave

23472 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 23472

CERTIFICATE OF DEATH

51-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mr William C Gill

(a) Residence: No. 607 E 38th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Paula Gill

6. DATE OF BIRTH (month, day, year) Sept 4, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Mr Jacob Gill

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Maylor

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date May 1 1936

Druid Ridge

19. UNDERTAKER A. C. Marshall

(Address) 539 Eutaw Road

FILED MAY 29 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/28/36 19

22. I HEREBY CERTIFY, That I attended deceased from 3/26 1936 to 4/28/36 19

I last saw h alive on 4/28/36 19 Death is said to have occurred on the date stated above, at 6^02 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of left kidney	
Other contributory causes of importance: Metastatic tumor of liver & lungs.	

Was an operation performed? yes Date of 4/7/36

For what disease or injury?

Name of operation Left Nephrectomy Date of 4/7/36

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Barnaby M. D.

(Address) Maryland Gen'l Hosp.

F 23473 F 23473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 Dickson St. St., 23-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lawerance Conway

If U. S. Veteran specify WAR .....

(a) Residence: No. 201 Dickson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 16, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. Watchman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Patrick Conway

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Hawley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary Healy

(Address) 201 Dickson St.

18. BURIAL, CREMATION, OR REMOVAL

Place [redacted], Md. Date Apr. 29, 1936

19. UNDERTAKER John C. Whitehill & Sons

(Address) 1900 Eutaw Place

20. FILED 29 1936 [redacted]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 27, 1936, to Apr 28, 1936

I last saw him alive on Apr 28, 1936. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Odema of Lungs	3 day
Other contributory causes of importance: Generalized Arteriosclerosis Chronic Interstitial Nephritis	

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? yes Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) M. L. Lichtenberg, M. D.

(Address) 22 W Madison St

23474

F 23474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 307 S Augusta Ave St., 20 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR .....

2. FULL NAME George Wm Rine
(a) Residence: No. 307 S. Augusta Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Mary Florence Rine

6. DATE OF BIRTH (month, day, year) Sept. 7 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	7	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. Recd. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. R.R.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 00

12. BIRTHPLACE (city or town) (State or country) Frederick Md.

FATHER
13. NAME John Wm Rine.
14. BIRTHPLACE (city or town) (State or country) Frederick Md.

MOTHER
15. MAIDEN NAME Katherine Lease
16. BIRTHPLACE (city or town) (State or country) Frdk Md.

17. INFORMANT Mrs Katie M. Rine. (Address) 307 S Augusta Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Western Cem. Date Apl 30th 36

19. UNDERTAKER Wm T Dickerson & Sons (Address) North & Pa Ave.

19 Registered

R 29 1936 Huntingfor Williams, N

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apl. 27 1936

22. I HEREBY CERTIFY, That I attended deceased from April 10 1936 to April 27 1936.
I last saw him alive on April 27 1936 Death is said to have occurred on the date stated above, at 7.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
uremia	
Other contributory causes of importance Obesity, Myocarditis	

Was an operation performed? no Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thomas. S. Bowyer M. D.
(Address) 3632 Frederick Ave

F 23475

F 23475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

110

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 N Stricker St. St., 19-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Evelyn Bailey

If U. S. Veteran specify WAR .....

(a) Residence: No. 507 N Stricker St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year) 10-29-1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
26	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: 8 yrs.

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: John Edgar Bailey

14. BIRTHPLACE (city or town) (State or country): Northampton Co Va

MOTHER

15. MAIDEN NAME: Mary Addison

16. BIRTHPLACE (city or town) (State or country): Northampton Co Va.

17. INFORMANT: Mary Bailey (Mother)

(Address) 507 N. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date April 30. 1936

19. UNDERTAKER: Chas. G. Cooley

(Address) 574 N. Calhoun St.

Huntington Williams, Registrar.

R 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 3. 1936. to April 26. 1936

I last saw her alive on April 26. 1936. Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Broncho-Pneumonia	3-3-36
b. Pleurisy -	4-1-36
	acute

Other contributory causes of importance:

Exhaustion

Was an operation performed? no Date of -

For what disease or injury? -

Name of operation - Date of -

What test confirmed diagnosis? - Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. L. Taylor M. D.

(Address) 825 N. Fremont Ave

23476

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23476

CERTIFICATE OF DEATH

107-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 12-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 19 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Eileen Hardy

(a) Residence: No. 1727 Guilford Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 9th, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas B. Hardy

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Lillian K. Cuff

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr Thomas B. Hardy

(Address) 1727 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 4/30/ 1936

19. UNDERTAKER John J. Coward Son

(Address) 1901 Hollins St.

Huntington Williams, Inc

APR 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1936, to April 28, 1936.

I last saw h.e. alive on April 28, 1936. Death is said to have occurred on the date stated above, at 10:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, primary	4-24-36
Hepatomegaly	?
Splenomegaly	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Bernard Lidman, M. D.

(Address) Sinai Hospital

F 23477

F 23477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71-a

1. PLACE OF DEATH — Little Sisters of Poor — Registered No. .....

CITY OF BALTIMORE: (No. 1200 Valley St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME — Mary Farrell

(a) Residence: No. 1200 Valley St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 18-1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Servant 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Baltimore

FATHER

13. NAME — James Farrell

14. BIRTHPLACE (city or town) (State or country) — Ireland

MOTHER

15. MAIDEN NAME — Mary A. Sherman

16. BIRTHPLACE (city or town) (State or country) — Maryland

17. INFORMANT — Sister Stanislas, Sup.
(Address) Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL
Place Annapolis Md Date May 1 36 19

19. UNDERTAKER — O. J. Hopkins
(Address) Annapolis Md

20. FILED ..... 19 .....
Registrar. Huntington Williams, M.D.

APR 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29- 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 1931 to Apr 29 1936

I last saw her alive on Apr 24 1936 Death is said to have occurred on the date stated above, at 5:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy	?
Anemia	
Other contributory causes of importance:	
Asthenia	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Thoracic Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. M. C. Parker, M. D.

(Address) 1114 Hanover

F 23478

F 23478
30848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 535 N Wolfe St., E-2 Ward)

Length of residence in city or town where death occurred about 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. If U. S. Veteran specify WAR .....

2. FULL NAME Read Ellsworth

(a) Residence: No. 535 N. Wolfe St., E-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/29/99

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER

13. NAME Allan Ellsworth

14. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER

15. MAIDEN NAME Vera Pelstring

16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Cremation London Park Date 4/29/36

19. UNDERTAKER Harry W. Dunkum Son Co
(Address) Orig. Hellen Guilford Huntington Williams, Inc

20. FILED ... 19 ... Registrar

29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1936 to Apr. 28 1936

last saw him alive on Apr. 28 1936 Death is said to have occurred on the date stated above, at 5-30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	4 yrs.
Tuberculous Pneumonia	3 mo.
miliary Tuberculosis	1 mo.

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, how?

(Signed) A. M. Ellsworth M. D.

(Address) J. H. Hosp.

F 23479

F 23479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1457 N. Carey St., 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Elizabeth Corsey

(a) Residence: No. 1457 N Carey St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colrd

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Jacob Corsey

6. DATE OF BIRTH (month, day, year): Dec 10 1875

7. AGE: Years 60 | Months 4 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Northumberland Co. Va

FATHER

13. NAME: Jacob Coersell

14. BIRTHPLACE (city or town) (State or country): Not known Va

MOTHER

15. MAIDEN NAME: Amanda —

16. BIRTHPLACE (city or town) (State or country): Not known Va

17. INFORMANT: Mrs Ethel Butler

(Address) 423 Pine St

18. BURIAL, CREMATION, OR REMOVAL

Place: Reisterstown Md Va Date: Apr. 29, 1936

19. UNDERTAKER: Mr & Mrs R. Wellington

(Address) 322 S Liberty Huntington Wellington, Md

APR 29 1936, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 27 1936 to Apr 28 1936

I last saw him alive on Apr. 27, 1936. Death is said to have occurred on the date stated above, at 8:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac renal disease	?

Other contributory causes of importance:

Senility

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. E. Bell M. D.

(Address) 7134 Belma St.

F 23480

13515

F 23480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Pinkerton Jones

(a) Residence: No. 5 N. Schroeder St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, year) 8-25-1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date May 1, 1936

19. UNDERTAKER Mrs Katie R. Wheltzine
(Address) 322 N Schroeder St Huntington Williams, W Va

20. [illegible] 29 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-10, 1936 to 4-26, 1936

I last saw h[illegible] alive on 4-26, 1936 Death is said to have occurred on the date stated above, at 10:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Arteriosclerotic Gangrene Left Leg & Foot	4-15-36

Other contributory causes of importance:

Was an operation performed? Yes Date of 4-23-36

For what disease or injury? Gangrene Left Leg & Foot

Name of operation Mid-Thigh Amputation Date of 4-23-36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

M. D. B. 1263-9

F 23481

F 23481 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 Sterling St. 10-2 Ward)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Lewis

(a) Residence: No. 711 Sterling St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Lewis

6. DATE OF BIRTH (month, day, year) Jan 6 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklin Co NC

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Maria Lewis

(Address) 711 Sterling St.

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date 193

19. UNDERTAKER [illegible]

(Address) 1139 Washington Boulevard

..... 19..... Registrar.

R 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2. 1936

22. I HEREBY CERTIFY, That I attended deceased from April 23 19 36 to April 27 19 36

I last saw him alive on April 27 1936 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	April 23 1936

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George L. Collins M. D.

(Address) 5 W Franklin St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-2 F 23482

F 23482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-R

1. PLACE OF DEATH South Baltimore Gen Hosp 25-5 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John H Booth If U. S. Veteran specify WAR

(a) Residence: No. 1524 Poplar Alley Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Emma E Booth

6. DATE OF BIRTH (month, day, year) 5/5/1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as mill, saw mill, bank Packing House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Booth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mrs Brown

16. BIRTHPLACE (city or town) (State or country) Mrs Brown

17. INFORMANT Emma E Booth

(Address)

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cem Date 4/30 1936

19. UNDERTAKER Geo J Burk

(Address) 1303 Hanover St.

29 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/26/36 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracskull	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 4/26 1936

Where did injury occur? Hampton Ave & Plum Lane (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street

Manner of injury Struck by Automobile While Crossing Street

24. Was disease or injury in any way related to occupation of deceased? No specify

(Signed) Hubert Bowley Coroner M. D.

(Address) 927 N Charles

F 23183

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23183

CERTIFICATE OF DEATH

82-a

Registered No. 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5209 Beaufort Ave St., (Ward) 27th Ward

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine Chapter

(a) Residence: No. 5209 Beaufort Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Chapter

6. DATE OF BIRTH (month, day, year) Dec 28, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none. (old)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. George Morgan

(Address) 5209 Beaufort Ave.

18. BURIAL, CREMATION, OR REMOVAL

Forest Lawn Cemetery Date April 29, 1936

19. UNDERTAKER Thomson & Son.

(Address) 3615-17 Christopher Ave

Huntington Williams, M.D.

Registrar

APR 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1936 to April 27, 1936

I last saw her alive on April 27, 1936 Death is said to have occurred on the date stated above, at 9:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-24-36

Other contributory causes of importance: Senile Arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) James S. Aderhold M. D.

(Address) 401 Park Heights Ave

F 23484

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23484

CERTIFICATE OF DEATH

V 49a #13654

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida B. Parrish

(a) Residence: No. 422 W. 25th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Lee

6. DATE OF BIRTH (month, day, year) 3-22-1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Richard Ash

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Fisher

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
St. Marys Hampden Date April 30, 1936

19. UNDERTAKER Chenoweth Bros
(Address) 3615-17 Chestnut Ave.

29 1936 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/18, 1936 to 4/28, 1936

I last saw h~~e~~r alive on 4/28, 1936. Death is said to have occurred on the date stated above, at 5 55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ovary (?)	3 mo.
C metastases	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

F 23485

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23485

CERTIFICATE OF DEATH

x159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital W-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl McGeeney

(a) Residence: No. 7044 Belleair Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-20-36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME George McGeeney

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Georgianna Greene

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Holy Redeemer Date 4/30/36

19. UNDERTAKER Geo. C. Farley

(Address) 1800 W. Fayette St

Huntington Williamson, W. Va.

R 29 1936 , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/29/36 , 19

22. I HEREBY CERTIFY, That I attended deceased from 4-20-36 , 19 , to 4-29-36 , 19 . I last saw her alive on 4-29-36 , 19 . Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth.	4-20-36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Howard Burns , M. D.

(Address) 59 Dundalk ave.

M. D. B 1268-9

F 23486

23486 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 233 Park Ave St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred unknown yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds. 1st. World War

2. FULL NAME Clarence B. Henry

(a) Residence: No. 233 Park Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Artist & Dr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Commercial

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chambersburg Pa

FATHER

13. NAME Adam Henry

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Eastmown

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Walter Henry Pa
(Address) Chambersburg

18. BURIAL, CREMATION, OR REMOVAL Pa
Place Chambersburg Date 4/1/36 19

19. UNDERTAKER Stewart & Mowbray
(Address) 1521 Eutaw Place

20. FILED 4 29 1936 Washington Nathanson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) (?) 4/27 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Acute Dilitation, of Heart & Pulmonary Congestion (Assume Cause Undetermined Due to Post Mortem Putrefaction)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Apparently no Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, how? .....

(Signed) Chas B. Wallace M. D.

(Address) 102 St Paul St

AACo. 5-31 250B

23487

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23487

CERTIFICATE OF DEATH

1. PLACE OF DEATH Aged Home

CITY OF BALTIMORE: (No. 1400 W. Lexington St., 19-2 Ward) Registered No. 9336

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James P Wall

(a) Residence: No. 1400 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 2, 1855

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	80	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Martin Wall

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME May Bow

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records of Aged Mens Home
(Address) 1400 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Apr. 30 19 36

19. UNDERTAKER Harry Poock & Sons Inc
(Address) 3611 Eager St

29 1936 Arlington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from December, 1934, to April 28, 1936

I last saw h. in alive on April 28 1936 death is said to have occurred on the date stated above, at 9:45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	
Other contributory causes of importance:	
Parotiditis, ?	

Name of operation none Date of

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edward B. Garrett M.D.
(Address) 1115 S. Bond St.,

F 23488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH Johns Hopkins Hospital
CITY OF BALTIMORE: (No. ..... St., 5-1 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Bertha Tinsley
(a) Residence: No. 15-6 N. Calvin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	divorced

5a. If married, widowed, or divorced (or) WIFE of Armens

6. DATE OF BIRTH (month, day, year) 9/26/08

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
27	6	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME James Bell
14. BIRTHPLACE (city or town) (State or country) Va -

MOTHER
15. MAIDEN NAME Mary Holmes
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Friends -
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Apr 27 1936
Date
Carey Cem
Robt E. Williams
19. UNDERTAKER 1500 E. Monument St
(Address) 15-15th St - Cedar St
Washington, D.C.

APR 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 18, 1936 to Apr. 24, 1936
I last saw her alive on Apr. 24, 1936 Death is said to have occurred on the date stated above, at 10:5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1928
Arteriosclerosis	1929
Renal insufficiency (Uremia)	4-36
Chronic vascular syphilis	
Other contributory causes of importance: Hypertension Heart disease	1928

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edw Rossman, M. D.
(Address) The Johns Hopkins Hospital

F 23489 ✓ F 23489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

139-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Bon Secours Hosp

CITY OF BALTIMORE: (No. Balto. md St. 2-12 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bertha Krzewinska

(a) Residence: No. 615 S. Bond St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Krzewinski

6. DATE OF BIRTH (month, day, year) July 1893.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43. 42	9	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic Work.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Frank Bogucki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Michael Krzewinski
(Address) 615 S. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date May 1 1936

19. UNDERTAKER Buried W. Ozozynski
(Address) 1900 Eastern Ave.

R 29 1936

..... 19 ..... Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-21-36 19..... to 4-28-36 19.....

I last saw her alive on 4-28 1936 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bartholin Cyst	
Pulmonary embolism	

Other contributory causes of importance:

Was an operation performed? Yes Date of 4-22-36

For what disease or injury?

Name of operation Excision of Bartholin Cyst Date of 4-22-36

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Byron A Kemp M. D.

(Address) Bon Secours Hosp.

M. D. B. 1269-9

✓ F 23490

23490 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82-W

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3308 Gibbons Ave. 27-4 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie E. Emmert

(a) Residence: No. 3308 Gibbons Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of FREDERICH EMMERT

6. DATE OF BIRTH (month, day, year) Oct. 31, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) No

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Shobert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Reilhold

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Overdelhoff

(Address) 4705 Arabia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date April 29 1936

19. UNDERTAKER William F. Schaffer

(Address) 1811 E. Monument St

Filed 29 1936 Clayton Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 26 1936

22. I HEREBY CERTIFY That I attended deceased from Apr 20 1936 to Apr 26 1936

I last saw her alive on Apr 24 1936. Death is said to have occurred on the date stated above, at 10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	4/20/36
Arteriosclerosis & Hypertension	1934

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D.

(Address) ...

✓ F 23491

23491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 758 W. Fayette St. 4-W Ward)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Catharine J. Baker

(a) Residence: No. 758 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Washington P. Baker

6. DATE OF BIRTH (month, day, year) Oct 10. 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 203

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodbine Md.

FATHER

13. NAME John T. Ways

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Harriet A. Buckingham

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Florence W. McDaniel

(Address) 758 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodbine Md. Date May 1. 1936

19. UNDERTAKER Mr. & Mrs. John W. Deitzel & Son

(Address) 801 W. Fayette St.

20. FILED 4-29-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 28. 1936

22. I HEREBY CERTIFY, That I attended deceased from April 17. 1936. to April 28. 1936

I last saw her alive on April 28. 1936 Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	?

Other contributory causes of importance:

Pulmonary Edema	Apr. 15
Acute Cardiac Dilatation	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harry Glassman M. D.

(Address) 753 W. Fayette St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

23492 E 23492

CERTIFICATE OF DEATH

94-D

1. PLACE OF DEATH — Pronounced dead at
CITY OF BALTIMORE: (No. Union Memorial Hospital St., 9-9 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 51 yrs. 11 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME — Charles A. Connolly.

(a) Residence: No. 1535 Aisquith St. St., W
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of (or WIFE of) Elna Connolly.

6. DATE OF BIRTH (month, day, year) April 28, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Baltimore, Md.

FATHER

13. NAME — John T. Connolly.
14. BIRTHPLACE (city or town) (State or country) — Baltimore, Md.

MOTHER

15. MAIDEN NAME — Selena Dahl.
16. BIRTHPLACE (city or town) (State or country) — Baltimore, Md.

17. INFORMANT — Elna Connolly. (wife)
(Address) 1535 Aisquith St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 4/30, 1936

19. UNDERTAKER — Joseph B. Cook
(Address) 1005 W. Baltimore St.

20. Filed R 28 1936 — [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11.25 m. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt, M. D. Coroner
(Address) 1017 E. Charles St.

F 23493 HEALTH DEPARTMENT—CITY OF BALTIMORE 23493

CERTIFICATE OF DEATH

X72-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Horace Arms — If U. S. Veteran specify WAR .....

(a) Residence: No. Glendale, Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Helen G. Arms

6. DATE OF BIRTH (month, day, year) Dec 22 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER

13. NAME Morris H. Arms

14. BIRTHPLACE (city or town) (State or country) Kentucky.

MOTHER

15. MAIDEN NAME Jane Louise Park

16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMANT Unice Beam
(Address) Rockville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Hyattsville, Md Date 4/29 19 36

19. UNDERTAKER Francis Gaither's Sons
(Address) Hyattsville Md
Huntington Williams, Md

20. FILED APR 29 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-29 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-24 , 1936 to 4-29 , 1936

I last saw h~~im~~ alive on 4-29 , 1936 Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Monocytic Leukaemia	8 months
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert W. Parr , M. D.

(Address) University Hospital

23494 E 23494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 7-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5 yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Catherine West.

(a) Residence: No. 3208. Ruxkert. Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm C. West.

6. DATE OF BIRTH (month, day, year) April 30 1870

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
66	11	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation life.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Frederick Schwartz
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Mary List.
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cemetery Date May 1st 1936

19. UNDERTAKER Geo Schillings Sons
(Address) 1124 W Baltimore St

29 1936 Washington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1936

22. I, HEREBY CERTIFY, That I attended deceased from April 22, 1936 to April 28, 1936
I last saw h[illegible] alive on April 28 1936 Death is said to have occurred on the date stated above, at 5:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia (Upper lobes - bilateral) TYPE III	April 19th 1936
Other contributory causes of importance: Hypertensive Cardiovascular disease	About 2 years ago

Was an operation performed? No. Date of .....
For what disease or injury? —
Name of operation [illegible] Date of .....
What test confirmed diagnosis? typing Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) F. Edwin Kennedy Jr. M. D.
(Address) Mercy Hospital

F 23495 ✓ F 23495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7½ hrs. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Devilbiss.

(a) Residence: No. New Windsor Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4-25-36.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				7 hrs. 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — (colored)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Maurice Devilbiss.

14. BIRTHPLACE (city or town) (State or country) Frederick County Md.

MOTHER

15. MAIDEN NAME Estella Lowman.

16. BIRTHPLACE (city or town) (State or country) Frederick County Md.

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Immanuel Cem. Date April 29. 1936

19. UNDERTAKER .....
(Address)

Commissioner of Health

Registrar.

9 1936

2291

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-26, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1936, to April 26, 1936.

I last saw her alive on April 26, 1936. Death is said to have occurred on the date stated above, at 5:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	
Full gestation (Therapeutic)	
Atelectasis	
Maternal Nephritis Toxemia	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. W. LeCompte, M. D.

(Address) Union Hosp.

F 23496 ✓ F 23496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 Aisquith Street St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Sister M. Henrica Schandelle

(a) Residence: Nonnent of Notre Dame St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 3 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Religious

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Francis Schandelle

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Theresa Ballhorn

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Sr. Mary Koske
(Address) # 901 N. Aisquith St

18. BURIAL, CREMATION, OR REMOVAL
Place Notch Cliff Date April 30. 1936

19. UNDERTAKER Geo M. Fink & Son
(Address) #811 N. Wolfe St

... 19 Huntington Williams, M.
Registrar

R 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12 1936 to April 27 1936

I last saw her alive on April 25 1936 Death is said to have occurred on the date stated above, at 11.55 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia endo-myo. Cardiis - Chronic pancr. Hypertension Liver Lungs	

Other contributory causes of importance:

anasarca

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F. J. Kirby M. D.

(Address) 1106 North Ave

23497 ✓ F 23497

HEALTH DEPARTMENT—CITY OF BALTIMORE 1866

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 N. Kenwood Ave St., 7-1 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Wassman

(a) Residence: No. 731 N. Kenwood Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 4th, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent at this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Reinhold Wassman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elis. Deist

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Conrad Wassman

(Address) 731 N. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Matthews Date April 30 36

19. UNDERTAKER Frederick Lassahn Sons

(Address) 7401 Belair Road

20. FILED 19 Registrar

29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1936 to April 28, 1936

I last saw him alive on April 25, 1936 Death is said to have occurred on the date stated above, at 4:40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Uremia	4/1/36
Chronic nephritis	1 yr
Other contributory causes of importance:	
Chr. Bronchitis — Emphysema.	2 yrs
Cardiac-Sclerosis	2 yrs.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Phy. Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Louis F. Krumdieck M. D.

(Address) 722 N. Kenwood Ave

23498 ✓ F 23498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1431 Cookie St. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 22 yrs. ..... mos. ..... ds.

2. FULL NAME Nickolas Straub

if U. S. Veteran specify WAR .....

(a) Residence: No. 1431 Cookie St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Schmidt

6. DATE OF BIRTH (month, day, year) Sept. 3, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beth. Ship Bldg Co.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Michael Straub

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Emma Eak

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Mrs. Eva Straub

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Angels R. C. Cem. Date April 30 1936

19. UNDERTAKER Chas. L. Stevens & Son

(Address) 1501 E. Fort Ave.

29 1936 Huntington Williams Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1936 to April 27, 1936

I last saw him alive on April 26, 1936 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	3 mo.
Carcinoma of Liver	3 mo.

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) Wm F A Grimm M. D.

(Address) 2818 Hartford Ave

✓ F 23499

23499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals U-396

CITY OF BALTIMORE: (No. Tuberculosis Division St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? ?? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thurey Rehnstrom

(a) Residence: No. 439 N. Kenwood ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elaine Burns

6. DATE OF BIRTH (month, day, year) Oct. 20, 1867 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wood carver 506

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Andrew Rehnstrom

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Paul's Date May 1st 1936

19. UNDERTAKER John C. Miller
(Address) 2033 E. Monument St

29 1936 Huntington Williams, U.T.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 1936

22. I HEREBY CERTIFY, That I attended deceased from July 8 1932 to April 26 1936

I last saw him alive on April 26 1936 Death is said to have occurred on the date stated above, at 3.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1927
Tuberculosis of kidneys	1932

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ben H. Feldman M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

23500 ✓ F 23500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 N. Decker Ave. 7-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles E. Rosenthal

(a) Residence: No. 621 N. Decker Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: ~~WIFE~~ HUSBAND of Elizabeth Rosenthal

6. DATE OF BIRTH (month, day, year) June 22 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Lieutenant Fire Dept. pd
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Ind D. Rosenthal
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth C. Rosenthal
(Address) 621 N. Decker Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date May 1st 1936

19. UNDERTAKER John C. Miller
(Address) 2433-35 E. Oliver St.

29 1936 ... Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28 1936

22. I HEREBY CERTIFY, That I attended deceased from March 10 1936 to April 28 1936

I last saw him alive on April 28 1936. Death is said to have occurred on the date stated above, at 4-3 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	4/14/36

Other contributory causes of importance:
Cerebral Hemorrhage
Angina Pectoris Arteriosclerosis

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Abner B Lurman M. D.
(Address) 718 N Patterson Park Ave

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B 1268-9

F 23501

F 23501 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Ruppert If U. S. Veteran specify WAR No Record

(a) Residence: No. 504 N. Howard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) Jan 11 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec 25 36

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Louis

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Barbara Wagner

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary Hesse

(Address) 135 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 1st, 1936

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED MAY 30 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. F. M. Wright M. D.

Coroner

(Address) 1010 S. Bellona Ave

MAIL B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See ins... certificate.

MARGIN RESERVED FOR BINDING

312 18 F 23502

F 23502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No.

CITY OF BALTIMORE: (No. ... St., 1-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thaddeus Schmidt — If U. S. Veteran specify WAR No Record

(a) Residence: No. Riderwood St., Ward. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-20-22

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
13	14	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Carl Schmidt

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Helen Shamberger

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemy Date May 1, 1936

19. UNDERTAKER Clerician Cook
(Address) 1217 St Paul Street

... Registrar.

APR 30 1936 Lexington Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1936 to April 28, 1936

I last saw him alive on April 28, 1936 Death is said to have occurred on the date stated above, at 9:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute rheumatic fever	1933
Rheumatic heart disease	1933
Pericarditis	1935
Acute hemorrhagic nephritis	Apr 23, 1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred T Grossman M. D.
(Address) The Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10 23503
31 1970

F 23503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XY 06-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 23 dys. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... dys.

2. FULL NAME Albert Joseph Breig — If U. S. Veteran specify WAR .....

(a) Residence: No. 1710 Adams St., ... Ward. Scranton Pa
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret

6. DATE OF BIRTH (month, day, year): 2-10-80

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Penna

FATHER

13. NAME: Anthony Breig

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Theresa Gremenger

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: [redacted] Cem Date 4/30 19 36

19. UNDERTAKER: [redacted] Cook
(Address) 1212 E Paul St

20. FILED ..... 19 ..... Registrar

APR 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from April [illegible], 1936 to April 29, 1936

I last saw him alive on April 29, 1936 Death is said to have occurred on the date stated above, at 11 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis	1933
Pulmonary gangrene	5 days

Other contributory causes of importance:

Arteriosclerosis	1925

Was an operation performed? Yes Date of April 24

For what disease or injury? Bronchitis

Name of operation? Pneumotomy Date of April 24

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Howard W Jones M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23504

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23504

CERTIFICATE OF DEATH

93-C.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD St. 9-8 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR No Record

2. FULL NAME Louise F. Rapp
(a) Residence: No. 822 E. 22nd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

6a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of John Rapp

6. DATE OF BIRTH (month, day, year) February 14, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	2	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME John Diehl
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Clara Rapp
(Address) 822 E. 22nd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date May 2nd, 1936

19. UNDERTAKER Wm. Cook
(Address) 1217 St Paul St

APR 30 1936

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1936 to April 29, 1936
I last saw her alive on April 29, 1936 Death is said to have occurred on the date stated above, at 9:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Anemia chronic	
2. Chronic myocarditis	

Other contributory causes of importance:

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, when?

(Signed) J. M. Wagenseller, M. D.
(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 23505 HEALTH DEPARTMENT—CITY OF BALTIMORE F 23505

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

Registered No. 25-4

CITY OF BALTIMORE: (No. 150 W. Ostend St. St., 25-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. - - mos. - - ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Robert F. Sylvia.

(a) Residence: No. 3726-6th St. Brooklyn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of Alice L. Sylvia.

6. DATE OF BIRTH (month, day, year) June 12, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter. 0015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caroline Co. Va.

FATHER

13. NAME William F. Sylvia

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Mary V. Ball.

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Thelma Faulkener. (daughter)
(Address) 1004 Annapolis Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date April 30 19 36

19. UNDERTAKER John F. Denny
(Address) 715 Light St

APR 30 1936

19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Otto M. Reinhardt, M. D.
4/30/36 (Address) 1017 N. Charles St. Coroner

NOTE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V56

F 23506 F 23506

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16-5-131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., ... Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Moran

(a) Residence: No. 2744 W. Lafayette Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mrs Grace Moran

6. DATE OF BIRTH (month, day, year) July 1 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pensioned (not employed)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm. Moran

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Margaret. -?-

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records.

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 1 1936

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 405 E. Hoffman St. Huntington Park Williamsport, Pa.

..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28 1936

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1936, to April 28, 1936

I last saw him alive on April 28 1936 Death is said to have occurred on the date stated above, at 11:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub arachnoid hemorrhage.	4/24/36

Other contributory causes of importance:

Hypertension Cardiovascular renal disease ?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edwin Fowler Jr. M. D.

(Address) Mercy Hospital

APR 30 1936

F 23507 F 23507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 Walbrook Ave. St. 15-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie M. Kern,

If U. S. Veteran specify WAR .....

(a) Residence: No. 1819 Walbrook Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Kern,

6. DATE OF BIRTH (month, day, year) July 21. 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Andrew Hebner,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lloyd L Shallcross

(Address) 1819 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL MAY 1 - 1936

Place Druid Ridge Date 19

19. UNDERTAKER Geo H Little

(Address) 2700 Edmondson Ave

19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1935 to Apr. 28, 1936

I last saw her alive on April 28, 1936. Death is said to have occurred on the date stated above, at 8:12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Hemiplegia	

Other contributory causes of importance:

Hypo-static Pneumonia

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation none Date of —

What test confirmed diagnosis Clinical? there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Geo E. Shannon, M. D.

(Address) 700 N. Fulton Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 30 1936

F 23508 F 23508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

N. B.—WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4014 Bateman Ave. St. 15-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary L. Boerner,

If U. S. Veteran specify WAR .....

(a) Residence: No. 4014 Bateman Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) June 20. 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Gottleib E. Boerner,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna D. Strubbe,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Casper S. Boerner

(Address) 4014 Bateman Ave.

18. BURIAL, CREMATION, OR REMOVAL MAY 1 - 1936

Place Loudon Park Date 19

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

APR 30 1936 ..... 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR 28 1936 , 19

22. I HEREBY CERTIFY, That I attended deceased from January 11, 1936, to April 28, 1936

I last saw her alive on April 28, 1936. Death is said to have occurred on the date stated above, at 4:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	4/27/36

Other contributory causes of importance:

Chronic myo- and endarteritis	?
Coronary thrombosis	1-11-36

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical findings Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... , 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Maurice E. Shamer M. D.

(Address) 3300 W. North Ave.

23509 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 F 23509

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 15-1 Ward)

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Odell Gibson

If U. S. Veteran specify WAR ____

(a) Residence: No. 1736 N. Calhoun St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 7 1925

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	11	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Helen Thompson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Helen Gibson
Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Douglas memorial cemetery Date April 30, 1936

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

Filed ____ 19 ____

APR 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 28, 1936 to Apr 29, 1936

I last saw him alive on Apr 29, 1936 Death is said to have occurred on the date stated above, at 1 37 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria, tonsillar, nasal and pharyngeal	4-24-36
Toxic myocarditis	4-28-36

Other contributory causes of importance:

Was an operation performed? Yes Date of ____

For what disease or injury? ____

Name of operation Tracheotomy Date of 4-29-36

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19 ____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Francis T. Schwentker, M. D.

(Address) Sydenham Hospital

M. D. B 1268-9

F 23510

F 23510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

N 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 S. Carolina St. 3-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thaddeus Mills

If U. S. Veteran specify WAR .....

(a) Residence: No. 208 S. Carolina St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Unknown (State or country) "

FATHER

13. NAME "

14. BIRTHPLACE (city or town) " (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) " (State or country) "

17. INFORMANT Old Age Pension Bureau

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn cem Date April 30 1936

19. UNDERTAKER Thos. E. Kelson

(Address) 1302 Presstman St

APR 30 1936 Lexington Pharmacy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably chronic myocarditis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) W. W. Wright Coroner, M. D.

(Address) 1010 S. Edmondson Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

14

F 23511

F 23511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 157-P

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General St. Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Birkenfeld

If U. S. Veteran specify WAR

(a) Residence: No. West Baltimore Gen'l Hosp. St., 1606 Druid Hill Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 29, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			3½

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Albert O. Birkenfeld

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Irene Cohen

16. BIRTHPLACE (city or town) (State or country) Syracuse New York

17. INFORMANT Dr. Sallop W. B. & Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL Returned at Hospital Date ... 19

19. UNDERTAKER

(Address)

20. FILED Huntington Mortuary Inc. Registrar.

APR 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/29, 1936, to 4/29/, 1936

I last saw h... alive on 4/29, 1936 Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ATELECTASIS	
Cerebral hemorrhage	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Milton Levin, M. D.

(Address) W B & A

Spec.—1-10-21—M&T—1500 Blks.

23512

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23512

CERTIFICATE OF DEATH.

+ 94-B

1-PLACE OF DEATH Howard A. Kelly Hospital

CITY OF BALTIMORE: (No. 1418 Eutaw Place ST., 14-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ALICE D. ROBERTSON PARSONS

(a) RESIDENCE NO. 3414 NEWARK ST., WARD

(Usual place of abode) WASHINGTON, D.C.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced BUSBAND of (or) WIFE of Charles L. Parsons

6 DATE OF BIRTH (month, day, and year) June 2 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 0037

(c) Name of employer

9 BIRTHPLACE (city or town) Clubbton S. C.
(State or country)

PARENTS

10 NAME OF FATHER James Douglas Robertson

11 BIRTHPLACE OF FATHER (city or town) Kelso
(State or country) Scotland

12 MAIDEN NAME OF MOTHER Anna Leonard

13 BIRTHPLACE OF MOTHER (city or town) Clubbton
(State or country) South Carolina

14 Informant Dr. Charles L. Parsons
(Address) 3414 Newark St. Washington D.C.

15 APR 30 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 29 1936

17 I HEREBY CERTIFY, That I attended deceased from Apr. 18, 1936, to Apr. 29, 1936, that I last saw h[illegible] alive on Apr. 28, 1936 and that death occurred, on the date stated above, at 12.02 A.m.

The CAUSE OF DEATH* was as follows:

A. CORONARY THROMBOSIS

B. MYOCARDIAL INSUFFICIENCY

A or B (duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) ? yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John T. King M. D.

4/29 1936 (Address) 1210 Eutaw Pl. Baltimore, Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fort Lincoln Cemetery

DATE OF BURIAL May 1 1936

20 UNDERTAKER Chas. H. Blake

ADDRESS 1422 W North Ave

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

23513

HEALTH DEPARTMENT—CITY OF BALTIMORE

23513

CERTIFICATE OF DEATH #13723

95-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1883 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME T. Elizabeth Mullen

If U. S. Veteran specify WAR

(a) Residence: No. 704 Gorsuch Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11-29-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	✓		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6064

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash. County Md.

FATHER

13. NAME Amos Mullen.

14. BIRTHPLACE (city or town) (State or country) Wash. Co., Md.

MOTHER

15. MAIDEN NAME Hannah Oswald

16. BIRTHPLACE (city or town) (State or country) Washington, Co., Md.

17. INFORMANT (Address) Records of Balto. City Hospts.

18. BURIAL, CREMATION, OR REMOVAL Rockhill cemetery Date May 1 1936

19. UNDERTAKER (Address) Chas. G. Blanck 742 Wyoming ave

20. [illegible] APR 30 1936 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/22, 1936 to 4/29, 1936

I last saw her alive on 4/29, 1936 Death is said to have occurred on the date stated above, at 2a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 day
Cerebral thrombosis	4 mo.
Other contributory causes of importance: Hypertensive Cardio-vascular disease.	>

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 23514 F 23514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 Ashburton St. St. 15-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Upsher E. Riggs → If U. S. Veteran specify WAR

(a) Residence: No. 1717 Ashburton St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret S. Riggs

6. DATE OF BIRTH (month, day, year) Feb. 17, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Dry Dock Co.

10. Date deceased last worked at this occupation (month and year) 4-24-36

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Accamac County Va.

FATHER

13. NAME Joseph R. Riggs

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Margaret Parks

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT George J. Riggs
(Address) 1717 Ashburton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date May 1 '36

19. UNDERTAKER Richard Whelan's
(Address) 1620 Ashburton St.

20. FILED APR 30 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1936 . 19

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1936 . 19 . to April 28, 1936

I last saw him alive on April 28, 1936 Death is said to have occurred on the date stated above, at 3.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Pulmonary Edema	2 Hrs.

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify ...

Attended deceased from ... to ... 19 ... D.

4/30/36 2737 in mo. 6

M. D. B 1268-9

Grave # 9

23515

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 23515

1. PLACE OF DEATH Balto. Harbor

CITY OF BALTIMORE: (No. Pier #4 Pratt St., 5-1 Ward) 183 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Bowser

(a) Residence: No. 150 N. Exeter St ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	w White	

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spooner, sawyer, bookkeeper, etc. 60 67

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery Date April 30, 19 36

19. UNDERTAKER

(Address)

20. FILED [illegible] 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/27, 19 36

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Orin B. Mottu M. D.
Coroner

(Address) 103 St Paul St

THE MORGUE

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

107

R 30 1936

M. D. B 1268-9

✓ Grave # 10

23516

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23516

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bucto Harbor 183 Registered No.

CITY OF BALTIMORE: (No. Pier #6 Pratt St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Unknown

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Potters Field Date May 30, 1936

19. UNDERTAKER Charles S. Ross
(Address) Huntington & Williams, Inc.

Filed ... 19... Registrar.

MAY 30 1936

THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/22, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Elmer L. Gladhill M. D.
Coroner

(Address) 211 E. Saratoga St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10 3

23517 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 23517

CERTIFICATE OF DEATH

117-a

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Nth Balto. Gen'l Hosp St. 10-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Louis Gabrio

If U. S. Veteran specify WAR .....

(a) Residence: No. 2006 W Lanvale St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Gabrio

6. DATE OF BIRTH (month, day, year) Oct. 14-1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Street Cleaning

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Louis Gabrio

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Augusta Klein

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Louis C. Gabrio

(Address) 205 S. Grove St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 2 1936

19. UNDERTAKER George L. Schmidt

(Address) 2101 Pennsylvania Ave

Huntington Village, Md

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-29-36 19

22. I HEREBY CERTIFY, That I attended deceased from 4-26-36 19 to 4-29-36 19

I last saw him alive on 4-27-36 19 Death is said to have occurred on the date stated above, at 5:15 A m.

The principal cause of death and related causes of importance were as follows:

Generalized Peritonitis — Date of onset 4-26-36

Other contributory causes of importance:

Ruptured peptic Ulcer

Was an operation performed? yes Date of 4-26-36

For what disease or injury? Ruptured peptic ulcer

Name of operation Closure / Resection Date of 4-26-36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Milton Levin M. D.

(Address) W E 7 St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 30 1936

M. D. B 1268-9

F 23518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 23518

126

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elsie E. Anacker

If U. S. Veteran specify WAR .....

(a) Residence: No. 1544 Moreland Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman F. Anacker

6. DATE OF BIRTH (month, day, year) Dec. 5, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Casper Denhardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eleas Deiter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT H. F. Anacker

(Address) 1544 Moreland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date May 2 1936

19. UNDERTAKER Towell & Byers Inc.

(Address) 1017 W. Baltimore St.

20. FILED ... 19... Registrar

R 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholelithiasis	
Peritonitis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. H. Orr Jr. M. D. Coroner

(Address) 2757 W. Lafayette

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 23519 ✓ F 23519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Mercy Hospital St. 10th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Manning — If U. S. Veteran specify WAR

(a) Residence: No. 825 Hudson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 29, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	—	8 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John William Manning

14. BIRTHPLACE (city or town) (State or country) Balt. Md.

MOTHER

15. MAIDEN NAME Mary Cecelia Kenig

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date April 30 1936

19. UNDERTAKER Elmer W. Coppler
(Address) 924 E. Eager St. Baltimore, Md.

Registrar.

APR 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30 1936

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw ... alive on ... 19... Death is said to have occurred on the date stated above, at Mercy Hospital

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity — 6 mos. Gestation	
Other contributory causes of importance	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Frank Merla, M. D.
(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Kromm) ✓ F 23520

F 23520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-a

1. PLACE OF DEATH — ST. JOSEPH'S HOSPITAL — 27-10 — Registered No.

CITY OF BALTIMORE: (No. BALTIMORE, MD St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Kromm Jr. — If U. S. Veteran specify WAR

(a) Residence: No. 4726 Alhambra St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Edna Kromm

6. DATE OF BIRTH (month, day, year) Oct. 24-1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rex Bakery

10. Date deceased last worked at this occupation (month and year) Feb. 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Louis Kromm Sr.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Josie Ida Ainieger

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT (Address) Mrs. Edna Kromm 4726 Alhambra ave

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Mem Date 5/1 1936

19. UNDERTAKER (Address) Jno. J. Mohan 3000 E Baltimore

[illegible] Wm. [illegible]

PR 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28 1936

22. I HEREBY CERTIFY, That I attended deceased from April 15 1936 to April 28 1936

I last saw h. alive on April 28 1936 Death is said to have occurred on the date stated above, at 10-15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Meniere's Disease	
2. Pneumonia	
Other contributory causes of importance:	

Was an operation performed? yes Date of April 23, 1936

For what disease or injury? Meniere's disease

Name of operation Craniotomy & Labyrinthectomy Date of 4-23-36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Wagmueller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23521 ✓ F 23521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No. 27-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3017 Louise Ave. St., ... Ward)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Mary E. Schorr

(a) Residence: No. 3017 Louise Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of William Schorr

6. DATE OF BIRTH (month, day, year) Jan. 21, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Plock

14. BIRTHPLACE (city or town) (State or country) Darmstadt Germany

MOTHER

15. MAIDEN NAME Margaret Strouse

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

17. INFORMANT Mr. William Schorr
(Address) 3017 Louise Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date May 1st 1936

19. UNDERTAKER Frederick Lancaster & Son
(Address) 7401 Belair Road

... 19 ... Registrar. Huntington Williams, M.D.

APR 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1936 to April 29, 1936

I last saw her alive on April 29, 1936 Death is said to have occurred on the date stated above, at 11:25 A.M.

The principal cause of death and related causes of importance were as follows:

Exhaustion + Toxaemia — Date of onset ...

Other contributory causes of importance:

Carcinoma of Colon

Was an operation performed? yes Date of about 6 yrs ago

For what disease or injury? Carcinoma of Colon

Name of operation resection of Colon Date of May 1936

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Chas. Breux M. D.

(Address) 4702 Harford Road

F 23522

F 23522

HEALTH DEPARTMENT—CITY OF BALTIMORE

#13642 182-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 11-434 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James B. Holmes

(a) Residence: No. 343 Dolphin St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex, Co., Va.

FATHER

13. NAME John Holmes (D)

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Rachel (D)

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Interred Pl[illegible] Date Apl 30 19 36

19. UNDERTAKER Thomas E. Wright & Son
(Address) 1[illegible] Huntington Ave

PR 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/30 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/11 1936 to 4/30 1936

I last saw him alive on 4/30 1936 Death is said to have occurred on the date stated above, at 4 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	?
Hypertension	?

Other contributory causes of importance:

Was an operation performed? Date of (Autopsy)

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosps.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 23523

127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 Russell St. 21-1 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Maria Groff

If U. S. Veteran specify WAR

(a) Residence: No. 907 Russell St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Groff.

6. DATE OF BIRTH (month, day, year) May 4 - 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Maria Von Ruff

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mayme Germany

(Address) 907 Russell St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apr 30 1936

19. UNDERTAKER H. Rasmussen Sons

(Address) North Fremont

Clayton Williams, M.D.

APR 30 1936

RFR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1936 to Apr. 30, 1936

I last saw her alive on Apr. 30, 1936 Death is said to have occurred on the date stated above, at 7.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia.	14 D's
Cholecystitis —	4 W's
Other contributory causes of importance: [redacted]	[redacted]

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Hates, M. D.

(Address) 523 Scott St.

INSTRUCTIONS: Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23524

F 23524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3904 Edmondson Ave St., 16-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edna May Simpson

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3904 Edmondson St., Ave Ward.

(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

6a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Charles T Simpson

6. DATE OF BIRTH (month, day, year) May 24-1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	11	5 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Orville C Albaugh

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Maria Riall

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Charles T. Simpson

(Address) 3904 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date May 1 1936

19. UNDERTAKER William Cook

(Address) 1211 St Paul St

Registrar.

APR 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1936 to April 29 1936

I last saw her alive on April 28 1936 Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1934
Myocardial Decompensation	1934

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? How, specify No

(Signed) H. R. Johnson M. D.

(Address) Medical Arts Bldg

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23525

F 23525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-W Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Effie Moskos

(a) Residence: No. 518 W. Saratoga St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Moskos

6. DATE OF BIRTH (month, day, year) 2/2/1889

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
47	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Salonichi Greece

FATHER

13. NAME Efthimios Tsiouras

14. BIRTHPLACE (city or town) (State or country) Salonichi Greece

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT George Agnew
(Address) 4265 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 5/1 1936

19. UNDERTAKER Frances Reese
(Address) Huntington, West Virginia

20. FILED _____ 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Cerebral (Extra Dural) Hemorrh.	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 4/28/36

For what disease or injury? Fx Skull

Name of operation Trephine Date of 4/28/36

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4/26 1936

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Odd Fellows Hall

Manner of injury Fell down steps

Nature of injury Fx. Skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

Signature Chas. J. Wallace M. D.

(Address) 1031 St. Paul St.

APR 30 1936

M. D. B 1268-9

F 23526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 23526

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank R Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 431 Moore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	April		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanford County Md

FATHER

13. NAME Cordelia Johnson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Esther Johnson

(Address) 431 Moore St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem Date May 2 1936

19. UNDERTAKER Adolphus Halstead

(Address) 918 Edmondson Ave.

PR 30 1936

Huntington Williams, Agt

DRH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, and from information received by me, find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 29
Pulmonary Hemorrhage	" 29
	1936

Other contributory causes of importance: Chronic Nephritis 3 mos.

Essential Hypertension 3 yrs.

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jack S. Allen M. D. Coroner

(Address) 2016 Aisquith St.

X. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

F 23527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 Woodlawn Rd. 27-13 Ward.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 11 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Allan Macsherry

(a) Residence: No. 325 Woodlawn Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emily Allen Macsherry

6. DATE OF BIRTH (month, day, year) May 28 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	11	/	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year) May 1926

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Richard Macsherry

14. BIRTHPLACE (city or town) (State or country) Martinsburg W Va

MOTHER

15. MAIDEN NAME Catharine S. Wilson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Richard Macsherry

(Address) 325 Woodlawn Road Balto Md

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May 1 1936

19. UNDERTAKER Kenny W. Jenkins Inc

(Address) McCulloh & Eutaw Sts

Filed MAY 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29 1936

22. I HEREBY CERTIFY, That I attended deceased from April 24 1936 to April 29 1936

I last saw him alive on April 29 1936 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/24/36
Left Hemiplegia	

Other contributory causes of importance:

—

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Gibson Porter M. D.

(Address) 4822 Roland Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 30 1936

F 23528

F 23528

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 16 N. Fremont Ave St., 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Pinkney Reed

(a) Residence: No. # 16 N. Fremont Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Irving Reed

6. DATE OF BIRTH (month, day, year) June 3, 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic servant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) Jul 1924

11. Total time (years) spent in this occupation 5 or 7

12. BIRTHPLACE (city or town) (State or country) St. George So. Carolina

FATHER

13. NAME George Pinkney

14. BIRTHPLACE (city or town) (State or country) St. George So. Carolina

MOTHER

15. MAIDEN NAME Sarah Brown

16. BIRTHPLACE (city or town) (State or country) St. George So Carolina

17. INFORMANT Irving Reed

(Address) # 16 N. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carm Date 5/2 . 19 36

19. UNDERTAKER Chas Holzapfel

(Address) 915 Druid Hill Ave

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4.29.36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4.21.36 . 19 . to 4.29.36 . 19 .

I last saw h alive on 4.28.36 . 19 . Death is said to have occurred on the date stated above, at 6:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4.21.36

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? By Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M. Park M. D.

(Address) 665 W Lexington St

AY

F 23529

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23529

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S Veteran specify WAR .....

2. FULL NAME Evelyn Edelstein

(a) Residence: No. 55 Clinton ave St., ... Ward. Westwood N J

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles

6. DATE OF BIRTH (month, day, year): 8-9-12

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N.Y

FATHER

13. NAME Barnet Mason

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME Rose Peris

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Westwood, N.J. Date May 1 1936

19. UNDERTAKER Jack Lewis Inc.

(Address) 1424 E. Baltimore St.

MAY 1 - 1936 Lexington Funeral Home, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1936 to May 1, 1936

I last saw her alive on May 1, 1936 Death is said to have occurred on the date stated above, at 5 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lupus erythematosus	8-1-36
Lobar pneumonia (Pneumococcus type IV)	4-28-36
Other contributory causes of importance:	
Bilateral otitis media.	4-30-36

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Herbert Ehrlich, M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

23530

F 23530

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 25-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth Bailey

If U. S. Veteran specify WAR

(a) Residence: No. 2448 Annapolis Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-25-1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Bailey

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Florence Williams

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date May 2 , 1936

19. UNDERTAKER Chas H Cooper
(Address) 514 N. Calhoun St

FILED MAY 1 - 1936 , 19 By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/29 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/27 , 1936 to 4/29 , 1936

I last saw h alive on 4/29 , 1936. Death is said to have occurred on the date stated above, at 2.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aleukemic Lymphoid Leukemia	4 days

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert a. Reiter M. D.

(Address) Balto City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23581 F 23531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2462) Druid Hill Ave St. 13-3 Ward

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Drusa Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 2462 Druid Hill Ave St. ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Smith

6. DATE OF BIRTH (month, day, year) 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife do?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delmar Valley Md

FATHER

13. NAME Daniel Custer

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Laura Burke

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Thomas E. Smith

(Address) 2462 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date May 1 1936

19. UNDERTAKER J. A. Brooks

(Address) 1463 McCaney St.

20. FILED MAY 1 - 1936 Ft Lincoln Nitkiewicz

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	April 28 1936

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Geo. C. Allen M. D. Coroner

(Address) 567 Fremont Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23532 ✓F 23532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 724 W 34th St 13-6 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert R. Little

(a) Residence: No. 724 W 34th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachael Little

6. DATE OF BIRTH (month, day, year) May 21, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Janitor School 55

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Arthur Little
(Address) 4158 Falls Road.

18. BURIAL, CREMATION, OR REMOVAL Taylorville, Carroll Co, Md Date May 2, 1936

19. UNDERTAKER Thanouse & Son.
(Address) 3615 17 Chestnut [illegible]

FILED MAY 1 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1936 to APRIL 29, 1936
I last saw h[illegible]ive on APRIL 29, 1936 Death is said to have occurred on the date stated above, at 6.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	4-27-36
Bronchial Asthma	4-20-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Arthur J. Davies, M. D.

(Address) 2021 32nd St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23533 ✓ F 23533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 E. Chase St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 87 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James G. Hoakes

If U. S. Veteran specify WAR

(a) Residence: No. 906 E. Chase St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen V. Hoakes

6. DATE OF BIRTH (month, day, year) Nov. 30, 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tinsmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Smith

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 33½

12. BIRTHPLACE (city or town) (State or country) Jerdons Sulphur Springs W. Va.

FATHER

13. NAME James Hoakes

14. BIRTHPLACE (city or town) (State or country) Jerdons Sulphur Springs W. Va

MOTHER

15. MAIDEN NAME Ellen V. Pinkerton

16. BIRTHPLACE (city or town) (State or country) Charlestown W. Va

17. INFORMANT Mrs. Nettie Byrnes

(Address) 906 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date May 4 1936

19. UNDERTAKER Edward W. Goldstein

(Address) 424 E. Eager St.

20. FILED Huntington Williams

MAY 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30th 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/16 1936 to 4/30 1936

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Senility	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Dr Bernard Voss M. D.

(Address) 1716 E. Calvert St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 23534

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23534

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5102 Litchfield ave St., 7-18 Ward)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ethel Etta Lampe

If U. S. Veteran specify WAR .....

(a) Residence: No. 5102 Litchfield ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lot Michael

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	-	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Moses Selig

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ella —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Tom Isekoff

(Address) 5102 Litchfield ave

18. BURIAL, CREMATION, OR REMOVAL

Balto Hebrew Cmtry Date April 30 1936

19. UNDERTAKER Sol Levinson & Bros

(Address) 1127 E Baltimore st

Huntington Williams

20. FILED MAY 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1936 to April 30, 1936

I last saw h[illegible] alive on April 30 1936 Death is said to have occurred on the date stated above, at 8:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/30/36
Other contributory causes of importance:	
Arterio Sclerosis	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) John D Bubert M. D.

(Address) 4803 Park Heights Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23535 HEALTH DEPARTMENT—CITY OF BALTIMORE F 23535

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 E. Hoffman Street St., Ward)

Length of residence in city or town where death occurred 25 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Howell Tate

(a) Residence: No. 2102 E. Hoffman Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hazel Boyed Tate

6. DATE OF BIRTH (month, day, year) October 8th, 1888

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
47	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Westminister
(State or country) Carroll County

FATHER

13. NAME Thomas Tate

14. BIRTHPLACE (city or town) (State or country) Carroll County

MOTHER

15. MAIDEN NAME Mary Sovel

16. BIRTHPLACE (city or town) (State or country) Carroll County

17. INFORMANT Harry T. Tate (Son)
(Address) 2102 E. Hoffman Street

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date May 3, 1936

19. UNDERTAKER George Luther Kirk
(Address) 1725 Harford Ave.

19 Filed 19 H. Livingston Wilson, Registrar

MAY 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/7/ 1936 to 4/30 1936

I last saw h. alive on 4/30 1936 Death is said to have occurred on the date stated above, at 1.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Pulmonary Tuberculosis Tuberculous Pleurisy with Effusion	? 2 wks

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? P.E. + X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph S. Blum M. D.

(Address) 1206 E. Preston St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

23536

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23536

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital

Registered No. 131

CITY OF BALTIMORE: (No. ..... St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 Years yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Bette Trabert (Sarah I. Trabert)

(a) Residence: No. 1203 East Lafayette ~~St.~~ Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 2nd, 1865.

7. AGE Years	Months	Days	If LESS than 1 day, ~~hrs.~~ or ~~min.~~
70	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County

FATHER

13. NAME John H. Trabert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara E. Baker

16. BIRTHPLACE (city or town) (State or country) Baltimore County

17. INFORMANT Mrs. Edna A. Thomas (Sister)

(Address) 1203 E. Lafayette Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Middletown Union Cemetery Date May 2, 1936

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Avenue.

20. FILED MAY 1 - 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1936 to April 30, 1936

I last saw her alive on April 29, 1936 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
Hypertension	Nov.
Arteriosclerosis	1935
Chronic nephritis	
Other contributory causes of importance:	
Chronic emphysema	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel A. Belgorod, M. D.

(Address) Sinai Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-0

✓ F 23537

23537 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 Bloom St., 14-3 Ward)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alexander Carroll

(a) Residence: No. 519 Bloom St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Henrietta Carroll

6. DATE OF BIRTH (month, day, year) Dec 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles Carroll

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anne Gordon

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Henrietta Carroll

(Address) 519 Bloom St

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cemetery Date May 2 19 36

19. UNDERTAKER Thos E. Kelson

(Address) 1303 Freestone St.

20. FILED MAY 1 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29 19 36

22. I HEREBY CERTIFY, That I attended deceased from April 10 19 35 to April 30 19 36

I last saw him alive on April 28 19 36 Death is said to have occurred on the date stated above, at 6.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Vabular Heart Disease	4/10/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. William Finey M. D.

(Address) 1928 Penna Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23538

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23538

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 Parish St. 16-2 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S Veteran specify WAR .....

2. FULL NAME John E. Waters

(a) Residence: No. 1111 Parish St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Waters

6. DATE OF BIRTH (month, day, year) 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Minnie Waters

(Address) 1111 Parish St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date May 1 19 36

19. UNDERTAKER Wood E. Kelson

(Address) 1303 Presstman St.

FILED MAY 1 - 1936 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28- 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-25 1936 to 4-28 1936

I last saw him alive on 4-28 1936. Death is said to have occurred on the date stated above, at 5.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	4-25-36
Other contributory causes of importance:	
Unknown	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify .....

(Signed) Frank L. Saunders M. D.

(Address) 1029 N. Stricker St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23509

F 23539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

311 54 09

108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Esther Patterson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1556 Woodyear St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) 10-16-02

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33	34	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0057

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James Grimlay

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lulie Bagby

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 5/2, 1936

19. UNDERTAKER Thomas E. Kelson

(Address) 1302 Eastern Ave

20. FILED MAY 1 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 27 1936 to April 2, 1936

I last saw her alive on April 28, 1936 Death is said to have occurred on the date stated above, at 11 15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bact. Endocarditis due to Pneumococcus	3/27/36
Other contributory causes of importance:	
Lobar Pneumonia	2/28/36
Bacteremia - Pneumococcus IV	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation * Lumbar Blocnet. Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph F. Sadusk, Jr. M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F. 23540
312

V F 23540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 51-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marshall Chrostowske

If U. S. Veteran specify WAR No

(a) Residence: No. 43 Elm St St., Ward. Claremont N.H.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: anna Savicki

6. DATE OF BIRTH (month, day, year): Nov. 20, 1872

7. AGE: Years 63 | Months 5 | Days 11 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: John Chrostowski

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Relia[illegible]

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT (Address): Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Claremont, N.H. Date May 1, 193[illegible]

19. UNDERTAKER (Address): John O. Mitchell & Sons 1900 Eutaw Place

20. FILED MAY 1 - 1936 19 ... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1936 to May 1, 1936

I last saw him alive on May 1, 1936 Death is said to have occurred on the date stated above, at 12 45 A m.

The principal cause of death and related causes of importance were as follows:

Adynamic Ileus — Date of onset

Uremia

Other contributory causes of importance:

Carcinoma of bladder, [illegible]

Was an operation performed? yes Date of 4-20-36

For what disease or injury? Carcinoma of bladder

Name of operation Cutaneous Ureterostomy, Left Date of 4-20-

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl P. Schleicher M. D.

(Address) A. 14. 11.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 2

Spec.—9-30—A. & Co.—250 Blks

F 23541

23541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 513 N Parrish St) (ST.) (WARD 11)

REGISTERED No. 108
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Snowden

(a) RESIDENCE No. 513 N Parrish St (ST.) (WARD)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Col
5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Snowden

6 DATE OF BIRTH (month, day, and year): Apr 1878

7 AGE: Years 58 | Months | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS
10 NAME OF FATHER: John Snork
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address): Thomas Snowden 513 N Parrish

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/29/36

17
I HEREBY CERTIFY, That I attended deceased from April 26, 1936, to April 29, 1936
that I last saw h[illegible] alive on April 29, 1936
and that death occurred, on the date stated above, at 10.06 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Toxemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) H. G. Haughton M. D.

19 (Address) 50 W Hamburg St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — DATE OF BURIAL: May 3 1936

20 UNDERTAKER: Jas. H. Chase & Son — ADDRESS: 638 W Fayette

MAY 1 - 1936

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 23542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 23542

1. PLACE OF DEATH Baltimore City Hospitals U-8863 23 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Tuberculosis Division St., ... Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jean Del Negro

(a) Residence: No. 219 N. Front st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) Feb. 13, 1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
26	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Angelo Del Negro

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Adela Tirrachia

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 2, 1936

19. UNDERTAKER Frank Della Rocca
(Address) 52 N. Monroe St.

20. FILED MAY 1 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1935, to April 30, 1936

I last saw her alive on April 30, 1936 Death is said to have occurred on the date stated above, at 5.20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	5 yrs.

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Arthur Kaufman, M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1265-9

F 23543 HEALTH DEPARTMENT—CITY OF BALTIMORE F 23543

CERTIFICATE OF DEATH

85

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 Carroll St. 21-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leroy Williams

(a) Residence: No. 1408 Carroll St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): January 2nd 1904

7. AGE: 31 Years 10 Months 2 Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Chas Williams

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Laura Collins

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Elsie Carter,
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Date 5/1 1936

19. UNDERTAKER: Hall B. Sligo
(Address) 1300 W. Hamburg St.

20. FILED MAY 1 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 28 1936

22. I HEREBY CERTIFY, That I attended deceased from April 27 1936 to April 28 1936

I last saw him alive on April 26 1936 Death is said to have occurred on the date stated above, at 6:40 a.m.

The principal cause of death and related causes of importance were as follows:

Epilepsy — Date of onset April 27 1936

Other contributory causes of importance:

Carcinoma of Prostate April 27 1936

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Stephen Dunn M. D.
(Address) 1300 W. Hamburg St.

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 8-30-35 L. F. S. 500 Blks.

23544

F 23544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Baptist Hosp (ST.) A17-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lilia Mary

(a) RESIDENCE NO. 1327 Wilton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Atlanta Ga.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Hospital Records

(Address) Mercy Baptist Hosp

15 Filed MAY 1 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 28, 1936

17 I HEREBY CERTIFY, That I attended deceased from Dec 20 1935 to Apr 28, 1936, that I last saw her alive on Apr 28 1936 and that death occurred, on the date stated above, at 11:55 m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) George W. Dwight, M. D.

19 (Address) 844 N Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary	5/1/36. 19

20 UNDERTAKER Mar & Geo. H. Holland

ADDRESS 1647 Druid Hill Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

23545

F 23545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 546 N Fulton Ave Ward) No-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louisa Heise

If U. S. Veteran specify WAR .....

(a) Residence: No. 546 N Fulton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: William Heise

6. DATE OF BIRTH (month, day, year): Jan 6 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Louis Bitter

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Catherine Speese

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Mrs J Frank Reed

(Address) 546 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: 5-1-1936

19. UNDERTAKER: Mrs Chas A G. Rohde

(Address) 2327 Edmondson Ave

FILED 19 ...

MAY 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 27th 1936

22. I HEREBY CERTIFY, That I attended deceased from July ... 1930 to April 27, ... 1936

I last saw her alive on April 27, ... 1936. Death is said to have occurred on the date stated above, at 11:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis with Hypertension	1930

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Maurice S. Shamer M. D.

(Address) 3200 W. North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23546 F 23546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

134

1. PLACE OF DEATH Union Memorial Hospital — Registered No.

CITY OF BALTIMORE: (No. ..... St., 17 Ward 7)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence Powell Grace — If U. S. Veteran specify WAR NONE

(a) Residence: No. 3205 N. Calvert St. St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Grace

6. DATE OF BIRTH (month, day, year) Sept 17 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None — 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Crawford Co Penna

FATHER

13. NAME Isaac Powell

14. BIRTHPLACE (city or town) (State or country) Crawford Co Pa.

MOTHER

15. MAIDEN NAME Emmal Davis

16. BIRTHPLACE (city or town) (State or country) Crawford Co Penna

17. INFORMANT Mrs C Secrest (daughter)
(Address) 3205 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place Scranton Pa Date May 1 1936

19. UNDERTAKER Stewart Morgue Co.
(Address) Scranton Pa

FILED ... 19 ... Registrar.

MAY 1 - 1936 By Eugene Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-30 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-22 1936 to 4-30 1936

I last saw h.e alive on 4-30 1936 Death is said to have occurred on the date stated above, at 2 55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis with Myocardial degeneration	?

Other contributory causes of importance:

Generalized arteriosclerosis Stone L left hip with hydronephrosis

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard K. Long M. D.

(Address) Union Memorial Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23547

HEALTH DEPARTMENT—CITY OF BALTIMORE

3333 W. Charles St.

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Charles Apts St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 1 mos. 18 da. How long in U. S. If of foreign birth 82 yrs. 1 mos. 18 da.

If U. S. Veteran specify WAR NONE.

2. FULL NAME Franklin Pattison Calor.

(a) Residence: No. Charles Apts St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Emma Hurst Calor

6. DATE OF BIRTH (month, day, year): March 4th 1854

7. AGE — Years: 82 | Months: 1 | Days: 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Robinson W. Calor

14. BIRTHPLACE (city or town) (State or country): Dorchester Co Md.

MOTHER

15. MAIDEN NAME: Caroline Pattison

16. BIRTHPLACE (city or town) (State or country): Dorchester Co Md.

17. INFORMANT: Mr. Stuart Hooper (nephew)
(Address) 327 W. Dolphin St. Balto.

18. BURIAL, CREMATION, OR REMOVAL

Place: Forest Lawn Date: May 1 1936

19. UNDERTAKER: Stewart Mortuary Co.
(Address) 1028 W. Fayette St.

Filed MAY 1 - 1936 Harrington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 27th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 1936, to April 27th 1936

I last saw h[illegible] alive on April 24th 1936. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

Coma Cerebral Hemorrhage — Date of onset April 24-36

Coma Cerebral Nephritis — April 27 1936

Other contributory causes of importance:

Cataract - Senile

Was an operation performed? U Date of —

For what disease or injury? —

Name of operation U Date of U

What test confirmed diagnosis? Was there an autopsy? U

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

U If so, specify .....

(Signed) J. A. Chatard M. D.

(Address) 320 N. Calvert St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23548

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23548

CERTIFICATE OF DEATH

93-D

Registered No. 37-12

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 Beechdale Rd St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 78 yrs. 2 mos. 2 ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME Louisa Jane Wilson

(a) Residence: No. 12 Beechdale Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bishop Luther B Wilson

6. DATE OF BIRTH (month, day, year): Feb 26 1858

7. AGE: Years 78 | Months 2 | Days 2 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): None
11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Balto Co. Md.

FATHER

13. NAME: Dr. Jas. T. Gunner
14. BIRTHPLACE (city or town) (State or country): Balto Co. Md.

MOTHER

15. MAIDEN NAME: Juliet A Berry
16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Mr. Luther Bullock Jr Son
(Address) 482 Keswick Road.

18. BURIAL, CREMATION, OR REMOVAL
Place: Green Mount Date: May-1-36

19. UNDERTAKER: Stewart & Mosden Co.
(Address) 1606 W North Ave.

20. FILED: MAY 1 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from July (...) 1935 to April 28 1936

I last saw her alive on April 28 1936 Death is said to have occurred on the date stated above at 11-40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudden heart failure	7 hours
Myocardial Insufficiency	Apr 36
Other contributory causes of importance:	
Senile Arterio Sclerosis	1928

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Gibson Porter, M. D.

(Address) 4822 Roland Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23549

23549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward) 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Esposito

(a) Residence: No. none St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — X

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	about 59	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Italy Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Balt City fire records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Dacatur Head Date 5/1 1936

19. UNDERTAKER J. J. Fahy Son

(Address) 319 Light St

FILED MAY 1 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown	

Other contributory causes of importance: Chronic myocarditis, Hardening vascular sclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. M. Wright Coroner M. D.

(Address) 1010 S. Ellwood Ave

Information called for on this certificate is required by law. Typewriter or ink should be used in filling out certificate. All items must be answered or state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13772

F 23550

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23550

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rosalie Breedon

If U. S. Veteran specify WAR .....

(a) Residence: No. 841 Woodwood, Light & Heath Sts, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1863 ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (0057)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va.
(State or country)

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 5/1 ..., 36

19. UNDERTAKER J. J. Raby & Sons
(Address) 1318 Light St

Filed MAY 1 - 1936 Registrar Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19... to 4/27, 1936

I last saw her alive on 4/27, 1936 Death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	4 days
Arteriosclerosis	?
Other contributory causes of importance:	
Hypertension	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter, M. D.

(Address) Baltimore City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23551 F 23551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 15-3 St. ... Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Price

If U. S. Veteran specify WAR ....

(a) Residence: No. 1715 Bentalou St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Betty Price Brown

6. DATE OF BIRTH (month, day, year) Feb. 14, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & P Tel. Co.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph Price

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Betty Price
(Address) 1715 Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date May 4 1936

19. UNDERTAKER Martin Fahey & Sons
(Address) 1627 W. North Ave.

20. FILED ... 19 ... Registrar Huntington Williams, M.D.

MAY 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1936 to April 30, 1936

I last saw h.im alive on April 30, 1936 Death is said to have occurred on the date stated above, at 6.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension, cardio-vascular renal disease	undetermined

Other contributory causes of importance:

Uremia	undetermined

Was an operation performed? no Date of ....

For what disease or injury? ....

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury .... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) J. D. Gaskell M. D.
(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 23552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St. 14-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dennie Brooks

If U. S. Veteran specify WAR .....

(a) Residence: No. 1408 Myrtle Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanor

6. DATE OF BIRTH (month, day, year) October 20 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

13. NAME Richard Brooks

14. BIRTHPLACE (city or town) (State or country) Florence South Carolina

FATHER

15. MAIDEN NAME Estella Francis

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Elmora Brooks

(Address) 1408 Myrtle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenfield NC. Date May 1 1936

19. UNDERTAKER Mrs. Hobbs & Elliott-Laughlin

(Address) 1124 N. Caroline St.

Filed MAY 1 1936 19 Lexington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

Signed W. W. Wright M. D.

Coroner

(Address) 1010 S. Ellwood Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23553

M. D. B. 1268-5

F 23553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., 7-4 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Estella Ramsaur (Ramsaur)

(a) Residence: No. 904 N. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) Feb 11 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Richmond (State or country) Virginia

MOTHER

13. NAME Unknown

FATHER

14. BIRTHPLACE (city or town) " (State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) " (State or country)

17. INFORMANT Mattie Jones (Address) 904 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date May 1 1936

19. UNDERTAKER [illegible] (Address) [illegible]

20. FILED MAY 1 1936, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute endocarditis	
Cerebral thrombosis	

Other contributory causes of importance: Acute bronchitis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. W. Wright Coroner M. D.

(Address) 1011 S. Calhoun St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23554

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23554

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 346 S. Robinson St. 1-2 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Florence V. Rode

(a) Residence: No. 304 S. Robinson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Rode

6. DATE OF BIRTH (month, day, year) Dec. 24, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanover Pa.

FATHER

13. NAME George Glenn

14. BIRTHPLACE (city or town) (State or country) Hanover Pa.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Frederick Rode

(Address) 304 S. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL

Place 1st Evang. Cem. Date May 3 . 1936

19. UNDERTAKER George W. Gibler

(Address) 1731 E. Huntington Williams, MD

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10 . 1936 to April 30 . 1936

I last saw h..... alive on April 30 1936. Death is said to have occurred on the date stated above, at 5:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease ?	
Other contributory causes of importance:	
Acute Uraemia	1 week

Was an operation performed? No Date of .....

For what disease or injury? "

Name of operation " Date of "

What test confirmed diagnosis? None Was there an autopsy? "

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? "

If so, specify .....

(Signed) Joseph Pokorny M. D.

(Address) 2200 E. Madison St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 1 1936

F 23555

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23555

CERTIFICATE OF DEATH

✓ 107-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 1-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Milnick

If U. S. Veteran specify WAR ...

(a) Residence: No. 2524 Foster Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta

6. DATE OF BIRTH (month, day, year) 9-13-1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
34	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Michael

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Shyminsky

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Record of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date May 4. 1936

19. UNDERTAKER John H. Welsh
(Address) 711 E. Chase St

FILED MAY 1 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/26, 1936 to 4/30, 1936

I last saw him alive on 4/30, 1936 Death is said to have occurred on the date stated above, at 7 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4/20/36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reite, M. D.

(Address) Baltimore Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1000

F 23556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 235 S. Bouldin Street, 76-10 Ward)

Registered No. F 23556

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth 46 yrs. mos. ds.

2. FULL NAME Julianna Nowicka

(a) Residence: No. 235 S. Bouldin Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anthony Nowicki

6. DATE OF BIRTH (month, day, year) May 15 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Peter Sokolowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Stella Nowicki (Daughter In Law)
(Address) 235 S. Bouldin Street

18. BURIAL, CREMATION, OR REMOVAL
Place H. Hopkins (Date May 2 19 36)

19. UNDERTAKER John M. Welsh
(Address) 431 S. Chester St

20. FILED MAY 1 1936 Huntington Feltmann, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 15 1936 to April 29 1936

I last saw her alive on April 28 1936 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Grad

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. B. Litton M.D.

(Address) 315 S. Highland Ave.

S. 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23557

F 23557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-w

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1812 Mullin St. St. 15-2 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MOses Butler

(a) Residence: No. 1812 Mullin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence Butler

6. DATE OF BIRTH (month, day, year) 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen: Const:: Wk

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Ct.

FATHER

13. NAME Wilson Butler

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co.

MOTHER

15. MAIDEN NAME Caroline ?

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co.

17. INFORMANT Florence Butler
(Address) 1812 Mullin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date May 2, 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 E Lanvale St.

FILED MAY 1 1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1936 to April 29, 1936

I last saw him alive on April 29, 1936 Death is said to have occurred on the date stated above, at 8.45

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation.	about 19th April
Other contributory causes of importance: Mitral Ins.	?

Name of operation None Date of

Was there an autopsy? Physical Examination

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. J. Jackson M. D.

(Address) 1631 W. Franklin St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23558

23558 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 7-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John T. Godwin

If U. S. Veteran specify WAR

(a) Residence: No. Rosewood State Training School St., Ward. Owings Mills Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 24, 1930

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
5	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert W. Godwin

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Grace Leedlich

16. BIRTHPLACE (city or town) (State or country) Buffalo N. Y.

17. INFORMANT Rosewood State Training School

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Garard Heart Date 5/1 1936

19. UNDERTAKER J. J. Raby & Son

(Address) 1318 Eutaw St

20. FILED 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1936, to May 1, 1936

I last saw him alive on May 1, 1936. Death is said to have occurred on the date stated above, at 1:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis,	4/28/36
Meningococcus	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Myron G. Tell M. D.

(Address) Sydenham Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23559

23559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+V107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 wks ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Betty Ruth Sexton

(a) Residence: No. ..... St. ..... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 20 36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none — born

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Sharon Harford Co Md

FATHER

13. NAME James E Sexton

14. BIRTHPLACE (city or town) (State or country) Cash Co N. C.

MOTHER

15. MAIDEN NAME Jessie May Nash

16. BIRTHPLACE (city or town) (State or country) Cash Co N. C.

17. INFORMANT James E Sexton

(Address) Sharon Md

18. BURIAL, CREMATION, OR REMOVAL

Place Highland cem Date May 3 36

19. UNDERTAKER L. Hunt Hoen

(Address) Jarrettsville Md

20. Filed MAY 1 1936 Arlington Williams, M.D. Registrar.

RHH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1936 to May 1, 1936

I last saw her alive on May 1, 1936 Death is said to have occurred on the date stated above, at 3:32 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4/27/36
Other contributory causes of importance: Malnutrition	2/29/36

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Robert O Lives M. D.

(Address) Union Memorial Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23560

F 23560 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 12-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Crowther Baby Girl

(a) Residence: No. 2717 Huntington Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Newborn

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-17-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Benjamin Crowther

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lillian Williams

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date May 1 1936

19. UNDERTAKER Commissioner Health.
(Address)

20. FILED 1936 Huntington Avenue, Md
2296

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-17 1936 to 4-29 1936

I last saw her alive on 4-29 1936 Death is said to have occurred on the date stated above, at 1045a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Suzanne Seelye, M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 23561

23561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-9-107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 21-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Fannie Reeves

(a) Residence: No. 1357 Carroll St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John

6. DATE OF BIRTH (month, day, year) 1874 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Virginia

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University Hosp Date May 1 1936

19. UNDERTAKER Geo Bissinger Realty.
(Address)

FILED MAY 1 1936 Huntington Williams M.D.
2257

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/25 1936

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19..., to 4/25, 1936

I last saw h.. alive on 4/25 1936 Death is said to have occurred on the date stated above, at 12:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days

Other contributory causes of importance: none

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Ratto M. D.

(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

23562 F 23562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1742 E Eager St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Henry Weitzel

If U. S. Veteran specify WAR

(a) Residence: No. 1742 E Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Weitzel

6. DATE OF BIRTH (month, day, year) Dec 13-1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Letter Carrier 008c

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 12 mo 35

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Martin Weitzel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Henrietta Weitzel

(Address) 1742 E Eager

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date May 2 1936

19. UNDERTAKER John Ulrich

(Address) 208 E Allens

20. [illegible] Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935 to April 29, 1936

I last saw him alive on April 29, 1936. Death is said to have occurred on the date stated above, at 2:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Trouble	6/1/35

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

(Signed) Washington Williams, M. D.

(Address) 801 E Lemmon

1 1936

NOTE—CAUSE OF DEATH must be filled in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23563

23563 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

92-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Gorman Bennett

(a) Residence: No. 3029 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy Welpach Bennett

6. DATE OF BIRTH (month, day, year) October 29, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bull Line SS Co.

10. Date deceased last worked at this occupation (month and year) Dec. 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset Co. Maryland

FATHER

13. NAME Thomas Bennett

14. BIRTHPLACE (city or town) (State or country) Somerset Co. Maryland

MOTHER

15. MAIDEN NAME Mamie DeShields

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Oriole Md Date May 2 1936

19. UNDERTAKER John Ullrich
(Address) 200 E. Lexington

20. [illegible] 1936 Huntington Williamson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1936 to April 30, 1936

I last saw h im alive on April 30, 1936 Death is said to have occurred on the date stated above, at 7:10 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Disease, Valvular	
Combined lesions, aortic & mitral	3 yrs

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clin. Date of

What test confirmed diagnosis? find. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) I. M. H. Anderson M. D.

(Address) U.S. Marine Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23564

F 23564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-a

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument & Rutland St. 7th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Brockmeyer

(a) Residence: No. Rosedale St., Baltimore Co. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 2 - 1923

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	12	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Andrew Brockmeyer

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Augusta Amerhein

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Cordius Brockmeyer

(Address) Rosedale Md

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 2 19 36

19. UNDERTAKER John E. Connolly

(Address) Essex Md

20. FILED MAY 1 1936 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29 1936

22. I HEREBY CERTIFY, That I attended deceased from April 27 1936 to April 29 1936

I last saw him alive on April 29 1936 Death is said to have occurred on the date stated above, at 9:00 A.m.

The principal cause of death and related causes of importance were as follows:

Pneumococcic Meningitis — Date of onset 2 days

Pneumococcic Endocarditis — Several days

Septicemia (Pneumococcic)

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Daniel J. Schwartz, M. D.

(Address) Sinai Hospital

F 23565

F 23565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Fehl

(a) Residence: No. 726 N. Howard St St., 11 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Mulligan

6. DATE OF BIRTH (month, day, year) Jan 11 1880?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year) April 24 1936

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Michael Fehl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm Fehl Jr.

(Address) 726 N. Howard St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May 2 1936

19. UNDERTAKER Harry N. Eukenio Sons Co

(Address) McCulloh & Eutaw Sts

Huntington Williams, M.D.

Registrar

FILED MAY 1 1936 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/29 1936

22. I HEREBY CERTIFY That I attended deceased from 4/26 1936 to 4/29 1936

I last saw him alive on 4/29 1936 Death is said to have occurred on the date stated above, at 3:05 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

(If yes, specify)

I saw deceased on the dates given above. I last saw him alive on the date given above.

John M Barry M. D.

(Address) Maryland Gen'l Hosp

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 23566

23566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 33-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Baby Girl Wisner

If U. S. Veteran specify WAR .....

(a) Residence: No. 1222 W 36th St. City Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-28-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1 day.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Sherman E. Wisner.

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Lucy E. Wisner

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Body disposed of by Morf. & consent of parents

Place ..... Date 19

19. UNDERTAKER

(Address)

20. FILED ..... 19 ..... Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-29 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-28 , 1936, to 4-29 , 1936

I last saw her alive on 4-29 , 1936. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity birth	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) Robert H. Sivers, M. D.

(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

B 23567

23567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 13724 ✓ 71-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 27-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1865 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

ISABELL M. MUSE

2. FULL NAME Isabel Muse

If U. S. Veteran specify WAR .....

(a) Residence: No. 2202 Markley Ave., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ross Bennett

6. DATE OF BIRTH (month, day, year) 12-27-1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None (D.W.)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Thomas Muse

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Isabell Hardesty

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date May 2 1936

19. UNDERTAKER Mrs. Mrs. John W. Penfield Son

(Address) 801 W. Fayette St

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/7, 1935, to 4/30, 1936

I last saw her alive on 4/30, 1936 Death is said to have occurred on the date stated above, at 4:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious anemia (?)	?
Myocardial insufficiency	?
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

RAW

BE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

23568 F 23568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1730 Presstman St., 15-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ella Dorsey

(a) Residence: No. 1730 Presstman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of John Dorsey

6. DATE OF BIRTH (month, day, year) ? 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chestertown Md

FATHER

13. NAME Adam Anderson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ella Cook

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Julia Davidson

(Address) 1730 Presstman

18. BURIAL, CREMATION, OR REMOVAL

Place Chestertown Md Date 5/2/36 19

19. UNDERTAKER Isaac L. Burroughs

(Address) 108 W Montgomery St

20. FILED ... 1936 ... Washington Undertaking Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/29 , 1936

22. I HEREBY CERTIFY, That I attended deceased from June , 1934 to April 29 , 1936

I last saw her alive on April 27 , 1936 Death is said to have occurred on the date stated above, at 9 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis	1934
Other contributory causes of importance: arterio-sclerosis	1

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Wayne Downs M. D.

(Address) 1500 E. 111 Baltimore Md

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 23569

23569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 34-108

1. PLACE OF DEATH Maryland General Hospital — St., 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lamont Johnson

(a) Residence: No. Pasadena Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	negro	married

5a. If married, widowed, or divorced (or) WIFE of Azella Johnson

6. DATE OF BIRTH (month, day, year) Oct 1, 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41 40	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Waiter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Louise Johnson

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Marley Neck Date 5/3/36 19..

19. UNDERTAKER Isaac L Brown & Son

(Address) 108 W Monument St

Herrington Williams, M.D.

Registrar

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-24 1936, to 4-29 1936.

I last saw him alive on 4-29 1936. Death is said to have occurred on the date stated above, at 4.00 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia,

Syphilis

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) John N Ramsay M.D.

(Address) Maryland Gen'l Hosp

OCCUPATION is very important. See instructions on back of certificate.

F 23570

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23570

CERTIFICATE OF DEATH

X V 82-B

1. PLACE OF DEATH South Baltimore Gen. Hosp. 3 — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 14 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary McKnew — Mary E. McKnew — Calvert County — If U. S. Veteran specify WAR .....

(a) Residence: No. 639 Cobrairie Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward McKnew

6. DATE OF BIRTH (month, day, year) January 2, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Ferdinand Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Genevieve Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Theresa Miller
(Address) 1721 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date May 2 1936

19. UNDERTAKER Joseph D. Cook
(Address) 1005 W. Baltimore St.

20. [illegible] 1936 Huntington Williams, M.D. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29 1936

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1936 to April 29, 1936

I last saw h[illegible] alive on April 29, 1936 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	4/26
Bronchopneumonia	4/27

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William Durell M. D.

(Address) South Balto. Gen. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23571

23571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 McHenry St. 19-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Theodore Osterloh

If U. S. Veteran specify WAR .....

(a) Residence: No. 1600 McHenry St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Osterloh

6. DATE OF BIRTH (month, day, year) April 10, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	—	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Osterloh

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Kulmeyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margaret Osterloh

(Address) 1600 McHenry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date May 2 1936

19. UNDERTAKER Theo. H. Cook

(Address) 1003 W. Baltimore St.

20. FILED MAY 1 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1936 to April 29, 1936

I last saw h.. alive on April 29, 1936 Death is said to have occurred on the date stated above, at 4.20 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	1½ yrs
Chronic Myocarditis	(1)

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Albert Sargnetti, M. D.

(Address) 1729 W. Lombard St.

OCCUPATION is very important. See instructions on back of certificate.

F 23572

23572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 43

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. U.S. Marine Hospital, Baltimore St., 12-6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR --

2. FULL NAME Julian T. Parker

(a) Residence: No. Fishing Creek, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sadie Simmons Parker

6. DATE OF BIRTH (month, day, year) March 20, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deckhand 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 1-24-33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fishing Creek Maryland

FATHER

13. NAME William H. Parker

14. BIRTHPLACE (city or town) (State or country) Fishing Creek Maryland

MOTHER

15. MAIDEN NAME Dora Leland

16. BIRTHPLACE (city or town) (State or country) Western Shore Maryland

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Hooper's Island md Date May 3 1936

19. UNDERTAKER John T. Mitchell & Sons
(Address) 1900 Eutaw Place

FILED May 1 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 0 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1934 to May 1, 1936

I last saw him alive on May 1, 1936 Death is said to have occurred on the date stated above, at 1:45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mycosis fungoides	30 yrs
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. find. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) T. M. H. Anderson, M. D.

(Address) U. S. Marine Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 23573

23573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 1/31

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Mary Mays

(a) Residence: No. Parkton St., ... Ward. Maryland.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white.	Widowed.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ernest Mays (dead)

6. DATE OF BIRTH (month, day, year) November 17, 1869.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County, Maryland.

FATHER

13. NAME John Fowble.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ella Toner

16. BIRTHPLACE (city or town) (State or country) Baltimore County, Maryland

17. INFORMANT Union Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cath C. Date May 3. 1936

19. UNDERTAKER Wm C. Burkhart Inc
(Address) Towson, Md

20. FILED MAY 1 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1936

22. I HEREBY CERTIFY, That I attended deceased from April 24 1936. to May 1 1936.

I last saw h.. alive on May 1 1936. Death is said to have occurred on the date stated above, at 8:45 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — ?
Chronic Nephritis with Hypertension

Other contributory causes of importance:

Cerebral Hemorrhage — 5-1-36

Date of onset

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Edward H. Lee M. D.

(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 23574

23574 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4643 Falls Rd St. 27-14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edesha B. Scott

(a) Residence: No. 4643 Falls Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hannah Scott

6. DATE OF BIRTH (month, day, year) 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Life
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Nathaniel P. Scott
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Rosetta Miller
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hannah Scott
(Address) 4643 Fall Road

18. BURIAL, CREMATION, OR REMOVAL
Place Saint John's County Date May 1st 1936

19. UNDERTAKER Archibald C. Gaddis
(Address) 2101 W. Lanvale St.

20. FILED ... Registrar.
Huntington Williams, M.D.

1 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30 . 1936

22. I HEREBY CERTIFY, That I attended deceased from April 25 . 1936 . to April 30 . 1936

I last saw him alive on April 29 . 1936 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 25

Other contributory causes of importance:

None

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... . 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. C. Petterson M. D.

(Address) 817 N. Hamilton Ter.

OCCUPATION is very important. See instructions on back of certificate.

F 23575

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23575

CERTIFICATE OF DEATH

✓ 157-D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospts. St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 hr yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos., ds.

If U. S. Veteran specify WAR

2. FULL NAME Lee, Baby Girl (Mary E.)

(a) Residence: No. 2009 Elsworth St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-30-36

7. AGE Years	Months	Days	If LESS than 1 day hrs. or 11 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. City Hospt.

FATHER

13. NAME William Lee

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Mary Schaef

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date May 2, 1936

19. UNDERTAKER John F. Denny
(Address) 715 Light St.

20. FILED Y 1 1936 Clayton Williams NFN

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1936, to April 30, 1936

I last saw h[illegible] alive on April 30, 1936. Death is said to have occurred on the date stated above, at 4 15A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	?
Monstrosity	
Other contributory causes of importance:	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hanne Kadan, M. D.

(Address) Balto City Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 23576

23576

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals U-13833 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Tuberculosis Division St., ... Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Chester Bullock (Chesterfield Bullock)

(a) Residence: No. 511 N. Washington st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clara Bullock

6. DATE OF BIRTH (month, day, year) Dec. 10, 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	4	20 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Steel mill 1009

10. Date deceased last worked at this occupation (month and year) Nov. 1935

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Bullock

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Margaret Dannettel

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemetry. Date May 4th 1936

19. UNDERTAKER Geo, M. Fink & Son.
(Address) 811. N. Wolfe, St.

20. [illegible] Washington, N.C. Registrar.

2 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 , 1936

22. I HEREBY CERTIFY, That I attended deceased from April 28 , 1936 , to May 1 , 1936

I last saw him alive on May 1 , 1936 Death is said to have occurred on the date stated above, at 12.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Oct. 1935
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... , 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Leon H. Feldman M. D.

(Address) Baltimore City Hospitals

23577 F 23577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4224 Harford Rd St., (Ward) 9-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran give WAR Revolutionary

2. FULL NAME Laura C Rock

(a) Residence: No. 4224 Harford Rd St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 10, 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mills, saw mill, bank, etc. Public City

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Rock

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Day

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary L Hutson

(Address) 4224 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 5-2-36

19. UNDERTAKER Wm Cook

(Address) 819 E Baltimore St

20. FILED Huntington Williams Jr

MAY 2 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 30 1929 to April 29 1936

I last saw h alive on April 29 1936 Death is said to have occurred on the date stated above, at 7:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	9-1-34
Other contributory causes of importance: Arteriosclerosis	1930

Was an operation performed? No Date of .....

For what disease or injury? none

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury none.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) L. L. Gordon, M. D.

(Address) 516 Hayford Rd

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 23578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 S. Monroe St. 70-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 1 mos. 13 ds. How long in U. S. If of foreign birth? . yrs. . mos. . ds.

2. FULL NAME Rebecca Woog.

If U. S. Veteran specify WAR No Record

(a) Residence: No. 100 S. Monroe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Woog

6. DATE OF BIRTH (month, day, year) Mar. 17 - 1873.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) April 29 - 36

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME ? Cromwell

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT August Woog

(Address) 100 S. Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 2, 1936

19. UNDERTAKER Wilhom Cook & Co

(Address) 1217 W. Baltimore St

20. FILED 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29-36, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above, 10.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4-29-36

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. J. Phillips, Coroner M. D.

(Address) 1939 Edmondson

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

23579 F 23579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-D

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 423 East Lorraine St. 12-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edith E Haupt
If U. S. Veteran specify WAR No Record

(a) Residence: No. 423 East Lorraine St., Ward.
(Usual place of abode) 20 Years (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Edgar Haupt

6. DATE OF BIRTH (month, day, year) June 1-1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40 39	3 10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) 1935
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Mayo Md

FATHER
13. NAME Carlton C Porter
14. BIRTHPLACE (city or town) (State or country) Queen Anne Co Md

MOTHER
15. MAIDEN NAME Maude Stallings
16. BIRTHPLACE (city or town) (State or country) Friendship Md

17. INFORMANT Maude A Porter
(Address) 423 East Lorraine Ave

18. BURIAL, CREMATION, OR REMOVAL
Woodland Pk Date May 4 1936

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED MAY 2 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16 1935 to April 29 1936
I last saw h[illegible] alive on April 29 1936. Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	1933

Other contributory causes of importance:
None

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leonard C Beach M. D.
(Address) 2229 St Paul St.

OCCUPATION is very important. See instructions on back of certificate.

F 23580

341294

F 23580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16-1 Ward)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Lucy Jordan

(a) Residence: No. 714 N. Carrollton Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/20/75

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Horace Morgan

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Caroline Christian

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date 5/4/ 1936

19. UNDERTAKER Frances A. Henkeley
(Address) 558 W Biddle St

20. FILED ... Registrar.

MAY 2 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 29. 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 21 1936 to Apr 29 1936

I last saw h[illegible] alive on Apr 29 1936 Death is said to have occurred on the date stated above, at 5-15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Transverse Colon	1 Mos.
Secondary Anemia	

Other contributory causes of importance:

Was an operation performed? Yes Date of .....

For what disease or injury? Carcinoma, Transverse Colon

Name of operation Resection, Trans. Colon Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David Spong Jr. M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 23581

23581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 Dolphin St., 17-W Ward)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Gertrude Harris

(a) Residence: No. 703 Dolphin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced

6. DATE OF BIRTH (month, day, year) Jan 18 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	4 3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Zuni Va

FATHER

13. NAME Charles Harris

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Martha Tatsleem

16. BIRTHPLACE (city or town) (State or country) Zuni Va

17. INFORMANT Dalton Smith

(Address) 1025 Lamvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Zuni Va Date 5/3/ 1936

19. UNDERTAKER Frances A. Hemsley

(Address) 576 W. Biddle St.

Huntington Williams Inc

2 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30 1936

22. I HEREBY CERTIFY, That I attended deceased from April 23 1936 to April 30 1936

I last saw h[illegible] alive on April 30 1936 Death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4/23

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, what? .....

(Signed) Wade H. Haggerty M. D.

(Address) 1305 N. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. H 1268-9

F 23582

23582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 Presstman St. 15-1 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Matherine Woods

(a) Residence: No. 1409 Presstmans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 5-1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	25 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Dyson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Helen Woods

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Helen Woods
(Address) 1409 Presstman St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn cemetery Date May 3 36 19

19. UNDERTAKER T. E. Kelson
(Address) 1363 Presstman St

20. 1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) May 1 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	April 25
	26

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George P. Allen M. D.
Coroner

(Address) 50 Calvert St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 23583

23583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Bress City Hospital 16-3 St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clara Davis

(a) Residence: No. 930 N. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Willie

6. DATE OF BIRTH (month, day, year): Feb 1887

7. AGE: Years: 49 | Months: 2 | Days: | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Newtown North Carolina

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): " "

MOTHER

15. MAIDEN NAME: " "

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): Mrs. Green 1410 Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date May 7 1936

19. UNDERTAKER (Address): C. E. Kelson 1323 Presstman St.

20. 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest or Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest or Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. McCready Coroner M. D.

(Address) 1010 S. Ellwood Ave.

State cause of death in plain terms. Name of disease is not sufficient. See instructions on back of certificate. OCCUPATION is very important.

2 1936

F 23584 Piotr Janocka ✓ F 23584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2007 Bank St. 7-1 Ward)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Piotr Janocka.

(a) Residence: No. 2007 Bank St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aleksandra Janocka

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer D040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Wojciech Janocka

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Wazocka

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Mrs. Janocka Wife
(Address) 2007 Bank St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date May 4. 1936

19. UNDERTAKER Fred W. Ondarcuhu
(Address) 1930 Eastern Ave

[illegible] 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30. 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/27 1936 to 4/30 1936. I last saw him alive on 4/30 1936. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis	1 yr +
Myocarditis	1 wk +

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, state) .....

(Signed) J. Szyko, M. D.

(Address) 2521 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

2 1936

F 23585

13823 F 23585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter Wojtysiak

(a) Residence: No. 622 S. Port St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sophie

6. DATE OF BIRTH (month, day, year) 6-26-1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0047

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Agnes ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date May 4 19 36

19. UNDERTAKER Edith W. Cassidy
(Address) 1920 Eastern Ave Huntington Williams, Vice
FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/27, 1936 to 4/30, 1936

I last saw him alive on 4/30, 1936 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz, M. D.

(Address) Baltimore City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Y 2 1936

23586 ✓ F 23586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

936

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 Oxford St., 17-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jeanette (Nettie) Tilghman

If U. S. Veteran specify WAR .....

(a) Residence: No. 507 Oxford St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) Nov 9 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME Charles Tilghman

14. BIRTHPLACE (city or town) (State or country) Balt. Md

MOTHER

15. MAIDEN NAME Sarah Ingle

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Sarah Tilghman

(Address) 507 Oxford Street

18. BURIAL, CREMATION, OR REMOVAL

Place Pt. Lookout Date 5-2-, 1936

19. UNDERTAKER Mrs Geo. L. Kollmeyer

(Address) 131 Light Street

MAY 2 1936 FILED Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1936, to April 29, 1936

I last saw S.R. alive on April 29, 1936. Death is said to have occurred on the date stated above, at 5:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Hypertension	?
Other contributory causes of importance:	
Myocardial failure	April 29 '36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Lloyd C. Taylor M. D.

(Address) 3957 York Road.

OCCUPATION is very important. See instructions on back of certificate.

23587 F 23587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 9-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Russell Silver Close Jr.

(a) Residence: No. Westminster Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 27 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Md

FATHER

13. NAME Allen Close

14. BIRTHPLACE (city or town) (State or country) Westminster Md

MOTHER

15. MAIDEN NAME Florence Erb

16. BIRTHPLACE (city or town) (State or country) Silver Run, Md

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Silver Run Date May 2 1936

19. UNDERTAKER H Bankard & Son
(Address) Westminster Md

20. FILED MAY 2 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1936

22. I HEREBY CERTIFY, That I attended deceased from April 9 1936 to May 1 1936

I last saw h.. alive on May 1 1936 Death is said to have occurred on the date stated above, at 3.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal meningitis	4-5-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Lumbar puncture Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis D Schweitzer M. D.

(Address) Sydenham Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 23588

23588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25-5708

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 8 mos. 19 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Robert Luedtke.

(a) Residence: No. 34 Morrison Court Brooklyn Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) August 11, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Hugo Luedtke.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Lydia Mangum.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Hugo Luedtke. (father)
(Address) 34 Morrison Ct. Brooklyn.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date May 4 1936

19. UNDERTAKER Elizabeth Harfe Inc.
(Address) 115 E. West St.

2 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 4.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Enquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otto M. Reinhardt, M. D.
Coroner
5/1/36 (Address) 1017 E. Charles St.

M. D. B. 1268-9

F 23589

23589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3305 Paine St. St. 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Poole.

(a) Residence: No. 3305 Paine St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If ~~married, widowed~~ or divorced
~~HUSBAND of~~ ~~WIFE of~~ Julia A. Polle.

6. DATE OF BIRTH (month, day, year) June 29, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME William Poole.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Hannah --------

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Ester M. Sentz. (daughter)
(Address) 3305 Paine St.

18. BURIAL, CREMATION, OR REMOVAL
Place Ellicott City, Md. Date May 5 1936

19. UNDERTAKER Chenoweth & Son
(Address) 3617 Harford Ave.

Huntington Terrace, Md.

20. FILED 2 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
Arterio sclerosis.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Otto M. Steinhardt M. D.
Coroner

5/1/36 (Address) 1017 N. Charles St.

F 23590 Dr. Woody 1503 Park Ave ✓ F 23590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No. ____

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 208 E. Lanvale St. 12-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR 46 Record

2. FULL NAME Alice M. Keys
(a) Residence: No. 208 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, year) July 15th 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER
13. NAME Joseph T. Keys
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Ruth Griffith
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Jane G. Keys
(Address) 208 E. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date May 2nd 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

. 19 Registrar

FILED MAY 2 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30th 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1928 to April 30 1936
I last saw her alive on April 30 1936 Death is said to have occurred on the date stated above, at 3 — m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	Gradual
Lungs, Bowel, Peritoneal, Liver, Metastasis to	Gradual 1 day

Other contributory causes of importance:
Myocarditis
Pulmonary Edema

Was an operation performed? ____ Date of ____
For what disease or injury? ____
Name of operation ____ Date of ____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) W. H. Woody M. D.
(Address) 1403 Park Ave

OCCUPATION is very important. See instructions on back of certificate.

✓ F 23591

23591 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH 425 N Hamburg St (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7th Ward)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. If U. S. Veteran specify WAR .....

2. FULL NAME Laura Connor

(a) Residence: No. 425 N Hamburg St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Col	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Connor

6. DATE OF BIRTH (month, day, year) 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Isaac Holland

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Hamit

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ida V. Warner

(Address) 42 W. Hamburg

18. BURIAL, CREMATION, OR REMOVAL

Place Ft Lincoln Date May 5 1936

19. UNDERTAKER James A Deaver & Sons

(Address) 1 Huntington Ave

20. FILED MAY 12 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/30, 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 36, 19.. to April 30, 1936

I last saw h.. alive on April 30, 1936 Death is said to have occurred on the date stated above, at 1:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Uraemia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Signs Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) N. G. Frank Kruse M. D.

(Address) 320 W Hamburg St

OCCUPATION is very important. See instructions on back of certificate.

S 3

F 23592

23592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 S. Durham Street St., 7-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Gurski Or Andrew Gorski

If U. S. Veteran specify WAR .....

(a) Residence: No. 715 S. Durham Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) About 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Wawrzynic Gorski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Frances ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Dorothy Urbanowski. Niece

(Address) 715 S. Durham Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Wansbano Date May 6th 1936

19. UNDERTAKER George A Weber

(Address) 705 S Pamm St

FILED 5 2 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1936

22. I HEREBY CERTIFY, That I attended deceased from April 25 1936 to May 1 1936

I last saw him alive on May 1 1936 Death is said to have occurred on the date stated above, at 1:00 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/25/36
Other contributory causes of importance: Cardiac Paralysis	5/1/36

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) 801 N Durham St

OCCUPATION is very important. See instructions on back of certificate.

F 23593 ✓ F 23593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4302 Dewey Avenue St., 27-14 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME James C. Fields

If U. S. Veteran specify WAR .....

(a) Residence: No. 4302 Dewey Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Fields

6. DATE OF BIRTH (month, day, year) Oct. 25, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	41	6	4 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician 0080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocomoke, Virginia

FATHER

13. NAME James Fields

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mamie Wright

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Thelma Hoes

(Address) 4302 Dewey Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Pocomoke Md Date 5/3/ 1936

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St.

FILED 2 1936 19 Huntington Williams, MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1936, to April 30, 1936

I last saw him alive on April 30, 1936. Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	Apr. 30, 1936

Other contributory causes of importance:

Diabetes	Oct. 1934
Pulmonary Tuberculosis	Jan. 1936

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ------- Date of .....

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

Signed Geo Fergotson M.D.

(Address) 401 E. 20th Street

F 23594 ✓ F 23594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27-15 92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2104 W. Rogers Ave. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Isabel MacKenzie Johnston

(a) Residence: No. 2104 W. Rogers Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 4, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME George Johnston

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Elizabeth Downie

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. John C. Franz
(Address) 2104 W. Rogers Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date May 4 1936

19. UNDERTAKER Joseph H. Cook
(Address) 1905 W. Baltimore St.

FILED MAY 2 1936, 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1935 to Apl 30, 1936

I last saw her alive on Apl 30, 1936. Death is said to have occurred on the date stated above, at 6:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Acute Pneumonia	1 day
Streptococcus Viridans	Nov 4 '35
Bronchopneumonia	4-10-'36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard H. Garner, M. D.

(Address) 2604 Garrison Blvd.

F 23595

F 23595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419-23-St, St., 12-4 Ward)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Jennings

(a) Residence: No. 419-23 St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Color	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cordie

6. DATE OF BIRTH (month, day, year) July 14th 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44 43	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Green (State or country) Va.

FATHER

13. NAME Gabriel Jennings

14. BIRTHPLACE (city or town) Va. (State or country)

MOTHER

15. MAIDEN NAME Mary Sayre

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT Cordie Jennings (Address) 419 E. 23-St

18. BURIAL, CREMATION, OR REMOVAL Place Elkton Md. Date May 2, 1936

19. UNDERTAKER Mrs. Robert A. Elliott & Daughter (Address) 419 E. 23rd St. Huntington Williams, Inc.

FILED MAY 2 1936, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 21, 1936, to Apr 29, 1936

I last saw h[illegible] alive on Apr 29, 1936. Death is said to have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) L. A. Johnson M. D.

(Address) 2329 Greenford Ln.

F 23596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 Arlington St. 18 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert Elton Green

(a) Residence: No. 430 N Arlington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Baby

6. DATE OF BIRTH (month, day, year) Dec 16 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Douglas Tyler

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Evelyn Green

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Evelyn Green

(Address) 430 N. Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 2, 1936

19. UNDERTAKER Mrs Katie R. Wellington

(Address) 322 N Arlington Ave Baltimore, Md

FILED MAY 2 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Coroner's Inquiry) thereon and from the evidence obtained by me (Personal Knowledge, Coroner's Inquiry, Medical Attendance, Inquiry) find that said deceased came to his death on the day stated above at 2.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2. Acute Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos H. Phillips, M. D. Coroner

(Address) 1937 Edmondson Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23597

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23597

✓108

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave St. 3 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 6 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel E. Mc Sweeney

If U. S. Veteran specify WAR ....

(a) Residence: No. 1416 W. Pratt St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Elizabeth Meyers McSweeney

6. DATE OF BIRTH (month, day, year) Oct 2nd 1867.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bartlett + Hayward Co

10. Date deceased last worked at this occupation (month and year) about

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Hennis Mc Sweeney

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Bridget O'Rourke

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs Margaret Bailey

(Address) 1416 W Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 5/4/ 1936

19. UNDERTAKER John J Cowan & Son

(Address) 900 N Gilmor St

2 1936 Huntington Village, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/1/ 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1936 to May 1 1936

I last saw him alive on May 1, 1936 Death is said to have occurred on the date stated above, at 345 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardio-vascular disease with auricular fibrillation and third degree decompensation

Date of onset

Other contributory causes of importance:

lobar pneumonia

Was an operation performed? No. Date of ....

For what disease or injury? ....

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury .... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of Injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Karl F. Meyer M. D.

(Address) St. Agnes' Hospital

OCCUPATION is very important. See instructions on back of certificate.

E 23598

23598 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-c

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U.S. Marine Hospital,
CITY OF BALTIMORE: (No. ..... Baltimore, Maryland St. 19-6 Ward)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR W. W.

2. FULL NAME William J. Wenderoth

(a) Residence: No. 525 Bryce Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace McClahan Wenderoth

6. DATE OF BIRTH (month, day, year) July 19, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5084

10. Date deceased last worked at this occupation (month and year) 4 yrs. ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Wenderoth

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

MOTHER

15. MAIDEN NAME Mary O'Brien

16. BIRTHPLACE (city or town) (State or country) Dublin Ireland

17. INFORMANT U.S. Marine Hospital

(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date May 5 1936

19. UNDERTAKER Easton Sons

(Address) Eleventh Ave. Huntington, W. Va.

20. FILED 2 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1936

22. I HEREBY CERTIFY, That I attended deceased from March 3 1936 to May 2 1936

I last saw him alive on May 2 1936 Death is said to have occurred on the date stated above, at 6:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	Unknown
Other contributory causes of importance: Arteriosclerosis, general	"

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) T. B. N. Anderson, M. D.

(Address) U.S. Marine Hospital

OCCUPATION is very important. See instructions on back of certificate.

V 93

F 23599 F 23599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Loft St. Upton (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Vernon Leroy Baker

(a) Residence: No. 20 Chenoak Ave St., ... Ward. Balto Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 1931

7. AGE Years	Months 5	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None — child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Vernon Baker

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Lucetta King

16. BIRTHPLACE (city or town) (State or country) Davenport Iowa

17. INFORMANT Vernon Baker
(Address) 20 Chenoak Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 5/5 19 36

19. UNDERTAKER Edw Forster
(Address) 2229 Wash Blvd

Huntington Williams Jr
Registrar.

MAY 3 - 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) May 2, 36

22. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1936 to May 2, 1936

I last saw h. alive on May 2, 1936 Death is said to have occurred on the date stated above, at 8:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
External Hydrocephalus	
Chronic Meningitis.	

Other contributory causes of importance:

Was an operation performed? yes Date of 4-25-36

For what disease or injury? Hydrocephalus

Name of operation Encephalogram Date of

Whnt test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. L. Sachs M. D.

(Address) Mercy Hospital

F 23600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Lee

(a) Residence: No. 229 Arch St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Lee

6. DATE OF BIRTH (month, day, year) June 4 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co. Md.

FATHER

13. NAME Thomas Brown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Pearl Thomas (daughter)
(Address) 229 Arch St.

18. BURIAL, CREMATION, OR REMOVAL Date May 3 1936
Place Resurgam Memorial Park

19. UNDERTAKER Adolphus Hohlfeld
(Address) 918 Druid Hill Ave.

MAY 3 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1936, to May 1, 1936

I last saw her alive on May 1, 1936. Death is said to have occurred on the date stated above, at 7 20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	4-23-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D. Schweinfurth M. D.

(Address) Sydenham Hospital

F 23601 F 23601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Helwig

(a) Residence: No. 82 E. Main St., ... Ward. Westminster Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna

6. DATE OF BIRTH (month, day, year) 10/21/72

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME George Helwig

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Selena Matke

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Westminster Cem. Date May 4 1936

19. UNDERTAKER John E. Myers Jr.
(Address) Huntington Williams Md

FILED MAY 3 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 27 . 1936 to May 2 . 1936

I last saw him alive on May 2 . 1936 Death is said to have occurred on the date stated above, at 2.45 p. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of urinary bladder with metastasis to head of pancreas, common bile duct and pancreatic duct

Date of onset June 1935

Other contributory causes of importance:

Jaundice

Was an operation performed? Yes Date of April 27, 1936

For what disease or injury? Jaundice

Name of operation Exploratory laparotomy Date of Apr. 27, 1936

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Hugh J Jewett M. D.

(Address)

3 11 7 59

F 23602

F 23602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 106-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Phillip Louis Watkins

(a) Residence: No. 22 Roosevelt St., ... Ward. Garden City L I

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hazel Watkins

6. DATE OF BIRTH (month, day, year) 11/17/78

7. AGE — Years 57 | Months 5 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y

FATHER

13. NAME Phillip Watkins

14. BIRTHPLACE (city or town) (State or country) N. Y

MOTHER

15. MAIDEN NAME Ella Oakwood

16. BIRTHPLACE (city or town) (State or country) N. Y

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Evergreen Cem Garden City L. Island Date May 4 1936

19. UNDERTAKER Wm J Tickner & Sons (Address) Wm J Tickner & Sons

MAY 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1 1936 to May 2 1936

I last saw him alive on May 2 1936 Death is said to have occurred on the date stated above, at 4 45 p m.

The principal cause of death and related causes of importance were as follows:

Bronchiectasis, Bilat. — Date of onset 30 yrs.

Other contributory causes of importance:

Embolus, Pulmonary. — ½ hr.

Was an operation performed? yes Date of Sept 28, 1936

For what disease or injury? Bronchiectasis R.L.

Name of operation Thoracotomy Pneumolysis Ligation of Pulm A. & V. Lower Lobe Date of 4-28-36

What test confirmed diagnosis? Cl. Exam Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wesley J. Keltz M. D.

(Address) Johns Hopkins Hosp.

F 23603 O.K. Thurd 23603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Church Home and Infirmary 16-H
CITY OF BALTIMORE: (No. N Broadway St., Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Vallie Kerner

(a) Residence: No. 1912 Orleans St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Mr. Josh Kerner

6. DATE OF BIRTH (month, day, year) 7/26/1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	65	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Virginia

FATHER

13. NAME Louis Lencindiver

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Mary Schappert

16. BIRTHPLACE (city or town) (State or country) W Virginia

17. INFORMANT Joshua H. Kerner
(Address) 1912 Orleans St

18. BURIAL, CREMATION, OR REMOVAL
Martinsburg W. Va. Date May 3rd, 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED MAY 3 - 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 — 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-7-36, 19 , to 5-1-36 19

I last saw her alive on 5-1-36, 19 Death is said to have occurred on the date stated above, at 9:4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Sudden
Arteriosclerosis Hemiplegia	?
(Cerebral)	
Other contributory causes of importance: Fracture R Lgt Hip	4-8-36

Name of operation Reduction Fracture Date of 4-8-36

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Carlton N. Adams, M. D.

(Address) Church Home & Hy.

OCCUPATIONS IS VERY IMPORTANT. See instructions on back of certificate.

F 23604

F 23604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. V 1942

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., (Ward) 25

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Joseph F Neuberger

(a) Residence: No. 1620 E. 25th. St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy Neuberger

6. DATE OF BIRTH (month, day, year) Mar. 5 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Neuberger

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Katherine Lumkuhler

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Andrew J. Neuberger

(Address) 2901 Cheltenham Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Date , 19

19. UNDERTAKER

(Address)

FILED , 19 Registrar.

MAY 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/30, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Chas. E. Wallace, M. D.

(Address) 131 St. Paul St.

OCCUPATION is very important. See instructions on back of certificate.

F 23605

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23605

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3220 O'Donnell St., 16-11 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Annie Welch

(a) Residence: No. 3220 O'Donnell St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Patrick Welsch

6. DATE OF BIRTH (month, day, year) July 17th 1863

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
72	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 4/27/36

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME William Tubb

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Lena Koons

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Lena E. Hogan

(Address) 3223 O'Donnell St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date May 4th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAY 3 1936 Washington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1st 1936

22. I HEREBY CERTIFY, That I attended deceased from April 29 1936 to May 1 1936

I last saw her alive on April 30 1936. Death is said to have occurred on the date stated above, at 7:45 a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 4/29/36

Other contributory causes of importance:

Essential Hypertension with Arteriosclerosis — Duration Unknown

Was an operation performed? no Date of .....

For what disease or injury? none

Name of operation none Date of .....

What test confirmed diagnosis? Phys. Ex. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury NONE

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify none

(Signed) Jos. A. Rosenblatt, M. D.

(Address) 3018 O'Donnell St.

F 23606

F 23606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 S. Broadway 3-1 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Johanna Niewerth

If U. S. Veteran, specify WAR No Record

(a) Residence: No. 12 S. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of Louis Niewerth

6. DATE OF BIRTH (month, day, year) Nov 21st 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Wm Dreemann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rhodora Fleck

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Arthur C. Niewerth
(Address) 12 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date May 4th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED MAY 3 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1st, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1 1936 to May 1 1936

I last saw her alive on May 1, 1936 Death is said to have occurred on the date stated above, at 12 0 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	May 1-36
Senility	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J Larry Linder M. D.

(Address) 16 S. Broadway

12695

F 23607

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23607

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St., 15-S Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James J. Reynolds

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2700 Elsinore Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~WIFE of~~ Anna R Reynolds

6. DATE OF BIRTH (month, day, year) 12-18-1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME James Patrick Reynolds

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME ~~Mary~~ Ellen Garver

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date May 4th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

20. FILED MAY 13 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/1 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/24 1933 to 5/1 1936

I last saw him alive on 5/1 1936 Death is said to have occurred on the date stated above, at 6 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	?
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

F 23608

23608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1817 N. Bentalou St. 15-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Israel Rosenfeld

(a) Residence: No. 1817 N. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rebecca

6. DATE OF BIRTH (month, day, year): May 10. 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63 64	— 11		— 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Moses Rosenfeld
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Bessie
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Mrs Rebecca Rosenfeld
(Address) 1817 N. Bentalou st

18. BURIAL, CREMATION, OR REMOVAL
Place: Hebrew Friendship Date: May 3, 1936

19. UNDERTAKER: Sol Levin & Bros
(Address) 1127 E. Baltimore st

20. FILED 19

3-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1932 to April 30, 1936
I last saw him alive on April 30 1936. Death is said to have occurred on the date stated above, at 12½ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:
Sudden anginal attack.
Dead on arrival.

Was an operation performed? no Date of
For what disease or injury? n.d.
Name of operation none Date of
What test confirmed diagnosis? Physical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Nathan J. Smith M. D.
(Address) 2351 Eutaw Place.

F 23609

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23609

V 57

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 N Appleton St. 16-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret C. Reichell

(a) Residence: No. 708 N Appleton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Francis V Reichell

6. DATE OF BIRTH (month, day, year) May 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME William Dolan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Grady

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs J Walter Pealer

(Address) 708 Appleton St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 5/7/36 19

19. UNDERTAKER Margaret E Flynn

(Address) 2107 Hilton St

20. FILED MAY 3-1936 19 Huntington & Williams Inc

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1936 19

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1936 to May 1, 1936

I last saw her alive on April 30, 1936 Death is said to have occurred on the date stated above, at 12.5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma	5 yrs
General Metastasis	ago
	6 wks
Other contributory causes of importance:	
Asthenia	2 wks.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Benj. O. McClancy M. D.

(Address) 400 N. Payson St.

M. D. F. 1268-9

F 23610 HEALTH DEPARTMENT—CITY OF BALTIMORE F 23610

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1817 No Appleton St. 15-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth 45 yrs. mos. ds.

2. FULL NAME Celia Caplan
(a) Residence: No. 1817 No Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Max Caplan

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Michael Volfovitz
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME not Known
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel H Caplan
(Address) 3412 Carlisle ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Wash. Boulevard 1936

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E. Balto St

20. FILED 5-1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/2 1936

22. I HEREBY CERTIFY, That I attended deceased from aug. 10th 1934 to may 2nd 1936.
I last saw her alive on may 1 1936 Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic myocarditis	1934
" " nephritis	1935
arteriosclerosis	1934
Diabetes-mellitus	1936

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) M. A. Michelson M. D.
(Address) 2230 Eutaw Place

M. D. P. 1268-B

F 23611

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23611

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2831 Cold Spring Lane (Ward) 13

Registered No. 15613

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? 48 yrs. mos. ds.

2. FULL NAME Meyer Richmond

(a) Residence: No. 2831 Cold Spring Lane Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Helen

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, ~~OTHERWISE~~

Place Hebrew ~~Mount Carmel~~ 5/3 1936

19. UNDERTAKER Jack Lewis Inc

(Address) 1496 Balto St

FILED MAY 3 - 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/1 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov-15 1935 to May-1- 1936

I last saw him alive on May-1- 1936 Death is said to have occurred on the date stated above, at 11-28 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate with Metastases in Pelvis	D. K.

Other contributory causes of importance:

Name of operation Prostatectomy Date of 1/14/36

What test confirmed diagnosis? Lab. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury —— 19..

Where did injury occur? —— (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ——

Manner of injury ——

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Herman Kevdel M. D.

(Address) 2404 Eutaw Pl

F 23612 ✓ F 23612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 530 W. Mulberry St., 17-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds., How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Paulina Geppi

(a) Residence: No. 530 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Geppi

6. DATE OF BIRTH (month, day, year) Nov 26-1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Francis Paule

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Eva Spano

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT John Geppi
(Address) 530 W. Mulberry

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date May 7th 1936

19. UNDERTAKER George Rath & Sons
(Address) 1705 Hanford Ave

20. FILED MAY 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1936 to May 1, 1936
Last saw her alive on May 1, 1936 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular Heart disease.	

Other contributory causes of importance: Edema

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Luigi S. DiStefano M. D.
(Address) 407 S Eutaw St

M. D. P. 1268-9

23613 F 23613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 57

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2116) Sisters of the Poor St. 16-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Clifford Mary Clifford

(a) Residence: No. 1202 Hilby St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Clifford

6. DATE OF BIRTH (month, day, year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework (none)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ireland
(State or country)

FATHER

13. NAME Patrick Joyce

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Bridget Burke

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Sister Stanislaus Supt
Sister Sup of the Poor 1202 Valley

18. BURIAL, CREMATION, OR REMOVAL
Place St. Lucien's Date May 4 1936

19. UNDERTAKER Ella Wiedefeld & Co
(Address) 914 Greenmount Ave

MAY 3 - 1936 Washington Hollow

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1935 to May 2 1936
I last saw her alive on May 1 1936 Death is said to have occurred on the date stated above, at 6.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Astro Sarcoma of Head	1 yr

Other contributory causes of importance:

Arthritis	3 mos

Name of operation None Date of

What test confirmed diagnosis? Path Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.

(Signed) E. McCarthy M. D.

(Address) 111 Hartford Ave

Lorine M Sullivan ✓ F 23614

F 23614 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-L

1. PLACE OF DEATH Bon Secours Hosp. Registered No. 6614

CITY OF BALTIMORE: (No. Baltimore St., 2nd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lorine M. Sullivan If U. S. Veteran specify WAR

(a) Residence: No. 4220 Euclid Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur L. Sullivan

6. DATE OF BIRTH (month, day, year) Aug 10-1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston Mass

FATHER

13. NAME Clement E. Leet

14. BIRTHPLACE (city or town) (State or country) New Hampshire

MOTHER

15. MAIDEN NAME Lorine M. Whittemore

16. BIRTHPLACE (city or town) (State or country) Nashua New Hampshire

17. INFORMANT Arthur L. Sullivan

(Address) 4220 Euclid ave

18. BURIAL, CREMATION, OR REMOVAL Place Concord N.H. Date May 5. 1936

19. UNDERTAKER F. B. Shepard & Son

(Address) 130 Eutaw Place

FILED MAY 3 - 1936 19 E. Fairfax Whitmore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1936 to May 1, 1936

I last saw h. alive on May 1, 1936 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1935
Auricular Fibrilation	4-1-36
Other contributory causes of importance:	
Pulmonary Embolism	5-1-36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Simon L. Kemp M. D.

(Address) Bon Secours Hosp.

F 23615

F 23615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 2755

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6201 Eunice Ave St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bertha H. Goetze

(a) Residence: No. 6201 Eunice Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Goetze

6. DATE OF BIRTH (month, day, year) Aug 10. 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME William Wetzel

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Helen W. Schmersal

(Address) 6201 Eunice Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 4. 1936

19. UNDERTAKER Mrs. Mrs. John W. Tevis' Son

(Address) 801 W. Fayette St.

20. FILED ... Registrar

MAY 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1st 1936

22. I HEREBY CERTIFY, That I attended deceased from April 8 1936 to May 1st 1936

I last saw h... alive on May 1st 1936 Death is said to have occurred on the date stated above, at 12.35A m.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure (Myocarditis) — Date of onset

Other contributory causes of importance: Arterio Sclerosis & Chronic Nephritis

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward Jenwick M. D.

(Address) 4706 Harford Ave

F 23616 ✓ F 23616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 145-a-107a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. 11 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

2. FULL NAME Rosa Barnes

(a) Residence: No. St. Marys MD St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	married

5a. If married, widowed, or divorced (or) WIFE of Dallas Barnes

6. DATE OF BIRTH (month, day, year) Feb. 7 1906

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
30	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Park Hall Md

FATHER

13. NAME Andrew Hill

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

MOTHER

15. MAIDEN NAME Sallie Armstrong

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT Dallas Barnes (Address) Park Hall Md

18. BURIAL, CREMATION, OR REMOVAL Place [redacted] Mc Date 5/4/36

19. UNDERTAKER Prot. Williams (Address) 15-15 McElderry St

20. FILED 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1936

22. I HEREBY CERTIFY, That I attended deceased from [redacted] April 21, 1936, to MAY 2, 1936.

I last saw h[redacted] alive on MAY 2, 1936. Death is said to have occurred on the date stated above, at 5:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Partum Infection	4-10-36
Puerperal Sepsis - (Strept Hemolyticus) 4-22-36	

Other contributory causes of importance:

Lobular Pneumonia	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Blood Culture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. J. Carmichael Jr. M. D.

(Address) University Hospital

M. D. B. 1268-B

F 23617

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23617

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH Church Home & Infirmary

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11-W Ward)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Ireland

(a) Residence: No. 205 W Madison St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 28, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. oriental artist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 20 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (city or town) (State or country) Annapolis, Md

FATHER

13. NAME Wm Lytle Ireland

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Virginia Richardson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss Elizabeth Richardson

(Address) 2318 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Cemetery Date May 4 1936

19. UNDERTAKER Chas. G. Black

(Address) 742 W North Ave

FILED Huntington Williams

Y 5 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1936 to May 2, 1936

I last saw h[illegible] alive on May 2, 1936. Death is said to have occurred on the date stated above, at 6:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	4/26/36
Other contributory causes of importance: Aortic insufficiency, right	1922

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Myers M. D.

(Address) Church Home & Infirmary

F 23618 ✓ F 23618

3123 66618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wilhelmina Goodloe

(a) Residence: No. 247 North Mill St., ... Ward. Lexington Ky

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-4-73

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None ever

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ky

FATHER

13. NAME William Goodloe

14. BIRTHPLACE (city or town) (State or country) Ky

MOTHER

15. MAIDEN NAME Mary Mann

16. BIRTHPLACE (city or town) (State or country) R.I.

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lexington Ky Date May 6 19 36

19. UNDERTAKER John Caudell & Son

(Address) 1500 Eutaw Place

20. FILED MAY 6 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1936, to May 3, 1936

I last saw her alive on May 3, 1936 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of ovary & metastases.

Date of onset ab 2½ y

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herbert Eiehert M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1268-9

23619

HEALTH DEPARTMENT—CITY OF BALTIMORE 23619

CERTIFICATE OF DEATH

131 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2804 Walbrook Ave. St. 15-6 Ward)

Length of residence in city or town where death occurred yrs. 70 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Chesley.

(a) Residence: No. 2804 Walbrook Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida C.

6. DATE OF BIRTH (month, day, year) July 23, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none Chronic Interstital Nephritis

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

FATHER

13. NAME Nathaniel D. Chesley

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Jane Rieman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT George P. Dix
(Address) 108 Wyndhurst Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date May 5, 1936

19. UNDERTAKER John J. Mitchell & Sons
(Address) 1900 Eutaw Place

FILED 1936 Huntington Baltimore, Md. 5/2/36
(Registrar) (Date Received)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from April 29 1936 19 to May 2 1936, 19

I last saw him alive on May 2 1936, 19 Death is said to have occurred on the date stated above, at 5P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1931
Chronic Interstital Nephritis	3/[illegible]/36

Other contributory causes of importance:

Arterior Sclerosis	1931

Name of operation None Date of

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. J. Colvin M. D.

3013 St. Paul Street. (Address)

23620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

F 23620

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1731 E. Lafayette Ave. St., 8-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Metta L. Hudgins

(a) Residence: No. 1731 E. Lafayette Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Hudgins

6. DATE OF BIRTH (month, day, year) July 14, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	8 9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME William Jarvis

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Few

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lillian Hitchcock

(Address) 1731 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemy. Date May 4, 1936

19. UNDERTAKER John D. Mitchell & Son

(Address) 1930 Eutaw Place

20. FILED ..... 19 .....

MAY 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 20 - 1936 to April 30 1936.

I last saw h[illegible] alive on April 30 1936. Death is said to have occurred on the date stated above, at 1:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	1 day
cardio - vascular Renal	2 mo.
Other contributory causes of importance: aorta & Mitral Insufficiency.	10 yrs

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Phy exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Louis F. Krumeich M. D.

(Address) 722 N. Kenwood Ave.

M. D. H. 1853-2

23621

HEALTH DEPARTMENT—CITY OF BALTIMORE

23621

CERTIFICATE OF DEATH

95-L

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 N. Montford Ave 8-1 Ward)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alphonso Montgomery Clogett

(a) Residence: No. 1120 N. Montford Ave St.; Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Clogett

6. DATE OF BIRTH (month, day, year) Aug. 12, 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 20 yrs

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Montgomery County Maryland

FATHER

13. NAME Joseph Benjamin Clogett

14. BIRTHPLACE (city or town) (State or country) Montgomery County Md

MOTHER

15. MAIDEN NAME Mary A. Driggens

16. BIRTHPLACE (city or town) (State or country) Howard County Md

17. INFORMANT Cora Worchester (Address) 1120 N. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL Place Parker Cem. Montgomery Co. Md. Date May 4, 1936

19. UNDERTAKER John G. Miller (Address) 2435 E. Biddle St

FILED May 5 1936 Huntington Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1936 to May 1, 1936

I last saw him alive on April 22, 1936 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular Disease	March 1935

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Paul Leasman M. D.

(Address) 222 N. Patterson Park Ave

F.D. 23622 ✓ F 23622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

125-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 7-a Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Phillip Thompson If U. S. Veteran specify WAR .....

(a) Residence: No. 1115 Etting St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, odd Jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hendersonville N.C.

FATHER

13. NAME Harvey Thompson

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Martha Washington

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital Records
(Address) 1514 Division St

18. BURIAL, CREMATION, OR REMOVAL
Pd Chas Treadwell Co. Date 5/6/36 19

19. UNDERTAKER E H Bankard & Son
(Address) Westminster Md

20. FILED MAY 5 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the above deceased, held an autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute yellow Atrophy of Liver	May 1 1936

Other contributory causes of importance: —

Was an operation performed? None Date of .....

For what disease or injury? None

Name of operation ..... Date of .....

What test confirmed diagnosis? History & autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so specify

(Signed) George L. Allen M. D.
Coroner

(Address) 501 Saratoga St.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-20-28—L. F. S.—500 Bks.

F 23623

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23623

186-a

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE. (No.) 2815 Montebello Ter ST. 27-3 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Jane Brooks

(a) RESIDENCE NO. 2815 Montebello Ter ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late of Scatton G. Brooks

6 DATE OF BIRTH (month, day, and year): Oct 23rd 1852

7 AGE: Years 83 | Months 6 | Days 10 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic work. 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Co Md

PARENTS

10 NAME OF FATHER: Charles Canales

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Co. Md

12 MAIDEN NAME OF MOTHER: Susan Sindell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Co. Maryland

14 Informant: Mrs Rose V. Boswell

(Address) 2815 Montebello Ter

15 Filed MAY 4 - 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 2nd 1936

17 I HEREBY CERTIFY, That I attended deceased from April 10th, 1936, to May 2nd, 1936, that I last saw her alive on May 2nd, 1936, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Fractured Femur

(duration) yrs. mos. 27 ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) E. L. Gordy M. D.

5-3, 1936 (Address) 5106 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel, Balto Co.

DATE OF BURIAL: May 5 1936

20 UNDERTAKER: Wm. C. Brooks & Son

ADDRESS: Govans, Md

M. D. B 1268-9

F 23624

F 23624 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (13-6 Ward)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John T. Penner.

(a) Residence: No. 3331 Paine St. St., ... Ward. No Record
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of (XXXXXXXXXXXX) Sarah E. Penner.

6. DATE OF BIRTH (month, day, year) April 15, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer Canton Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —— 30

10. Date deceased last worked this occupation (month and year) Aug 1925

11. Total time (years) spent in this occupation ——

12. BIRTHPLACE (city or town) (State or country) Washington Co. Md

FATHER

13. NAME Jacob E. Penner.

14. BIRTHPLACE (city or town) (State or country) West Virginia.

MOTHER

15. MAIDEN NAME Anna Rockwell.

16. BIRTHPLACE (city or town) (State or country) West Virginia.

17. INFORMANT Sarah E. Penner (wife)
(Address) 3331 Paine St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sample Mausoleum Washington Co. Md Date May 4 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 5-4-1936 By Huntington Williams 5/2/36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above at 2.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic disease of the heart and kidneys.	
Attempted suicide, shot self with revolver, bullet entered right side of head.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Otto M. Reinhardt, M. D.
Coroner

(Address) 1017 E. Chase st.

M. D. B. 1268-9

F 23625

F 23625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 13-7 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 6 mos. 30 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Alice C. Tall

War Record No

(a) Residence: No. Home for Incurables St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 3, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	6	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Geo. W. Tall

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Maryland

MOTHER

15. MAIDEN NAME Amanda B. Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Home for Incurable Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date May 4 1936

19. UNDERTAKER Herman Cook

(Address) 1217 St Paul Street

20. FILED MAY 4 1936 Wm. Fuller Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1930 to April 29 1936.

I last saw her alive on April 29, 1936 Death is said to have occurred on the date stated above, at 6.28 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 20 1936
Left right side Hemiplegia	
Contributory causes of importance: Bronchial Pneumonia	5 days

Name of operation None Date of

What test confirmed diagnosis? Path. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) W. W. Mayo, M. D.

(Address) Medical Arts Bldg

OCCUPATION is very important. See instructions on back of certificate.

F 23626

23626 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 N. Carrollton Ave. St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nelson Gross

(a) Residence: No. Age, men + women's Home Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wm C. Gross

(Address) 1838 Westbourne

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 4 1936

19. UNDERTAKER James A. Bruce

(Address) 142 W. Fayette St.

20. FILED 5-4-1936 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1936 to May 2, 1936

I last saw h. alive on May 2, 1936 Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

Cardiac Insufficiency

Other contributory causes of importance:

Old age

Date of onset

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Shelton, M. D.

(Address) 1230 Druid Park

F 23627 F 23627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 Ashland ave. St., 7 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Albert Young

(a) Residence: No. 1512 Ashland ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 1st. 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jobber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction wk.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William E. Young

14. BIRTHPLACE (city or town) (State or country) Back River, Md.

MOTHER

15. MAIDEN NAME Cora Burgess

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Mae Campbell (Sister)
(Address) 718 Dolphin st.

18. BURIAL, CREMATION, OR REMOVAL
Place National Date 5/4 1936

19. UNDERTAKER Samuel P. Sullivan Jr.
(Address) 538 N. Gilmor

[illegible] 19 [illegible] Registrar

MAY 4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 3rd, 1936, to April 30th. 1936

I last saw him alive on April 28th 1936. Death is said to have occurred on the date stated above, at 11. p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T.B.C.	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Walter J. Jackson M. D.

(Address) 1631 W. Franklin st.

13613

F 23628

F 23628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St., 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~Life~~ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Benjamin Burke

(a) Residence: No. 1215 Mosher St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 2-15-1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Burke

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Ellen Williams

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pt. Auburn Date 5/5 1936

19. UNDERTAKER Saml. P. Phipps & Son
(Address) 608 N. Gilmor

20. FILED 1936 Registrar.

5-4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/1 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/16 1936 to 5/1 1936

I last saw him alive on 5/1 1936 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Senility	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

23629 F 23629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 115-a

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 4419 Underwood Ra St. 27-11 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Henry J. Stockum — If U. S. Veteran specify WAR .....

(a) Residence: No. 4419 Underwood Rd St., ... Ward ... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Rieger

6. DATE OF BIRTH (month, day, year) June 8 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Broker 1084

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Haddenfield N.J.

FATHER

13. NAME Philip Stockum

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Thurman

16. BIRTHPLACE (city or town) (State or country) N.J.

17. INFORMANT Mrs H. J. Stockum

(Address) 4419 Underwood Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 4 1936

19. UNDERTAKER Henry N. Zipkin Funeral Home

(Address) McCulloh & Richard Streets Baltimore, Md.

FILED MAY 4 - 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3rd 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1936 to May 3rd 1936

I last saw him alive on May 2 1936 Death is said to have occurred on the date stated above, at 1.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	May 3 36
Other contributory causes of importance: Acute Peritonitis Infection	Apl 30 36

Was an operation performed? Yes Date May 2 - 36

For what disease or injury? Ruptured Duodenal Ulcer

Name of operating surgeon Dr. Geo W. Mitchell Date of operation May 2 36

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify .....

(Signed) Chas. W. Lowell — M. D.

(Address) 132 Park Ave —

F 23630

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23630

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2306 N. Rogers ave. St., 27-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME David W. Walsh

(a) Residence: No. 2306 W Rogers Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella La Motte

6. DATE OF BIRTH (month, day, year) Jan 17 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Abbottston Pa.

FATHER

13. NAME John George Walsh

14. BIRTHPLACE (city or town) (State or country) Abbottston Pa.

MOTHER

15. MAIDEN NAME Eleanor Bittinger

16. BIRTHPLACE (city or town) (State or country) Hanover Pa.

17. INFORMANT Mary Wolf Isaac

(Address) 2306 W. Rogers ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date May 5. 1936

19. UNDERTAKER Kenny P. Hunting's Sons

(Address) McCulloh cor Laurens

MAY 4 1936 Thomas Fenton Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from August, 1935 to May 2, 1936

I last saw h.m. alive on May 2, 1936. Death is said to have occurred on the date stated above, at 12 23 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
a) Arteriosclerotic Cardio renal disease - terminal	
Heart failure	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David Isaac, M. D.

5/4/36 (Address) Medical Arts Bldg

F 23631

F23631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3 4 D-93-I

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 23-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Reinhold

(a) Residence: No. 39 E. West St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Reinhold 1873

6. DATE OF BIRTH (month, day, year) 10-13-[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaper-carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frederick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosie Schultz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 5/4/36 19..

19. UNDERTAKER Philips Henry Sons

(Address) 2016 Orleans St

20. FILED ..... 19.. Huntington Williams, M.D. Registrar.

4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/30 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/29 1936 to 4/30 1936

I last saw him alive on 4/30 1936 Death is said to have occurred on the date stated above, at 10½ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	?
Myocardial insufficiency	6 wk.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Baltimore City Hosp

F 23632

F 23632 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

1. PLACE OF DEATH South Baltimore Gen. Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 25 Ward) 4th

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ole B. ~~Langsen~~ Vangsnes

(a) Residence: No. 3807 6th St. Brooklyn St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced BUSBAND of ~~last WIFE of~~ Lottie Vangsnes

6. DATE OF BIRTH (month, day, year) June 5 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bergen Norway

FATHER

13. NAME Bernard Vangsnes

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT Kenneth T Vangsnes

(Address) 3807 6th St Brooklyn Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date May 4 1936

19. UNDERTAKER John F Denny

(Address) 715 Light St Huntington Williams, N.Y.

20. FILED May 4 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1936

22. I HEREBY CERTIFY, That I attended deceased from April 25 1936 to May 1 1936

I last saw him alive on May 1 1936 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	?
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William Duvall M. D.

(Address) South Balto Gen Hosp.

F 23633 F 23633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH #10939

34-8-92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospls. St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Revell Turner

(a) Residence: No. 2112 Pennsylvania Ave., St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-25-1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Albert

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Webb

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ST-MICHAELS-MD Date 5/5/36 1936

19. UNDERTAKER JOHN-O-MITCHELL-SONS-
(Address) 1900-EUTAW-PLACE

20. FILED 4-1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/5, 1935 to 5/2, 1936

I last saw him alive on 5/2, 1936 Death is said to have occurred on the date stated above, at 6½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured aortic cusp.	5/2
Aortic incompetency	5/2
Myocardial insufficiency	5/2

Other contributory causes of importance: Cirrhosis of liver

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hospl

23634

F 23634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 Bolton St. St. 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marion Woolford

(a) Residence: No. 1700 Bolton St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 7, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	--	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME John Woolford

14. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.

MOTHER

15. MAIDEN NAME Caroline Evans

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Rosa Woolford
(Address) 1700 Bolton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem. Date May 4 1936

19. UNDERTAKER John O. Mueller & Sons
(Address) 1900 Eutaw Place

20. FILED 5-4-1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1936

22. I HEREBY CERTIFY, That I attended deceased from April 28 1936 to May 2 1936.

I last saw her alive on May 1 1936. Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

Senile Arterio-Sclerosis

Of several years duration, but has particularly evinced its cerebral results in the past 5 years

Date of onset ✓

Other contributory causes of importance:

✓

Was an operation performed? No Date of .....

For what disease or injury? ✓

Name of operation ✓ Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ✓

(Signed) E. L. & E. Van Arp M. D.

(Address) 1515 Park Ave.

23635 F 23635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL — Registered No. 135

CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 13-6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret M. Groves

(a) Residence: No. 113 West 34 th St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of David A. Groves

6. DATE OF BIRTH (month, day, year) May 20 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59.	11.	13.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

FATHER

13. NAME Appleby.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Margaret Appleby.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Margaret Becker
(Address) 2507 Eastern Heights ave

18. BURIAL, CREMATION, OR REMOVAL Place David Ridgely Date 5/6th 36

19. UNDERTAKER Walter Davis
(Address) 3418 Gertrude Ave.

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1936

22. I HEREBY CERTIFY, That I attended deceased from April 14 1936 to May 3 1936

I last saw her alive on May 3 1936. Death is said to have occurred on the date stated above, at 2 30 P. m.

The principal cause of death and related causes of importance were as follows: — Date of onset

1. Pyelonephritis and cystocele
2. chronic myocarditis

Other contributory causes of importance:
2nd hemorrhage

Was an operation performed? yes Date of April 15 1936

For what disease or injury? Pyelonephritis & cystocele

Name of operation Fenimorrhaphy Date of 4-15-36

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) H. M. Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL
(BALTIMORE, MD.

F 23636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

Registered No. 16-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie Ellis

(a) Residence: No. 1232 N. Gilmor St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced [redacted] (or) WIFE of Earnest Ellis

6. DATE OF BIRTH (month, day, year) July 15-1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic yoto

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME John Coe

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Harriet Barnes

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Earnest Ellis
(Address) 1224 N. Gilmor

18. BURIAL, CREMATION, OR REMOVAL
Place M. F. Jim Date 5/5/36. 19

19. UNDERTAKER Mrs. George H. Holland
(Address) 1618 Druid Hill Ave

FILED Y 4 - 1936 Huntington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5.1 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 4.26 . 1936 to 5.1 . 1936

I last saw her alive on 5.1 1936 Death is said to have occurred on the date stated above, at 4:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	5 mo. ago
Acute congestive heart failure	5.1.36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. L. Jackson M. D.

(Address) 600 N. Arlington

F 23637

F 23637

F 2363[illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#13814

Registered No. [illegible]

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St. 19-4-82 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1924 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bessie Mills

(a) Residence: No. 105 S. Addison St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Mills

6. DATE OF BIRTH (month, day, year) 6-20-1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME ? Hoof

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of Balto. City Hosps.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Resting Cemetery Date May 5 1936

19. UNDERTAKER George D. Lafrant

(Address) 2101 Frederick Ave.

MAY 4 - 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/2 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/27 1936 to 5/2 1936

I last saw her alive on 5/2 1936 Death is said to have occurred on the date stated above, at 4 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	5 days
Hypertension	?
	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

F 23638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 10839

107-a F 23638

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 26-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Rathman

(a) Residence: No. 3215 Erdman Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) 11-23-1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Gregory

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer May 4-36

19. UNDERTAKER J. J. Stecher & Son
(Address) 3001 Pennsylvania Ave Huntington Baltimore Md

20. FILED 1936 Registrar

5 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/30, 1935 to 5/2, 1936

I last saw him alive on 5/2, 1936 Death is said to have occurred on the date stated above, at 3½ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 days
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosps.

M. D. B. 1268-3

F 23639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. F 23639

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 70-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR World war

2. FULL NAME Joseph L. Godfrey

(a) Residence: No. 410 N Hilton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mable E Godfrey.

6. DATE OF BIRTH (month) January 30, 1893.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc machine Shop

10. Date deceased last worked at this occupation (month and year) 4-3-36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER FATHER

13. NAME Thomas Godfrey.

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Estella Gibson

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Mrs Mable G. Godfrey

(Address) 410 N. Hilton St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date May 5. 1936

19. UNDERTAKER Easton Sons

(Address) Edmondson Ave

Huntington Williams, MD

Registrar.

20. FILED MAY 6 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Injury find that said deceased came to his death on the day stated above. 11:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. H Phillips M. D. Coroner

(Address) 1939 Edmondson Ave

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

F 23640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 Montpelier St., 9-7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas H. Dunphy

If U. S. Veteran specify WAR .....

(a) Residence: No. 1513 Montpelier St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Annie E. Dunphy

6. DATE OF BIRTH (month, day, year): Aug 20 1862

7. AGE: Years: 73 | Months: 8 | Days: 2 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sea Food Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Patrick Dunphy

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Sophia Moreland

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Harry Dunphy

(Address) 2306 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL: Nat. Cath. Date May 5th 1936

19. UNDERTAKER: Jos. H. Gildenhorn & Sons

(Address) 2326 Eutaw Pl.

Registrar. Washington Williams, M.D.

20. FILED May 4 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 2nd 1936

22. I HEREBY CERTIFY, That I attended deceased from April 10th 1935 to May 1st 1936.

I last saw h[illegible] alive on May 1st 1935. Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular disease (Mitral Incompetency) — Date of onset: May 1934

Other contributory causes of importance: Chronic Interstitial Nephritis — Date of onset: 1935

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Thoracotomy & Division Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Washington Williams M. D.

(Address) 1201 N. Fulton Ave.

F 23641 ✓ F 23641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

Registered No. 27-6

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 5613 Tramore Rd. St., 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME George P. Reed

(a) Residence: No. 5613 Tramore Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mattie M. Reed

6. DATE OF BIRTH (month, day, year) Oct. 28, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sharon Mass.

FATHER

13. NAME Wilder Reed

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary E. Prescott

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mattie M. Reed
(Address) 5613 Tramore Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Leominster, Mass Date May 6, 1936

19. UNDERTAKER Leonard J. Buck.
(Address) 1307 Harford Rd.

MAY 4 - 1936 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1936

I HEREBY CERTIFY, That I attended deceased from Feb 6th, 1936 to May 5th, 1936
I last saw him alive on May 3rd, 1936 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration
Carcinoma of Bladder	Aug 15 1932
Uremia	

Other contributory causes of importance:

Was an operation performed? Yes. Date of Jan 26 1936
For what disease or injury? Carcinoma of Bladder
Name of operation Cystoscopic & Coliver Date of Jan 26 36
What test confirmed diagnosis? Laboratory Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19
Where did injury occur? none.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury none
Nature of injury none.

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify
(Signed) L. L. Condy. M. D.
(Address) 5106 Harford Road

F 23642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital — Registered No. 173

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Ray Jackson, — If U. S. Veteran specify WAR ...

(a) Residence No. 1717 Maryland ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Jackson,

6. DATE OF BIRTH (month, day, year) April 29, 1912,

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cleaning & dyeing Bethlehem Steel Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington DC

FATHER

13. NAME Samuel Jackson
14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN NAME Katie Union
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Katie Jackson,
(Address) 1717 Maryland ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem Date 5/5/36

19. UNDERTAKER Rayner Sanders
(Address) 1413 E Preston St Huntington Williams, Inc

20. FILED ... 19 ... Registrar.

4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above. 1:45,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to bullet wound,	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 4/1, 1936

Where did injury occur? Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury pistol shot,

Nature of injury Wound in right iliac vein

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) A Hance, M. D.
Coroner

(Address) 1215 Harlem

F 23643

F 23643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Leydenham Hospital St., 24-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Lucas HELEN AGNES LUCAS If U. S. Veteran specify WAR .....

(a) Residence: No. 122 E. Barney St., St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) June 11, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME James E Lucas

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna M Martin

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Mrs. James E Lucas (Address) 122 E Barney St.

18. BURIAL, CREMATION, OR REMOVAL Holy Cross C & C Date 5-6 1936

19. UNDERTAKER Bernard C. Harker (Address) 121 E Huntington Ave Baltimore, Md

FILED ..... 19 ..... Registrar.

4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1936, to May 4, 1936

I last saw her alive on May 4, 1936 Death is said to have occurred on the date stated above, at 4:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4/26/36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Myron G. Tull M. D.

(Address) Leydenham

F 23644 ✓ F 23644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 Baker St. 15-1 Ward)

Length of residence in city or town where death occurred 80 yrs. 8 mos. 20 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Jacob A. Rader

If U. S. Veteran specify WAR .....

(a) Residence: No. 615 Baker St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena L. Rader.

6. DATE OF BIRTH (month, day, year) Aug. 10, 1855

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	80	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1906

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Fredk Rader

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Earot

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Elizabeth R. Stockslader

(Address) 3201 Windsor Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 4 1936

19. UNDERTAKER Von Lee Kuger Sons

(Address) Stock & Pearre. Huntington Maryland

20. FILED ..... 19 ..... Registrar

4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April. 30. 1936

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1936, to April 30 (since) 1936.

I last saw him alive on April 30 1936. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. N. Putterman M. D.

(Address) 2324 Reisterstown Rd

F13645 F23645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 704 Newington Ave 13-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Hyde A. Wright
If U. S. Veteran specify WAR
(a) Residence: No. 704 Newington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. W. Wright

6. DATE OF BIRTH (month, day, year): Feb. 23 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Seaford Del

FATHER
13. NAME: Alfred Wright
14. BIRTHPLACE (city or town) (State or country): Del

MOTHER
15. MAIDEN NAME: Margaret Brown
16. BIRTHPLACE (city or town) (State or country): Del

17. INFORMANT: Kenneth T. Wright
(Address): Towson - Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Norfolk Va Date: May 4 1936

19. UNDERTAKER: Wm. McKenney & Sons
(Address): Norfolk & Portsmouth Va

Huntington Williams, M.D. Registrar

FILED 5-4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from For many years to 19
I last saw him alive on reverse. Death is said to have occurred on the date stated above, at 8.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	since 1934
Chron. Interstitial Nephritis	1932

Other contributory causes of importance:

Acute cardiac dilatation	May 3/36

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. King, B. E. Seegar, M. D.
(Address) 24 W. Read St.

F 23646

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23646

CERTIFICATE OF DEATH

✓ 108

Registered No. 6-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 N. Glover. St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Bernard Ellinghaus

(a) Residence: No. 414 N. Glover. St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan6. 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	28 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ooo

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME William J. Ellinghaus

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna Albert.s

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Father.
(Address) Fully Guaranteed

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer. Date May. 4/36

19. UNDERTAKER Fully Guaranteed
(Address) 407 S. Wolfe St.

20. FILED ..... 19 ..... Huntington Williams, Registrar

MAY 4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 X. 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1. 1936 to May 2. 1936

I last saw him alive on May 2 1936 Death is said to have occurred on the date stated above, at 8/45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	4-30-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

N.D. Signed) Ed Schmink, M. D.
(Address) 842 S. East Ave.

F 2364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 Eastern Ave St., 2-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World

2. FULL NAME Henry H. Geblein

(a) Residence: No. 1816 Eastern Ave St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 20 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own Bussiness

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Geblein

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Emma Gobel

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Samuel Geblein (Brother)
(Address) 1816 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Hearts Date May 5/1936

19. UNDERTAKER Lilly & Zumbrun
(Address) 402 S. Fremont Ave

Huntington Wellbaum, M.D.
Registrar.

MAY 4 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1936

22. I HEREBY CERTIFY, That I attended deceased from April 29 1936 to May 1 1936

I last saw him alive on May 1 1936 Death is said to have occurred on the date stated above, at 6 pm m.

The principal cause of death and related causes of importance were as follows:

Chronic Pulmonary and Laryngeal Tuberculosis — Date of onset June 5 1934

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Herman J. Gelwicks M. D.

(Address) 1900 Eastern Ave.

F 23648

F 23648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2018 E. North Ave St., 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles E. Bell Sr.

(a) Residence: No. 2018 E. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances A. Bell

6. DATE OF BIRTH (month, day, year) Sept. 30th 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Distillery Warehouse

10. Date deceased last worked at this occupation (month and year) Jan. 1932

11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Henry Bell

14. BIRTHPLACE (city or town) Unknown (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country) Unknown

17. INFORMANT Frances A. Bell (Address) 2018 E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date April 5 1936

19. UNDERTAKER Frederick Lanahan Sons (Address) 7401 Belair Road Huntington Millwood, Md.

Registrar.

20. FILED 4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2nd 1936

22. I HEREBY CERTIFY, That I attended deceased from August 31, 1934 to May 2, 1936

I last saw him alive on May 2, 1936 Death is said to have occurred on the date stated above, at 6:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1934
Other contributory causes of importance: Pernicious Anemia	1930

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel Bell M. D.

(Address) 1331 E. North Ave

F 23649

23649 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 833 S. Paca St., 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 11 mos. 3 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Lavinia Prentiss

(a) Residence: No. 833 S. Paca St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Prentiss

6. DATE OF BIRTH (month, day, year) May 29 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

FATHER

13. NAME Robert Holbert

14. BIRTHPLACE (city or town) (State or country) Ind

MOTHER

15. MAIDEN NAME Annie Hanna

16. BIRTHPLACE (city or town) (State or country) Del.

17. INFORMANT Grace Ruth Laukaitis

(Address) 414 Brookfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Cem Date May 5 1936

19. UNDERTAKER Wm. J. Forrester & Son per H. Forrester

(Address) 2178 Paca St. Huntington Pittsburgh, Pa.

FILED ..... 19 ..... Registrar.

MAY 4 - 1936

MEDICAL CERTIFICATE OF DEATH 6.30 PM

21. DATE OF DEATH (month, day, year) May 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1936 to May 2 1936

I last saw h.. alive on May 2 1936 Death is said to have occurred on the date stated above, at 6.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	10 da
Other contributory causes of importance: Diabetis Mellitus	2 yrs.
Cardio-Vascular Renal Disease	no

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Joseph H. Laukaitis M. D.

(Address) 679 Washington Blvd

F 23650

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23650

CERTIFICATE OF DEATH

✓ 93c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 Chauncey Ave St., 13-1 Ward)

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hiram Hecht

(a) Residence: No. 907 Chauncey Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 3, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Shoe

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Moses Hecht

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Babette Hecht

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. E. Hecht
(Address) 907 Chauncey Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Heb. Friendship Date May 5, 1936

19. UNDERTAKER Baird Landsheim & Son
(Address) 1902 Eutaw Place

Funeral Home, Inc.

20. FILED 5-4-1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1935 to May 3, 1936

I last saw her alive on May 3, 1936. Death is said to have occurred on the date stated above, at 6:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 1935 (6 mos)
Other contributory causes of importance:	
Myocarditis	1 month

Name of operation None Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) J. Frederick Leitz, M. D.

(Address) Temple Garden Apts

F 23651

23651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 24

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1920 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Ludwig or Lovely

(a) Residence: No. 434 N. Caroline St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise

6. DATE OF BIRTH (month, day, year) 8-31-1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper on Moving Van

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Bertha Coleman

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvery Cem Date 5-4-1936

19. UNDERTAKER Bryant & Mamie W. Wright

(Address) 1218 Mc Elderry St Washington, N.C.

(Signed) .....

Registrar.

MAY 4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/1, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/28, 1936 to 5/1, 1936

I last saw him alive on 5/1, 1936 Death is said to have occurred on the date stated above, at 6 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	2wk
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp

F 23852

312315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

F 23852

Registered No. .....

1. PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 5-1 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Viola Ross

(a) Residence: No. 1229 St Matthews St Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) 5-21-97

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Haywood

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Georgia Pierce

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Cem Date 5-5-1936

19. UNDERTAKER Barrow Manning & Wright
(Address) 1218 N Calderry St Alexander Williams

20. FILED MAY 6 1936, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1936 to May 1, 1936.
I last saw her alive on May 1, 1936 Death is said to have occurred on the date stated above, at 6⁰⁰ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure - Rheumatic heart disease	1932?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

Signed) Edw B Rossman M. D.

(Address) The Johns Hopkins Hospital

23653

12408 F 23653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Jones

(a) Residence: No. 9 W. Hughes St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ? 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME Steven Long

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Dora Gibbons

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem. Date 5/3 19 36

19. UNDERTAKER Walter B. Coughlin
(Address) 1391 W. Baltimore St.

20. FILED 4-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-30 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-19 1936 to 4-30 1936

I last saw her alive on 4-30 1936 Death is said to have occurred on the date stated above, at 8:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	
with Extension thru Left Ilium	?
	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? None

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

23654 F 23654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH #13170

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospts. St., 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Alice Sharp

(a) Residence: No. 111 N. Carlton St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	W

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 10-10-1881

6. DATE OF BIRTH (month, day, year) ~~10-10-1887~~

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~55~~	54	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Frank Davis

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Fanny- McColloh

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION OR REMOVAL Date 5/5 36

Place Mt Calvary

19. UNDERTAKER Robt A Carson
(Address) 916 Fulton Ave

Huntington West Virginia

4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-1 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-[redacted]13 1930 to 5-1 1936

I last saw her alive on 5-1 1936 Death is said to have occurred on the date stated above, at 1:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arthritis Knees & Hips, Bilateral	?
Terminal Bronchopneumonia Lobular	

Other contributory causes of importance:

Was an operation performed? No Date of -

For what disease or injury? None

Name of operation None Date of -

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

M. D. R. 1201-1

F 23655

F 23655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Joseph Hospital 210-M

CITY OF BALTIMORE: (No. ..... St., 8 — Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anthony Starr

(a) Residence: No. 2016 E. Biddle St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Starr

6. DATE OF BIRTH (month, day and year) June 21 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	8	31	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employee City Stat

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Attorney Dept

10. Date deceased last worked at this occupation (month and year) V 11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Starr

14. BIRTHPLACE (City or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Elizabeth Mash

16. BIRTHPLACE (City or town) (State or country) Balto Md

17. INFORMANT Mrs Catherine Starr

(Address) 2016 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cemy Date May 6 1936

Place

19. UNDERTAKER Henry Hoen & Sons, Inc

(Address) 301 E Eager St

20. FILED MAY 4 - 1936 Hennington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 3 — 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the above named deceased and that I have viewed the same and have made personal inquiry into the cause and circumstances of death as set forth below; that I was present at the (Inquest, Autopsy or Inquiry) thereon and from the (Inquest, Autopsy or Inquiry) above, held as aforesaid, and from information obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide or homicide? Accident Date of Injury May 3 1936

Where did injury occur? State St near Biddle (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Struck while crossing St

Nature of injury Hit & Run Driver

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Gardner Autz M. D. Coroner

(Address) 407 N. Charles St

✓F 23656

23656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts St. 13-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Silverthorne, Baby Boy

(a) Residence: No. 823 Newington Ave., St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-30-36

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jesse

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Naomi Sapperstein

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mausoleum of Md Date May 4 , 1936

19. UNDERTAKER .....
(Address)

20. FILED 1936 Registrar
2301

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-2 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-30. , 1936, to 5-2 , 1936

I last saw alive on 5-2 1936. Death is said to have occurred on the date stated above, at 5:38 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Atelectasis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Irene Sterling M. D.

(Address) Balto. City Hospital

13862 ✓ F 23657

23657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-A

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St. 76-12 West

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William H. Richardson

(a) Residence: No. none St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-21-1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Richardson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary E. Gettier

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date May 4 1936

19. UNDERTAKER [illegible]

(Address)

4 1936 Huntington Williams, M.D.

2503 NW

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19..., to 5/2, 1936

I last saw him alive on 5/2, 1936 Death is said to have occurred on the date stated above, at 1155 a. m.

The principal cause of death and related causes of importance were as follows:

	Duration—Interval between onset and death
Arteriosclerosis generalized	Unknown
Cerebral Hemorrhage	5-1-36.

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) A. A. de Lambert M. D.

(Address) Baltimore City Hospitals

(Sprasty) ✓ F 23658

23658 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. 27-10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. if of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Dan A Sprasty (Rose Louise)

(a) Residence: No. 5305 St Albans Way St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dan A. Sprasty

6. DATE OF BIRTH (month, day, year) 4/10/1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	-	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph Neudling

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Philomena Fischer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs D. A. Sprasty
(Address) 5305 St Albans Way

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 5/5/36, 19

19. UNDERTAKER J. J. Bobb & Sons
(Address) 214 Light

20. FILED 5 1936 Arlington Nat'l Bank

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1936, to May 2, 1936

I last saw h.. alive on May 2, 1936 Death is said to have occurred on the date stated above, at 1:24 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure	
Other contributory causes of importance: Tuberculosis	1931

Was an operation performed? Yes Date of 4.18.36, 5.1.36

For what disease or injury? Tuberculosis

Name of operation Thoracoplasty 1st 2nd & 3rd ribs (right) Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Clagett Bell M. D.
(Address) Union Memorial Hosp.

23659

F 23659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen. Hospital) (Ward) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Wells (white)

If U. S. Veteran specify WAR .....

(a) Residence: No. 1112 Williams St. ..... St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 3 1936

7. AGE	Years	Months	Days	If LESS than 1 day, 2 hrs. or 34 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

13. NAME Edward Wells

FATHER

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Agnes Mae Dooley

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery Date May 4 1936

19. UNDERTAKER .....

(Address)

20. FILED 19 ..... Registrar

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-3 1936

22. I HEREBY CERTIFY, That I attended deceased from 6 A PM 5/3 1936 to 10 P.M. 5/3 1936

I last saw him alive on 5/3 1936 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Henry Gill Wells M. D.

(Address) South Baltimore Gen. Hosp.

F 250660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Leo F. Schaeffer

(a) Residence: No. 1800 E. Monument St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced

6. DATE OF BIRTH (month, day, year) Nov. 4. 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45 yr.	— 5	— 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6044

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. Schaeffer

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mercy Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 5 1936

19. UNDERTAKER William D. Schaeffer
(Address) 1616 E. Monument St

19. FILED 1936 ~~Baltimore, Md.~~ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 3 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 30 . 1936 to MAY 3 . 1936

I last saw him alive on MAY 3 . 1936. Death is said to have occurred on the date stated above, at 5.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Uremia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M. S. Sacks . M. D.

(Address) Mercy Hospital .

23661 F 23661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4311 Underwood Rd St., 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 7 mos. 20 ds. How long in U. S. If of foreign birth 80 yrs. 7 mos. 20 ds.
If U. S. Veteran specify WAR. NONE

2. FULL NAME Ida Stoen

(a) Residence: No. 4311 Underwood Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Sept-13-1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Ernest Stoen
14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Hannes E. Nordoff
16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. Alfred T. Stoen - (Son)
(Address) 10 Brudvale Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date May 5 1936

19. UNDERTAKER Stewart Mortuary Inc
(Address) 128 W. Franklin St

1936 Huntington Millspaugh

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936 to May 3, 1936
I last saw her alive on May 3, 1936 Death is said to have occurred on the date stated above, at 9-30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the descending Colon	Jan 36
Other contributory causes of importance: Angina	1933

Was an operation performed? no Date of .....
For what disease or injury? —
Name of operation ..... Date of .....
What test confirmed diagnosis? Check Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Walter W. Pearce M. D.
(Address) Earl Ct. after Balto Md

23662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St. 8-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 1 mos. ..da. How long in U. S. If of foreign birth? ..yrs. ..mon. ..da.

If U. S. Veteran specify WAR .....

2. FULL NAME Melvin Haberman

(a) Residence: No. 1241 N. Elwood Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	19			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Med. Student
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Samuel Haberman
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rose —
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rose Haberman (Mother)
(Address) 1241 N. Elwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rodef Sholom Date 5-4 1936
Hebrew Rodef Sholom Park Cemetery

19. UNDERTAKER Pat
(Address) 1939 E. Baltimore St

4 1936 Huntington Williams, Inc.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 5-4-36. 19

22. I HEREBY CERTIFY, That I attended deceased from May 1-36 to May 4 36

I last saw h/ alive on May 4 1936 Death is said to have occurred on the date stated above, at 2:23P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus Meningitis	4-30-36

Other contributory causes of importance:

Bronchopneumonia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David J. Brody M. D.

(Address) Sinai Hospital

23663

E 23663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 27-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME Harvey Braxton

(a) Residence: No. 3417 Paton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-13-1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME Samuel

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Sara Ames

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Keller Va Date 5/5/ 1936

19. UNDERTAKER Frances A. Stemsley
(Address) 574 W. Biddle St

20. [illegible] Huntington Williams, Registrar

1936 FORM

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/29, 1936 to 5/2, 1936

I last saw him alive on 5/2 1936 Death is said to have occurred on the date stated above, at 8 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	5 days

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

M. D. B. 1268-9

✓ F 23664

HEALTH DEPARTMENT—CITY OF BALTIMORE

23664

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2538 Wilkins Ave 70-5 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Oliver Friedel

(a) Residence: No. 2538 Wilkins Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 8 - 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5056

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John C. Friedel

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Katherine C. Engel

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs. Katherine C. Friedel
(Address) 2538 Wilkins Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 5, 1936

19. UNDERTAKER George L. Schmidt
(Address) 2121 Pinkney Ave.

20. [illegible] Huntington Williams, M.D.
Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1936 to May 2, 1936

I last saw h— alive on May 2, 1936. Death is said to have occurred on the date stated above, at 1:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Other contributory causes of importance:	
Pulmonary Edema	May 2-

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Harry Glassman M. D.

(Address) 2687 Wheeler Ave

M. D. B. 1268-9

F 23665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2809 Christopher Av St., 27-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wallace Gordon Montague.

(a) Residence: No. 2809 Christopher Av St., 27 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine Montague.

6. DATE OF BIRTH (month, day, year) May 4 – 1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lee Bros. Coal

10. Date deceased last worked at this occupation (month and year) Jan 1926

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Roanoke Va.

FATHER

13. NAME W. Gordon Montague.

14. BIRTHPLACE (city or town) (State or country) Roanoke Va.

MOTHER

15. MAIDEN NAME Lilla Reamy.

16. BIRTHPLACE (city or town) (State or country) Roanoke Va.?

17. INFORMANT Katherine Montague.

(Address) 2809 Christopher Av

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date May 5 1936

19. UNDERTAKER Charles P. Powell

(Address) 113 N Eutaw St

20. FILED 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1st 1936

22. I HEREBY CERTIFY, That I attended deceased from May 14 1930 to May 1st 1936

I last saw him alive on May 1st 1936 Death is said to have occurred on the date stated above, at 9.30 P.M.

The principal cause of death and related causes of importance were as follows:

I

Ch. Pulmonary tuberculosis — Date of onset 1914

Other contributory causes of importance:

None.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No (If so, specify) .....

(Signed) W. Reamy Daes, M. D.

(Address) 1017 Cathedral St.

M. D. B 1268-9

✓ F 23666

HEALTH DEPARTMENT—CITY OF BALTIMORE

23666

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 Linden Ave St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine L. Robbins

If U. S. Veteran specify WAR .....

(a) Residence: No. 1308 Linden Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry H Robbins

6. DATE OF BIRTH (month, day, year) Aug 25. 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	7	5	

OCCUPATION

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bristol Pa

FATHER

13. NAME Edmund Laurence

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Mariah Ernest

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Robert C Ruehl

(Address) Chula Va

18. BURIAL, CREMATION, OR REMOVAL

Place Ft Lincoln Cem Date 5/7/36 19

Chula Va

19. UNDERTAKER Bernard G Funk

(Address) 5135 Harford Road

20. FILED 4 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 , 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, about 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) O Hearn Coroner . M. D.

(Address) 1715 Hanover

F 23667

23667 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

78 Registered No.

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens ave Ball St. 7 Ward) 27-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. Peter Lynn

(a) Residence: No. 2807 Rosecroft Lane St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. ? 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	9	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 60 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painting (outside)

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME Mr Michael Lynn

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Feeney.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. Sara K. Hooper
(Address) 2807 Rosecroft Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 5/6 1936

19. UNDERTAKER Warren Lennon & Taylor Bros.
(Address)

20. 1936 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) 5-4- 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1 1936 to May 4 1936

I last saw him alive on May 4 1936 Death is said to have occurred on the date stated above, at 12 50 a. m.

The principal cause of death and related causes of importance were as follows:

Acute encephalitis

Date of onset

abt

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Karl F. Meek M. D.

(Address) St. Agnes' Hospital

M. D. B 1268-9

✓ F 23668

23668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Union Memorial Hospital — Registered No. 210-M

CITY OF BALTIMORE: (No.) ..... St. 7 7 to 10 Ward ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME: Robert F. McLellan — If U. S. Veteran specify WAR .....

(a) Residence: No. 715 Hoodbourne Ave. Ward ..... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced: HUSBAND of / (or) WIFE of —

6. DATE OF BIRTH (month, day, year): 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (City or town) (State or country): Baltimore Md

FATHER

13. Robert F McLellan

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Etherine Keene

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Robert McLellan (Address) 715 Hoodbourne

18. BURIAL, CREMATION, OR REMOVAL: Place Cathedral Date 5/5/36 19

19. UNDERTAKER: Harry M. Hirshfield (Address) 1300 Eutaw Pl

20. FILED 1936 Harrington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/3-1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracskull	5/2/36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accd Date of injury 5/2 19 36

Where did injury occur? Ford 715 Hoodbourne Rd. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Public Highway

How injury occurred: Ran from between 2 parked automobiles was struck by an automobile

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Mitchell Bailey Auto M. D.
Coroner

(Address) 211 W Chases St

M. D. B 1268-9

3669

HEALTH DEPARTMENT—CITY OF BALTIMORE 23669

CERTIFICATE OF DEATH

183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Body found floating at

CITY OF BALTIMORE: (No. Westport Power Houses St. 14-2 Ward)

Length of residence in city or town where death occurred 47 yrs. ////// mos. ////// ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME J. Joseph Swann. (c)

(a) Residence: No. 1506 Division St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, HUSBAND of (or WIFE of) XXXXXXXXXXXX Carrie A. Swann (c)

6. DATE OF BIRTH (month, day, year) September 6, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	8/ 7	29 2d	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME Rev. J. Swann. (c)

14. BIRTHPLACE (city or town) (State or country) Tenn.

15. MAIDEN NAME Marry F. Simmons. (c)

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Ruth Johnson (Sister)

(Address) 432 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL May 6. '36

Place Mt Zion Md Date April 6, 1936

19. UNDERTAKER T. A. Hardesty & Son

(Address) Edesville Md

20. FILED 1936 [illegible] Registrar. 5/4/36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found May 4, 1936. , 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning Probably Accidental	
Other contributory causes of importance:	

Name of operation None. Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M. Reinhardt M. D.
Coroner

Address 1017 S. Charles St.

23670 F 23670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 649 Gutman Av St. 9-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louise Tamart

If U. S. Veteran, specify WAR No Record

(a) Residence: No. 649 Gutman Av St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Thomas M. Tamart

6. DATE OF BIRTH (month, day, year) Oct 17 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Dec 1935

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER FATHER

13. NAME George Wilhelm

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

15. MAIDEN NAME Mary Fagel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Thomas M. Tamart

(Address) 649 Gutman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date May 6 1936

19. UNDERTAKER Wm Cook

(Address) 1317 St Paul St

Lexington Williams MD

D. FILED MAY 5 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3rd 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/4/35 19 .. to 5/3/36 19 ..

I last saw h[illegible] alive on 5/3/36 19 .. Death is said to have occurred on the date stated above, at 8:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.

(Address) 321 E 25

F 23671

F 23671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x V 134

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital H-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. George Hensler

(a) Residence: No. Lake Shore, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ——— ——— ———

6. DATE OF BIRTH (month, day, year) Oct 11 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ———

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME John G. Heublein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna M. Otto

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Chandron

(Address) 1026 Cathedral St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date May 6 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

20. FILED Huntington Williams, MD

MAY 5 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1936 to May 3, 1936

I last saw him alive on May 3, 1936. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
prostatic hypertrophy AMW	1933
renal calculus	1935
anemia	

Other contributory causes of importance:

arteriosclerosis

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Francis S Dickey, M. D.

(Address) University Hospital

M. D. H. 1268-9

F 23672

23672 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 Barclay St. 12-5 Ward)

Length of residence in city or town where death occurred 5 yrs. 7 mos. 7 dds. How long in U. S. If of foreign birth? yrs. mos. dds.

2. FULL NAME Pauline Estelle Sisk

No Mar Record

(a) Residence: No. 1709 Barclay St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✗

6. DATE OF BIRTH (month, day, year) Nov 26 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. ✗

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.. ✗

10. Date deceased last worked at this occupation (month and year) ✗

11. Total time (years) spent in this occupation 0000

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Charles P. Sisk

14. BIRTHPLACE (city or town) (State or country) Hagerstown Md

15. MAIDEN NAME Nora S. Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Chas P Sisk

(Address) 1709 Barclay St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury M.E. Cemetery May 5th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 W. Baltimore St

20. FILED MAY 5 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1 1936 to May 3 1936

I last saw h[illegible] alive on May 2 1936 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastritis	4/10/36
Other contributory causes of importance:	
Bronchitis	4/30/36
Atelectasis	4/1/36

Name of operation ✗ Date of ✗

What test confirmed diagnosis? ✗ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✗ Date of injury ✗ 19

Where did injury occur? ✗ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✗

Manner of injury ✗

Nature of injury ✗

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Grant M. D.

(Address) 314 E. Lanvale St

F 23673

F 23673 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH: South Baltimore Gen. Hosp. — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St., ____ Ward)

Length of residence in city or town where death occurred: ____yrs. ____mos. 7 da. How long in U. S. If of foreign birth? ____yrs. ____mos. ____da.

If U. S. Veteran specify WAR ____

2. FULL NAME: Della Mary McCarthy

(a) Residence: No. Parsons, Md. St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Michael McCarthy

6. DATE OF BIRTH (month, day, year): Sept. 4, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	43	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____

10. Date deceased last worked at this occupation (month and year): ____

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Alexandria, Va.

FATHER

13. NAME: Wm. Gibson

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Adelaide Rowland

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Michael McCarthy
(Address) 1126 Nanticoke St

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Cross Cem. Date: May 7, 1936

19. UNDERTAKER: Margaret L. Flynn
(Address) 2107 N. Milton Ave

20. FILED: May 7 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1936 to May 7, 1936

I last saw her alive on May 7, 1936 Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal Carcinomatosis	?
Other contributory causes of importance:	

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ____

(Signed) William Dysek M. D.

(Address) South Balto. Gen. Hosp.

F 23674

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23674

CERTIFICATE OF DEATH

34-1-95-B

Registered No. 13840

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 2-3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hattie Johnson

(a) Residence: No. 156 W. West St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Miles

6. DATE OF BIRTH (month, day, year) ~~1851~~ 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51 ~~52~~			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Md. all Cem Co Date 6/3 1936

19. UNDERTAKER Walter S. Sprague
(Address) 1311 W. Fayette St.

20. FILED 19 [illegible] Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/1 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/28 1936 to 5/1 1936

I last saw her alive on 5/1 1936 Death is said to have occurred on the date stated above, at 10 ~~3~~ p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 days.
Hypertensive Cardio-vascular disease	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp

23675 HEALTH DEPARTMENT—CITY OF BALTIMORE 23675

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Maryland General Hospital Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 345 Ward

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie Scott If U. S. Veteran specify WAR

(a) Residence: No. 1509 Henry St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): widowed

6a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: John M Scott

6. DATE OF BIRTH (month, day, year): Jan 11, 1870

7. AGE: Years 66; Months 3; Days 21; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Prospect Maryland

13. NAME: Richard Thompson

14. BIRTHPLACE (city or town) (State or country): Prospect md

15. MAIDEN NAME: Mary E. Shank.

16. BIRTHPLACE (city or town) (State or country): md

17. INFORMANT: Mr Norman N Scott
(Address): 1509 Henry st.

18. BURIAL, CREMATION, OR REMOVAL
Place: Cedar Hill Date: May 5. 1936

19. UNDERTAKER: John F Dorsey
(Address): 715 Light St

MAY 5 1936 Huntington [illegible] Reg.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year): 5-2 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-1 . 1936 to 5-2 . 1936

I last saw her alive on 5-2 . 1936 Death is said to have occurred on the date stated above, at 1.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	
Mastoiditis	1936
Diabetes Mellitus	
Cerebral Sclerosis.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no . If so, specify

(Signed) W. P. Stapleton M. D.

(Address) Md. Sur. Hosp

F 23676 # 13009 F 23676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... Baltimore City Hospital St., 8-7 Ward)

Length of residence in city or town where death occurred 40 Years yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Caroline Hennick (Mary Ann Caroline Hennick) If U. S. Veteran specify WAR .....

(a) Residence: No. 1303 N. Bond St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Hennick

6. DATE OF BIRTH (month, day, year) 3-28-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	I	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Md~~ Millers Island Maryland

FATHER

13. NAME ? (Amoss)

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary Gunther

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date May 5th, 1936

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Ave. Huntington Station, Md.

20. FILED MAY 5 1936, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/13, 1936, to 5/2, 1936

I last saw her alive on 5/2, 1936 Death is said to have occurred on the date stated above, at 1:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular renal disease	4 mo.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

Signed Robert A. Reiter, M. D.

(Address) Baltimore, Md.

23677

F 23677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.
CITY OF BALTIMORE: (No. ..... St., 8-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5d yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James P. Foley

(a) Residence: No. 1501 North Carolina St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 8/26/1860

8. AGE: Years 75 | Months 8 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Pol
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Patrick Foley

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Anna M Flynn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Anna Foley wife
(Address) 1501 N. Carolina St

18. BURIAL, CREMATION, OR REMOVAL 5/7/36
Place New Cathedral Date ..... 19..

19. UNDERTAKER George Rutledge & Sons
(Address) 1330 Harford Ave Lexington Parkway

..... 19.. Registrar.

5 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1936 to May 4, 1936

I last saw him alive on May 4, 1936 Death is said to have occurred on the date stated above, at 12 00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Mesenteric thrombosis	

Other contributory causes of importance: Chronic myocarditis

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) P. M. Wagenseller, M. D.
(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

23678 F 23678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8-6 Ward)

Length of residence in city or town where death occurred 51 yrs. 6 mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Julia Sanford

(a) Residence: No. 1606 N. Bethel St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6. If married, widowed or divorced HUSBAND of (or) WIFE of Charles H. Sanford

7. DATE OF BIRTH (month, day, year) 10/15/84

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER'S MAIDEN NAME

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME Margaret Snyder

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore County Date May 7, 1936

19. UNDERTAKER Elmer H. Conklin (Address) 524 E. Eager St.

20. FILED May 7 1936 Fort Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 30, 1936, to May 4, 1936

I last saw her alive on May 4, 1936 Death is said to have occurred on the date stated above, at 1:30 a. m.

The principal cause of death and related causes of importance were as follows:

Heart failure of undetermined cause — Date of onset Jan 1936

Other contributory causes of importance:

anemia

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) Joseph J. Sadusky Jr. M. D.

(Address) Johns Hopkins Hospital

F 23679

F D 23679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 N. Vincent St., 19-1 Ward)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Blair

(a) Residence: No. 520 N. Vincent St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Blair

6. DATE OF BIRTH (month, day, year) Jan 19 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General work

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Blair

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Rice

(Address) 520 N. Vincent

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date May 5, 1936

19. UNDERTAKER Mrs Kate R. Williams

(Address) 322 N. Schroeder St

20. FILED MAY 5 1936 19 ..... Easton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above. 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Influenza)	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) O. Mace, Coroner, M. D.

(Address) 120 Hanover

M. D. B. 1268-9

23680

F 23680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 11-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 North Calvert St. 11-1 Ward)

Length of residence in city or town where death occurred ....yrs. 83 mos. .....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mary Musgrave

(a) Residence: No. 921 North Calvert St., 11 Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jul 6 1853

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
83		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Musgrave

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME L. Ellis Musgrave

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Walter Musgrave

(Address) 721 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date May 5 1936

19. UNDERTAKER Henry W. Berkley Sons

(Address) 1426 Eutaw Place

FILED MAY 5 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 5/3 1936

22. I HEREBY CERTIFY, That I attended deceased from April 20 1936 to May 3 1936

I last saw h... alive on May 2nd 1936 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Broncho Pneumonia

Bronchitis & Grippe

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Jefferies Beach M. D.

(Address) 5 Club Rd

F 23681

23681 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-4 95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 Clifton Ave. St., 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert Henry Hall

(a) Residence: No. 1616 Clifton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella James Hall

6. DATE OF BIRTH (month, day, year) Nov. 14, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME John Hall

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Pinkey Bodley

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mr. Edward Smith Hall

(Address) 1616 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 6 1936

19. UNDERTAKER Wm. J. Tickner & Sons

(Address) North Ave

MAY 5 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-17-1936 to 5-3, 1936

I last saw h. alive on 5-3, 1936 Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular disease	1916
Coronary Thrombosis	1936
Other contributory causes of importance: Hypertension	1916

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. Hughstetter, M. D.

(Address) 2726 Penna. Av.

23682 HEALTH DEPARTMENT—CITY OF BALTIMORE E 23682

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospts. St. 15-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Abraham Hardy

(a) Residence: No. 3727 Reisterstown Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 11-28-64

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John ~~(illegible)~~ W. Hardy

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Coleman (D)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date May 6 1936

19. UNDERTAKER Wm. J. Tickner & Sons
(Address) North & Pa Ave.

Huntington Williams, M.D.
Registrar

FILED 5 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-4 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-2 1936 to 5-4 1936

I last saw him alive on 5-4 1936 Death is said to have occurred on the date stated above, at 6:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Hemiplegia, Rt. (Unspecified)	?
Other contributory causes of importance:	
Terminal Bronchopneumonia	5-3-36
Arteriosclerotic gangrene Rt. Foot	?

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson M. D.

(Address) Balto. City Hosp

23683 F 23683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5313 Gwynn Oak Ave 28-2 Ward)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Rev. Henry P. Jackson

(a) Residence: No. 5313 Gwynn Oak Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (Write the word)
Male	White	Married.

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary Todd Jackson

6. DATE OF BIRTH (month, day, year) May. 5 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	1	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M.E.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Athens Ga

13. NAME OF FATHER W. H. Jackson

14. BIRTHPLACE (city or town) (State or country) Ga

15. MAIDEN NAME OF MOTHER Martha Capps

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Miss Birdie Jackson

(Address) 5313 Gwynn Oak Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date May 5 1936

19. UNDERTAKER Wm. J. Tackett Sons

(Address) Monk & Peaves.

Dist. FILED MAY 5 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/2/36. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28th. 1935 to May 2 1936

I last saw him alive on May 2 1936. Death is said to have occurred on the date stated above, at 3.05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	4/30/36
Other contributory causes of importance: Paralysis Left side & throat	1933
Arterio Sclerosis - Cerebral Hemorrhage	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. W. Harper M. D.

(Address) 520 E. Fenwick Ave

23684 HEALTH DEPARTMENT—CITY OF BALTIMORE F 23684

CERTIFICATE OF DEATH

✓ 94-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2038 Park Ave St., 13-W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sophia Rapp

(a) Residence: No. 2038 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John Henry Rapp

6. DATE OF BIRTH (month, day, year): May 6 1859

7. AGE: Years 76 | Months 11 | Days 7 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER'S MAIDEN NAME

13. NAME: Louis Rosenthal
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Jannette Reis
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Wm. H. Rapp
(Address) 2038 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place of: Westview Date May 6 1936

19. UNDERTAKER: H. Pugh Sons
(Address) North Avenue

20. FILED 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1936 to May 3, 1936
I last saw her alive on May 3, 1936. Death is said to have occurred on the date stated above, at 6:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary deficiency and angina Pectoris	Jan. 3, 1936
Other contributory causes of importance: Arterio-Sclerosis with Hypertension	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Maurice E. Shamer M. D.
(Address) 3300 W. North Ave.

F 23685 F 23685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH #11826 34-9-93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 5-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Wilson

If U. S. Veteran specify WAR

(a) Residence: No. 317 Forrest St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-15-83

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	8	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Dave Wilson

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Nellie ?

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvery Date May 7, 1936

19. UNDERTAKER Edw Bryan
(Address) 1647 Huntington Ave, Balto, Md

FILED MAY 5 1936, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/21, 1936 to 5/4, 1936

I last saw her alive on 5/4, 1936 Death is said to have occurred on the date stated above, at 5 05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	?
Hypertension	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

23686 F 23686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 117-a

1. PLACE OF DEATH University Hospital Registered No.
CITY OF BALTIMORE: (No. Redwood St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
2. FULL NAME William Langley If U. S. Veteran specify WAR
(a) Residence: No. Waldorf Md St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) M

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Thompson Langley

6. DATE OF BIRTH (month, day, year) ? ? 1874

7. AGE | Years about 62 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Md

FATHER
13. NAME John H. Langley
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Marie Hampton
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Martha Langley
(Address) Waldorf Md

18. BURIAL, CREMATION, OR REMOVAL
Place Waldorf Md Date 5/8/36 19

19. UNDERTAKER Hunt & Ryan
(Address) Waldorf Md

FILED 5 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/5/36

22. I HEREBY CERTIFY, That I attended deceased from March 22 1936 to May 5 1936
I last saw h— alive on May 5 1936 Death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Gastric Ulcer.	

Other contributory causes of importance:

Was an operation performed? yes Date of 5/1/36
For what disease or injury? Gastric Ulcer
Name of operation Gastro-enterostomy Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) H. W. Robinson M. D.
(Address) University Hospital

M. D. B. 1268-9

23687

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 23687

CERTIFICATE OF DEATH

178a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924 E. 31st St. St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Wesolowski

(a) Residence: No. 1924 E. 31st St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Wesolowski

6. DATE OF BIRTH (month, day, year) Dec. 4 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Repairer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Anthony Wesolowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Zekla Jasinska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Marie Wesolowski

(Address) 1924 E. 31st St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date May 6 1936

19. UNDERTAKER John J. Welsh

(Address) [illegible]

FILED 19 Registrar.

5 1936 Huntington Avenue, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning (Illuminating Gas)	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/4 1936

Where did injury occur? 1924 E. 31st St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Tea pot boiled over and turned out gas light

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Paul Schenberg Coroner, M. D.

(Address) 1919 E. North Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

23688 — 23688

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4901 Harford Rd Ward) 27-3

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mary Alice Smith

(a) Residence: No. 4901 Harford Rd St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Samuel Smith

6. DATE OF BIRTH (month, day, year) Feb 7 1866

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68 70	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edward Richards

14. BIRTHPLACE (city or town) (State or country) Balto Co

MOTHER

15. MAIDEN NAME Rebecca Read

16. BIRTHPLACE (city or town) (State or country) Balto Co

17. INFORMANT Mr Samuel Smith

(Address) 4901 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Friends Cem Date May 7th 1936

19. UNDERTAKER Geo Schilling & Son

(Address) 1126 E Monument St

RECEIVED MAY 5 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4th 1936

22. I HEREBY CERTIFY, That I attended deceased from April 27th 1936 to May 4th 1936

I last saw her alive on May 4th 1936. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Duration
Lobar Pneumonia	4-8-36

Other contributory causes of importance:

Name of operation none. Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....19....

Where did injury occur? none. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury none.

Nature of injury none.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) L. L. Scully M. D.

(Address) 5106 Harford Rd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

3689 F 23689

CERTIFICATE OF DEATH

Registered No. 13.1

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD St., 26-2 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Josephine A. Smith

(a) Residence: No. 5007 Anthony Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6. If married, widowed, or divorced (or) WIFE of Albert C Smith

DATE OF BIRTH (month, day, year) 9-10-1886

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	9	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME James A Mills
14. BIRTHPLACE (city or town) (State or country) Balto Md
15. MAIDEN NAME Laura V Martin
16. BIRTHPLACE (city or town) (State or country) Balto Md
17. INFORMANT Albert C Smith
(Address) 5007 Anthony Ave
18. BURIAL, CREMATION, OR REMOVAL Place Catholic Date 5/8 1936
19. UNDERTAKER Leonard J Flynn & Co
(Address) 2701 Eastern Ave
MAY 5 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to May 6, 1936
I last saw h.. alive on May 5, 1936. Death is said to have occurred on the date stated above, at 3:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Acute appendicitis	
2. Hypertension	
3. Chronic myocarditis	

Other contributory causes of importance:

Was an operation performed? yes Date of May 1 1936
For what disease or injury? Acute appendicitis
Name of operation Appendectomy Date of 5-1-36
What test confirmed diagnosis? Op Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) H W Wagenseller, M. D.
(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

23690 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 23690

CERTIFICATE OF DEATH

V 95-B #13649

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eliza Washington

(a) Residence: No. 221-~~[illegible]~~ N. Poppleton St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-12-1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0&?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME ? Alexander Chapman

14. BIRTHPLACE (city or town) (State or country) St Mary Co Md

15. MAIDEN NAME ? Matilda

16. BIRTHPLACE (city or town) (State or country) St Mary Co Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Date May 7, 1936

19. UNDERTAKER Mrs Kate R Williams

(Address) 332 S. Edmondson Ave

FILED MAY 5 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/3, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/17, 1936 to 5/3, 1936

I last saw h[illegible] alive on 5/3, 1936 Death is said to have occurred on the date stated above, at 12 25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	?
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp

23691

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23691

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 N Payson St. 15-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Wilhelmina Schlag (Schlog)

(a) Residence: No. 1817 N. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Conrad Schlag

6. DATE OF BIRTH (month, day, year): May 5-1852.

7. AGE: Years 83 - Months 11 - Days 28 - If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER'S MAIDEN NAME

13. NAME: Conrad Schlag
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Margaret Feld
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Miss Amelia Schlag
(Address) 1817 N. Payson St

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park. Date: May 5- 1936

19. UNDERTAKER: F. B. Shippert & Son
(Address) 1300 Eutaw Place

FILED MAY 5 1936 Arlington Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 3- 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1936 to May 3 1936

I last saw h. alive on May 2, 1936 Death is said to have occurred on the date stated above, at 4:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Senility	10 yrs
Other contributory causes of importance: Arteriosclerosis, Hypostatic Pneumonia	10 yrs 4 days

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Kelly M. D.

(Address) 727 N. Broadway

23692 HEALTH DEPARTMENT—CITY OF BALTIMORE F 23692

CERTIFICATE OF DEATH

108 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 232 N Carey St. 19-K Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John W. Moss

(a) Residence: No. 232 N Carey St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. K. Moss

6. DATE OF BIRTH (month, day, year) Aug. 4 1877

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	8	27	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 807

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Kent, Va.

13. NAME Peter Moss

14. BIRTHPLACE (city or town) (State or country) New Kent, Va.,

15. MAIDEN NAME Mollie Johnson

16. BIRTHPLACE (city or town) (State or country) New Kent Va

17. INFORMANT Rev. J. K. Moss (wife)
(Address) 232 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 5/8/36 19

19. UNDERTAKER Jno. Geo. W. Holland
(Address) 1081 David Hill Ave

MAY 5 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1936

22. I HEREBY CERTIFY, That I attended deceased from April 29 1936 to May 1 1936

I last saw h alive on May 1 1936 Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumia — Date of onset 4/29/36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 1268-0

Minnie ✓ F 23693

F 23693 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4032 Lewiston Ave St. 17-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 9 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Catharine Minnes

(a) Residence: No. 4032 Lewiston Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward M. Minnes

6. DATE OF BIRTH (month, day, year) Aug 6 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year) 2 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Edward M. Minnes

(Address) 4032 Lewiston Ave

18. BURIAL, CREMATION, or REMOVAL Greenmount Cemetery Date May 5, 1936

19. UNDERTAKER H. Oschnowski & Sons

(Address) 3615 Fairfield Ave

Huntington Williams, M.D. Registrar.

FILED ... 19 ...

5 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from November, 1933 to May 3, 1936

I last saw her alive on May 2, 1936. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Chronic myocarditis	3 yrs
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) E E Nichols M. D.

(Address) Pikesville Md

13784 ✓ T 23694

23694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Charlotte Simonds

(a) Residence: No. 221 W. 27th St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry

6. DATE OF BIRTH (month, day, year) 11-3-~~1871~~ 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~64~~ 63	6		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D. C.

FATHER

13. NAME Marshall Lewis (Dead)

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Rebecca (Dead)

16. BIRTHPLACE (city or town) (State or country) D. C.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Name Mount Olivet Cem. Date May 6 1936

19. UNDERTAKER Chas. Schnauer & Sons

(Address) 3618-17 E. Baltimore St.

FILED 5 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/3 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/25 1936 to 5/3 1936

I last saw her alive on 5/3 1936 Death is said to have occurred on the date stated above, at 2 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	4 days
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

M. D. B. 1268-9

23695 ✓ F 23695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 W. Baltimore St. 14-3 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Louisa Frances Deppe

(a) Residence: No. 1513 W Baltimore St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph F. Deppe

6. DATE OF BIRTH (month, day, year) Sept. 3, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
67	8	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) April 1936

11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (city or town) (State or country) Hamelingen Germany.

13. NAME Christian Francke

14. BIRTHPLACE (city or town) (State or country) Hamelingen germany

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Joseph Deppe, Jr
(Address) 1513 W Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date 5/6/36 19

19. UNDERTAKER J. Frank Newell
(Address) 1711 Pennsylvania Ave Huntington Woods, Md

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1935 to May 3 1936

I last saw her alive on May 3, 1936. Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis } Date of onset 1926
Hypertension }

Other contributory causes of importance: cerebral Hemorrhage 4-2-36

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Nathan Raevsin, M. D.

(Address) 206 S. Gilmor St.

23696 ✓ F 23696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 108

1. PLACE OF DEATH United States Marine Hospital, Registered No.
CITY OF BALTIMORE: (No. Baltimore, Md. St. 12-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos. 12 ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.
If U. S. Veteran specify WAR

2. FULL NAME Edwin A. Park

(a) Residence: No. 46 Jackson St., San Francisco, Calif. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 1, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	43	7	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. A.B. Seaman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
10. Date deceased last worked at this occupation (month and year) 3-3-36
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Elmo
(State or country) Tenn.

13. NAME John Park

14. BIRTHPLACE (city or town) Lafayette
(State or country) Georgia

15. MAIDEN NAME Sadie Reynolds

16. BIRTHPLACE (city or town) Newbern
(State or country) N.C.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Date 5-5-36 19

19. UNDERTAKER
(Address)

20. FILED 1936 Washington, D.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1936 to May 2, 1936
I last saw him alive on May 2, 1936 Death is said to have occurred on the date stated above, at 4:45PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, bilateral	4-20-36
Other contributory causes of importance:	
Pericarditis, acute, fibrinous	Terminal
Septicemia, pneumococcic	"

Was an operation performed? no Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T. Mills Anderson, M. D.
(Address) U.S. Marine Hospital

23697 HEALTH DEPARTMENT—CITY OF BALTIMORE E 23697

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
CITY OF BALTIMORE: (No. ..... St., 12-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR none

2. FULL NAME Eson M. Elliott

(a) Residence: No. 232 Kipp Ave., Hasbruck Hgts., N.J. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Jones Elliott

6. DATE OF BIRTH (month, day, year) March 31, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
10. Date deceased last worked at this occupation (month and year) 4-9-36
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Galveston Texas

13. NAME Eson Elliott
14. BIRTHPLACE (city or town) (State or country) Macon Georgia
15. MAIDEN NAME Adeline Caplan
16. BIRTHPLACE (city or town) (State or country) Galveston Texas

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mass Mausoleum Date 5-5-36 19
19. UNDERTAKER Arnold E. Humphreys
(Address)

20. FILED 5 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 , 1936

22. I HEREBY CERTIFY, That I attended deceased from April 9 , 1936 to May 4 , 1936
I last saw him alive on May 4 , 1936. Death is said to have occurred on the date stated above, at 5:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic with acute failure	Unknown
Other contributory causes of importance:	
Arteriosclerosis, generalized	Unknown

Was an operation performed? no Date of .....
For what disease or injury?
Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) I. M. Smith a dmn, M. D.
(Address) U.S. Marine Hospital, Balto., Md.

F 23698 ✓ F 23698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 13850

107-A

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Bell

(a) Residence: No. 626 N. Calvert St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-30-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	3	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Thomas B

14. BIRTHPLACE (city or town) (State or country) Washington

15. MAIDEN NAME Mary Murray

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date 5-5-36 19

19. UNDERTAKER Mundel & Humphries.
(Address) 824 N. Broadway

20. FILED MAY 5 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/2 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/29 1936 to 5/2 1936

I last saw him alive on 5/2 1936 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia -	?
Arteriosclerosis	?
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

F 23699

23699 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 126 S. Regester St., 2 Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henery H. Ritter

(a) Residence: No. 126 S. Regester St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Barbara Ritter

7. DATE OF BIRTH (month, day, year): March 11 1878

8. AGE: Years 58; Months 1; Days 23; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ret Tailor 088

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pa.

13. NAME: Henery Ritter

14. BIRTHPLACE (city or town) (State or country): Pa.

15. MAIDEN NAME: Barbara Poteiter

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Barbara Ritter

(Address): 126 S Regester St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Dolphy Redeemer Date: May 7 1936

19. UNDERTAKER: Martin's W. E. Dippel

(Address): 32 [illegible]

FILED: 1936 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 4 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 to May 4 1936

I last saw him alive on May 4 1936 Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 3 1936
Other contributory causes of importance:	
Chronic Nephritis	2 yrs.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. L. Valentine M. D.

(Address) 16 South Broadway

✓ F 23700

23700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-42

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 S Robinson) 1-2 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....da. How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

If U. S. Veteran specify WAR .....

2. FULL NAME Daniel Minnick

(a) Residence: No. 402 S. Robinson Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) April 26 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Cpnter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME George Minnick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bridget McCoy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Minnick

(Address) 402 S Robinson

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date May 6 1936

19. UNDERTAKER Martin W. E. Lippel

(Address) 37 S. Arlington Ave.

20. FILED MAY 5 1936 Arlington Ave Wilkens

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 15 1936, to May 2 1936

I last saw h[illegible] alive on May 2 1936 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 2/36
arterio sclerosis	

Other contributory causes of importance:

Chronic Bladder infection

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Brooke J. Gregg, M. D.

(Address) 900 Eastern Ave.

M. D. R. 1268-9

Wanger. ✓ 1936 64 1672.

F. 23701 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23701

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2305 Barkley St 17-H 1078 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 9 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Levi A Wangler

(a) Residence: No. 2305 Barkley St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

6a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Molly F Wanger

6. DATE OF BIRTH (month, day, year) Feb 28 - 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	1	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boyle & Wood

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Dayton Va

13. NAME Benjamin F Wangler

14. BIRTHPLACE (city or town) (State or country) Dayton Va

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mollie F Wangler

(Address) 2300 Barkley St

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Cemetery Date May 6 . 1936

19. UNDERTAKER Charles P Towell

(Address) 1211 Eastern Ave Baltimore Md

1936

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 . 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1 . 1936 to May 3 . 1936

I last saw h/ alive on May 3 . 1936 Death is said to have occurred on the date stated above, at 8-05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	ap 29

Other contributory causes of importance:

Myocarditis	May 2
	1936

Name of operation None Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Schneider M. D.

(Address) 1211 N. Milton Ave

M. D. B 1268-9

✓ F 23702

23702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1136 Druid Hill Ave St. 7-W Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME John Doe

(a) Residence: No. 1136 Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 46.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Greensboro N.C.
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT No Record of Sister
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date May 5 19 36

19. UNDERTAKER
(Address) Huntington Williams, Inc

20. FILED 1936 19 Registrar

2300 THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above. Found 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sepsis due to Perforated gastric ulcer	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

(Address) 1215 Hanover Coroner

M. D. F. 1268-9

✓ F 23703

23703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital St. (Ward) 17-7

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Stokes

(a) Residence: No. 300 W. 28th Street St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 25 - 1936

7. AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. 11 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ... (State or country)

FATHER

13. NAME William Stokes

14. BIRTHPLACE (city or town) ... (State or country) Virginia

MOTHER

15. MAIDEN NAME Lillian Wynn

16. BIRTHPLACE (city or town) ... (State or country) Virginia

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holmes School Date May 5 1936

19. UNDERTAKER
(Address)

20. FILED 1936 Huntington Williams, M.D.
Registrar.

2308

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-25-36 19

22. I HEREBY CERTIFY, That I attended deceased from 4-25-36, 19 ... to 4-25-36, 19 ...

I last saw h. alive on 4-25-36 19 Death is said to have occurred on the date stated above, at 4 00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John Whitridge Jr. M. D.
(Address) Johns Hopkins Hospital

F 23704 ✓ F 23704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

106-B

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 872 W. Fayette ST., 18-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David J. Crosby

(a) RESIDENCE NO. 872 W. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Amelia B Kraft

6 DATE OF BIRTH (month, day, and year): Nov. 3 - 1867

7 AGE: Years 68; Months 6; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Lumber 1936 & superior

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B & O

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Michael Crosby

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Ann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs. Hanna Mylton (Address) 1411 Fenture Place Huntington Williams, W. Va.

15 Filed 5 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 3 1936

17 I HEREBY CERTIFY, That I attended deceased from Feby 1 1936 to May 3 1936

that I last saw him alive on May 2 1936

and that death occurred, on the date stated above, at 2.30 m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

& Gastritis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Old, Wasting & Senility to take food (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Visibly

(Signed) E A Smith M. D.

5/4 1936 (Address) 1665 N. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park National Cemetery

DATE OF BURIAL: 5/5/1936

20 UNDERTAKER: H Brammer Son

ADDRESS: 1136 Pulaski George

M. D. F 1268-9

✓ F 23705

23705 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-6 160-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Larrimore

(a) Residence: No. 1619 N. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 19, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

MOTHER FATHER

13. NAME William Larrimore

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Catherine Adams

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place W. Fed. Mem. Date May 5 . 1936

19. UNDERTAKER Commissioner Health

(Address) per W. E. Woodall

20. FILED 1936 Huntington Williams, M.D. Registrar.

2309

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-25-36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4-18-36 . 19 . to 4-25-36 . 19

I last saw her alive on 4-25-36 . 19 . Death is said to have occurred on the date stated above, at 12 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra Cranial injury	4-18

Other contributory causes of importance:

Breech Extraction

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Helen Whittridge, Jr. M. D.

(Address) Johns Hopkins Hospital

M. D. F. 1268-9

23706 ✓ F 23706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Proctor

(a) Residence: No. Marwood Road Bowson, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 8, 1936

7. AGE Years	Months	Days 1	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

MOTHER FATHER

13. NAME Kenneth Proctor

14. BIRTHPLACE (city or town) (State or country) Washington D. C.

15. MAIDEN NAME Sarah Kent

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date May 5 1936

19. UNDERTAKER Commissioner Health.

(Address) [illegible]

1936 Huntington Williams, M.D.

2310

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-9-36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4-8-36 . 19 . to 4-9-36 . 19

I last saw him alive on 4-9-36 Death is said to have occurred on the date stated above, at 11:15 p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Premature separation of the placenta.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? a.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Whitridge Jr. M. D.

(Address) Johns Hopkins Hospital

H. D. B. 1268-9

F 23707

3707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 S. Charles Sts. 23-3 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William G. Hartig

(a) Residence: No. 1702 S. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	[redacted] Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie B. Scott

DATE OF BIRTH (month, day, year) Feb. 11 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R. R. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md.

13. NAME August Hartig

14. BIRTHPLACE (city or town) (State or country) Balto. Co.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Annie B. Hartig
(Address) 1702 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 5/6 1936

19. UNDERTAKER L. Frey & Son McCully
(Address) 130 E. Fayette St.

FILED MAY 5 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2 1935 to May 3 1936

I last saw him alive on May 3 1936 Death is said to have occurred on the date stated above, at 11:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibroid Growth in Bladder	
Chronic Nephritis Indefinite	
Other contributory causes of importance:	
Exhaustion	5/1/36

Name of operation Date of

What test confirmed diagnosis Clinical was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

5/5/36 (Address) 1644 Hanover St.

23708 ✓ F 23708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+134

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hosp. St. 4-N Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 57 yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Anna C. Hoffman

(a) Residence: No. Elkridge Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

3. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of Wm. H. Hoffman

DATE OF BIRTH (month, day, year) April 23/79

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	0	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own Home
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Memel Europe

13. NAME C. Malahat

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Roman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address) Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date 5/7/36

19. UNDERTAKER Philip Herbert Sons
(Address) 2016 Pulaski St

20. FILED MAY 5 - 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-1, 1936 to 5-4, 1936

I last saw her alive on 5-4, 1936. Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Intestinal Obstruction-paralytic ileus	6 days
Diabetes Mellitus	6 yrs.
Other contributory causes of importance:	

Was an operation performed? Yes Date of 4/27/36
For what disease or injury? Spontaneous cholecystenterostomy
Name of operation Enterotomy-Excision stone Date of 4/29/36
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. R. Woodward Jr. M. D.
(Address) University Hosp.

23709 F 23709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 22

1. PLACE OF DEATH Baltimore City Hospitals U-13748
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Tuberculosis Division St., No. 4 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John A. May

(a) Residence: No. 3821 Philadelphia Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine May

6. DATE OF BIRTH (month, day, year) July 8, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	9	26 25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown cook

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John May

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Jenny Preller

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 5/7/36, 19

19. UNDERTAKER Philips Henry Sons
(Address) 2016 Eutaw Ave

20a. FILED Huntington Williams, Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1936 to May 3, 1936

I last saw him alive on May 3, 1936 Death is said to have occurred on the date stated above, at 11.45 m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Dec. 1935
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Karlsson, M. D.

(Address) Baltimore City Hospitals

F 23710

23710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Mercy Hospital St. 6-4 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Mr. Harry Schutte
(a) Residence: No. 1825 Jefferson Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of ?
(or) WIFE of ?

DATE OF BIRTH (month, day, year) Dec 10 1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
42	43	4	24	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. For self.
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME OF FATHER ? Henry B. Schutte
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME OF MOTHER ? Volkmann
16. BIRTHPLACE (city or town) (State or country) " "
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place oly edeemer Date ay 7th 1936
19. UNDERTAKER Geo. M. Fink & Son.
(Address) 811 N. Wolfe
Huntington Williams, M.D.

FILED MAY 5 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 1936
22. I HEREBY CERTIFY, That I attended deceased from April 28 1936 to May 4 1936
I last saw him alive on May 4 1936 Death is said to have occurred on the date stated above, at 1:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset about
1. Coronary Thrombosis	4-23-36
2. Cardiac Decompensation	

Other contributory causes of importance
Arteriosclerosis & Hypertension Cardiovascular Renal disease 1932

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis Autopsy? Was there an autopsy? Yes
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edwin Knowles Jr M. D.
(Address)

M. D. B 1268-9.

F 23711

3711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 675 Washington Blvd. St., 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herman J. Stansbury

If U. S Veteran specify WAR .....

(a) Residence: No. 675 Washington Blvd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elenore A. Stansbury

6. DATE OF BIRTH (month, day, year) June 23 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.W.A.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. Stansbery

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Griffith

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Eleanor Stansbury
(Address) 1005 Sterrett St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet, Date May 1, 1936

19. UNDERTAKER John L. Mulley
(Address) 2435 E. Pratt St.

5 FILED 1936 Arlington Funeral Home, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. H. Collins, M.D.

(Address) 2757 N. Howard

F 23712

23712 HEALTH DEPARTMENT—CITY OF BALTIMORE

66-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
BALTIMORE, MD
CITY OF BALTIMORE: (No. ..... St., 8-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Josephine Baumgart

(a) Residence: No. 2000 E. Federal St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W-	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Gustav R. Baumgart

DATE OF BIRTH (month, day, year) Nov. 16-1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	6	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Joseph Kreinhofner

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Anna Boehm

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Gustav R. Baumgart
(Address) 2000 Federal St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date May 7/36 19

19. UNDERTAKER C. Miller & Son
(Address) 233 E. Jefferson St.

Attendant for Williams & Son

FILED 5 1936 By NM

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-3- 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-20 1936 to 5-3 1936

I last saw her alive on 5-3- 1936 Death is said to have occurred on the date stated above, at 10:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyperthyroidism	Years
Thyrotoxicosis	

Other contributory causes of importance:

Was an operation performed? Yes Date of 5-2-36

For what disease or injury? Thyroid disease

Name of operation Thyroidectomy Date of 5-2-36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. W. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

M. D. B 1268-9

F 23713

23713 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1936 193

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 27-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry M. Lewis If U. S. Veteran specify WAR World

(a) Residence: No. 2701 Evergreen Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie A. Lewis 1894

6. DATE OF BIRTH (month, day, year) Dec. 5, 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineman 29

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Elec. Co.

10. Date deceased last worked at this occupation (month and year) May, 1936 | 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Harry Lewis

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary E. Harker

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Marie A. Lewis
(Address) 2701 Evergreen Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date May 7th, 1936

19. UNDERTAKER Wm Cook
(Address) 117 St Paul St

FILED 6 1936 19 Registrar. Austin Wilson, M.D.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) May 4, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental	
Electrocution	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury May 4, 1936, 19

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 2800 Loudan Ave. (Street)

Manner of injury Touched High Voltage Wire

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Contact with Wire

(Signed) A. R. Gladden M. D.
Coroner

(Address) 2757 E. Lanvale St

M. D. B 1268-9

F 23714

23714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-5 Ward) 1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME LORETTA ANN MEKOLON

(a) Residence: No. Randolph Ave. Dundalk Md. Box 108 Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) October 9.1935

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore County (State or country) Maryland

FATHER

13. NAME Adolph Mekolon

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma Neimczyk

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mr. Adolph Mekolon (Father)

(Address) Box 108 Randolph Ave. Dundalk

18. BURIAL, CREMATION, OR REMOVAL Christ Evan. Luth. Ch. Cem. May 6. 1936

Place Date 19

19. UNDERTAKER HENRY SANDER & SONS, INC. H. Sander

(Address) Baltimore & Broadway.

20. FILED 6 1936 Huntington Williams, M. D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3.1936. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia (Primary)	

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Wheeler, M. D.

(Address) 1919 E. North Ave. Coroner

23715 F 23715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland Avenue, 28-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 48 yrs. 5 mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Nora B. Kettle

(a) Residence: No. 450 Groveland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

3. If married, widowed, or divorced (or) WIFE of Carroll H. Kettle

DATE OF BIRTH (month, day, year) Nov 14-1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	5	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) March 1936
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Charles Peach
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Josephine Driscoll
16. BIRTHPLACE (city or town) (State or country) Maryland
17. INFORMANT Mr Carroll H. Kettle
(Address) 450 Groveland Ave
18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 8, 1936
19. UNDERTAKER Wm J. Fickus & Sons
(Address) Huntington Williams, Md

FILED MAY 6 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-3, 1936, to 5-16, 1936
I last saw her alive on 5-4, 1936. Death is said to have occurred on the date stated above, at 2:15 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Colon	

Other contributory causes of importance:
Cardiac failure

Was an operation performed? Yes Date of 3-5-36 - 3-12-36
For what disease or injury? Carcinoma Colon
Name of operation Colostomy - Resection Date of 3-12-36
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Phila. A. Insley, M. D.
(Address) 1900 Gus. Hopkins

F 23716

F 23716 HEALTH DEPARTMENT—CITY OF BALTIMORE

51-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1109 Battery Ave. St. 24-26 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR no

2. FULL NAME James William Wilkinson

(a) Residence: No. 1109 Battery Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte N. Wilkinson

DATE OF BIRTH (month, day, year) May 7. 1870.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	11	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator Burner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Davidson Chem. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Joseph W. Wilkinson

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Margaret A. Toole

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Charlotte N. Wilkinson

(Address) 1109 Battery Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Dulaney Mem. Date May 9 1936

19. UNDERTAKER George W. Zirkler

(Address) 1727 E. Eager St.

FILED MAY 6 1936 Huntington Nathanson, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 30/31, 19 to May 5/36, 19

I last saw him alive on May 5/36, 19 Death is said to have occurred on the date stated above, at 11.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Bladder	May 1936

Other contributory causes of importance: None

Was an operation performed? no Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Henry F. Coltman M. D.

(Address) 1 W. Hyde

F 23717

23717 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 S. Ann St. St., 2-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Katherine Baker

(a) Residence: No. 525 S. Ann St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3. If married, widowed, or divorced HUSBAND of (or) WIFE of John Baker

DATE OF BIRTH (month, day, year) May 31, 1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	11	3 ✓	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Michael Frederick

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Annie Weiniger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Annie Spangler

(Address) 525 S. Ann St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date May 6. 1936

19. UNDERTAKER George W. Dibler

(Address) 1737 E. Eager St

20. FILED 6 1936 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3rd 1936

22. I HEREBY CERTIFY, That I attended deceased from April 8- 1936, to May 3rd 1936

I last saw h-r alive on May 2nd 1936. Death is said to have occurred on the date stated above, at 10 15- a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	14th
Senility	—

Other contributory causes of importance:

Was an operation performed? None Date of —

For what disease or injury? —

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Chas E Steer M. D.

(Address) 408 Stat Park Ave

23718 F 23718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3814 Fait ave St. No-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary A. Smith

(a) Residence: No. 3814 Fait ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Harrison P. Smith

7. DATE OF BIRTH (month, day, year) Nov. 13-1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	5	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME David Hughes

14. BIRTHPLACE (city or town) (State or country) Wales

15. MAIDEN NAME Ann Davis

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT George Hughes
(Address) 511 S. Dallas ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date May 7 1936

19. UNDERTAKER George W. Zipfer
(Address) 737 E Fayette St

20. FILED ... 19... Registrar.

6 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1934 to May 4 1936

I last saw h[illegible] alive on May 4 1936 Death is said to have occurred on the date stated above, at 12-45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - Gastric and Uremia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation No Date of

What test confirmed diagnosis? General signs of Carcinoma

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. H. Mahon M. D.

(Address) 3015 Ellwood Ave

F 23719

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23719

91-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City. Hosp. St. 27-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John ". Schmidt.

(a) Residence: No. 3901 Forrester. Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mitilda Schmidt.

6. DATE OF BIRTH (month, day, year) Sep. 29/1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna "eber.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mitilda Schmidt (Wife)
(Address) 3901 Forrester Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Park "ood Date May 7 1936

19. UNDERTAKER [illegible]
(Address) [illegible]

Huntington Williams, M.D.
Registrar.

MAY 6 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May. 3/36. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: | Date of onset

Subacute

Subacute endocarditis

Other contributory causes of importance:

Acute articular rheumatism

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 1010 Eutaw Place

F 23720

F. D. 23720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital (Ba) 1710-Ed
CITY OF BALTIMORE: (No. ..... St., 14 Ward) 2
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 29 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran Specify WAR .....

2. FULL NAME Frank Brown (Col)
(a) Residence: No. 1710 Ethey St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1882?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54			

OCCUPATION
8. Trade, profession, or particular kind of work, as spinner, sawyer, bookkeeper Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) South Car.

FATHER
13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Sister Rear 1710 Ethey St
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt Calvary Cemetery May 7 1936
Place Date

19. UNDERTAKER Adolphus Pollard
(Address) 918 Pennsylvania Ave

20. FILED ..... 19 ..... Registrar.

6 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/1 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed skull	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Accident Date of Injury 5/1 1936
Where did injury occur? Penna Ave & Pace St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
Manner of injury Pedestrian struck by Auto
Nature of injury Fract Skull as it turned Home

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Hubert Gurley Carter M. D.
Coroner
(Address) 907 N. Charles St

F 23721

H. D. B. 1208-9

23721 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. Wentworth Apts 44-1 St., ... Ward)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Pat Eagan

(a) Residence: No. Wentworth Apts St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Eagan

7. DATE OF BIRTH (month, day, year) July 2 - 1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	10	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Southern Stores

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Pensacola Florida

13. NAME John Eagan

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Pearl Lappington

16. BIRTHPLACE (city or town) (State or country) Conn.

17. INFORMANT Mrs. Pat Eagan
(Address) Wentworth Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place National, Conn Date May 8 1936

19. UNDERTAKER Ward Sondheimer Co
(Address) 1902 Eutaw St

Filed 6 1936 ..... 19 ... A. Lington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5 - 1936

22. I HEREBY CERTIFY, That I attended deceased from May 5 1936 to May 5 1936

I last saw him alive on May 5 1936 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	
Other contributory causes of importance: Chronic Myocarditis	4 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

Signed M. L. Lichtenberg M. D.

(Address) 1114 Madison Ave

F 23722

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23722

CERTIFICATE OF DEATH

94-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 29 S. Stricker St., 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 3 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Clarence E. Evans

(a) Residence: No. 29 S. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nellie Stahl Evans

DATE OF BIRTH (month, day, year): Feby. 3rd 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	3	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto, Md.

13. NAME of father: John Evans

14. BIRTHPLACE (city or town) (State or country): Balto, Md.

15. MAIDEN NAME of mother: Unknown

16. BIRTHPLACE (city or town) (State or country): Balto, Md.

17. INFORMANT: Mrs Nellie Evans
(Address): 29 S. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: 5/6/1936

19. UNDERTAKER: John J. Cowan & Son
(Address): 901 Hollins St.

FILED: 6 1936 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/4/1936

22. I HEREBY CERTIFY, That I attended deceased from 4/1, 1936, to 5/4, 1936.

I last saw h[illegible] alive on 5/4, 1936. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	6 Mo

Other contributory causes of importance:

None

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Thos. Norton, M. D.

(Address) 1887 N. Lombard St.

H. D. B. 1268-9

23723 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 23723

CERTIFICATE OF DEATH

Registered No. 87 6a

1. PLACE OF DEATH 437 N Robinson St. 6-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St.,

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cottage Cecilia Kelley

(a) Residence: No. 437 N. Robinson St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Joseph F. Kelley

DATE OF BIRTH (month, day, year) Nov. 13, 1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	5	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 38 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME — Teller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph Kelley
(Address) 437 N Robinson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date 5/7/ 1936

19. UNDERTAKER John J. Doran
(Address) 2225 E. Baltimore St.

20. FILED ..... 19 ..... Huntington Mathews, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 1936

22. I HEREBY CERTIFY, That I attended deceased from April 28 1936 to May 4 1936
I last saw her alive on May 4 1936 Death is said to have occurred on the date stated above, at 11:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	5/4/36

Other contributory causes of importance:

Cerebral hemorrhage, left hemiplegia	4/28/36

Name of operation none Date of

What test confirmed diagnosis? plaque findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. C. Zobiak, M. D.

(Address) 447 N. Linwood Ave.

23724 HEALTH DEPARTMENT—CITY OF BALTIMORE F 23724

CERTIFICATE OF DEATH

✓ X 46-C

1. PLACE OF DEATH Johns Hopkins Hospital

Registered No.

CITY OF BALTIMORE: (No. 7-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Miller

(a) Residence: No. Fort Howard St., Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry

7. DATE OF BIRTH (month, day, year) 4-10-86

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50		25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Michael McGuire

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Arlington Nat Date 5/7/ 1936

19. UNDERTAKER (Address) John J. Moran 2222 E. Baltimore

20. FILED MAY 6 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 29 1936 to May 4 1936

I last saw her alive on May 4 1936. Death is said to have occurred on the date stated above, at 12 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, Metastatic, Liver	Nov. 1935
	ante
Other contributory causes of importance: Entamoeba histolytica colitis	1935

Was an operation performed? Yes Date of May 30, 1936

For what disease or injury? Exp. Laparotomy

Name of operation Exp. Laparotomy Date of 3-30-36

What test confirmed diagnosis clin. lab Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? (Yes)

If so, specify

(Signed) Wesley J. Keller M. D.

(Address) Johns Hopkins Hospital

H. D. B. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

23725

CERTIFICATE OF DEATH

23 F 23725

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 N. Eutaw St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. 11 mos. 9 ds. How long in U. S. If of foreign birth? 14 yrs. 11 mos. 9 ds.

2. FULL NAME Helen Mathison

(a) Residence: No. 1032 N. Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel Mathison

DATE OF BIRTH (month, day, year) May 24 1921.

AGE: 14 Years	Months 11	Days 9	If LESS than 1 day, hrs. or min.
Fourteen	Eleven	Nine	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilson North Carolina

13. NAME Robert Dickens

14. BIRTHPLACE (city or town) (State or country) Wilson North Carolina

15. MAIDEN NAME Grisie Dawson

16. BIRTHPLACE (city or town) (State or country) Wilson North Carolina

17. INFORMANT Grisale Dickens

(Address) 936 Linden ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4/6/36 19

19. UNDERTAKER Robert H. Mathison

(Address) 1615 N. Eutaw St

20. FILED 4/6 1936 by Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4th, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1936 to May 4th, 1936

I last saw her alive on May 1st, 1936 Death is said to have occurred on the date stated above, at 12:30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	3-1-36

Other contributory causes of importance:

Heart weakness, pulse running above 130 per minute

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. B. Evans, M. D.

(Address) 652 N. Franklin St

23726

HEALTH DEPARTMENT—CITY OF BALTIMORE

23726

CERTIFICATE OF DEATH

V-131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 932 Ensor St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Edward Gladney

(a) Residence: No. 932 Ensor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	Col.	Married

6. If married, widowed, or divorced: HUSBAND of Ellen Gladney

DATE OF BIRTH (month, day, year) May 1892

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. all kinds

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

13. NAME Peck Gladney

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Porcella ?

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Ellen Gladney (Address) 932 Ensor St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvery Date 5/7/36

19. UNDERTAKER Robert E Kidwiler (Address) 1515 Mc Elderry St

MAY 6 1936 Huntington, W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1936 to May 4, 1936

last saw h alive on May 4 1936. Death is said to have occurred on the date stated above, at 6 30 /4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1/10/36
myocarditis	?

Other contributory causes of importance:

Dopsemia

Was an operation performed? no Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Calvin B Le Compte, M. D.

(Address) 1113 N Carrollton Ave

F 23727

23727 Pilato

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. [illegible] Ward)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Consetta Pilato

(a) Residence: No. 3420 Leverton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Jimmie

DATE OF BIRTH (month, day, year): 5-7-1905

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	11	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Italy

13. NAME: Paul Gionfriddo

14. BIRTHPLACE (city or town) (State or country): Italy

15. MAIDEN NAME: Grace Coffa

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 7 1936

19. UNDERTAKER: Frank V. Pistone

(Address) 2818 E. Baltimore St. Huntington Williams, Asst.

FILED 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/4 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/7 1936 to 5/4 1936

I last saw her alive on 5/4 1936 Death is said to have occurred on the date stated above, at 8 30/12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary tuberculosis (?)	1 mo.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reite M. D.

(Address) Balt. City Hosp.

F 23728

23728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 600 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 30 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Esther Schwartz

(a) Residence: No. 2101 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Mutt

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Reba

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Paul Schwartz
(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rodelph Date 5/16/36

19. UNDERTAKER Paul Lewis Sons
(Address) 1437 E. Baltimore St.

Huntington Williams, Registrar.

FILED 6 1936, 19.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1936 to May 5, 1936

I last saw her alive on May 5, 1936 Death is said to have occurred on the date stated above, at 8:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William D. Wolf, M. D.

(Address) South Baltimore General

F 23729

F 23729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

9424

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 18-1 Ward)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 52 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dante Guidice

(a) Residence: No. 914 W. Baltimore St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary

DATE OF BIRTH (month, day, year): 5-11-1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71 67	11	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Italy

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country): Italy

15. MAIDEN NAME Carrie ?

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Bacant Head Date 6 6 1936

19. UNDERTAKER John J. Fahey Son

(Address) 1516 Light St

Huntington Williams, MD

FILED 6 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/6, 1936 to 4/30, 1936

I last saw him alive on 4/30, 1936 Death is said to have occurred on the date stated above, at 9 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive, Cardio-vascular disease	9 yr
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Baltimore City Hosp.

F 23750

F 23750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

Registered No. .....

1. PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 16-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME James S. Coasey

(a) Residence: No. 515 Arlington St., Case Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) 7/23/80

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	9	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) S. Car.

13. NAME OF FATHER Nathaniel Coasey

14. BIRTHPLACE (city or town) (State or country) S. Car.

15. MAIDEN NAME OF MOTHER Lanna Hunter

16. BIRTHPLACE (city or town) (State or country) S. Car.

17. INFORMANT Friends

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date May 6, 1936

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 E. Lanvale St.

Clayton Williams

Registrar.

20. FILED 6 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1936 to May 4, 1936

I last saw him alive on May 4, 1936 Death is said to have occurred on the date stated above, at 5:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of rectum	7-1-35

Other contributory causes of importance:

arteriosclerosis,
Secondary anemia

Was an operation performed? Yes Date of 1-7-36

For what disease or injury? Carcinoma of rectum

Name of operation Colostomy Date of 1-7-36

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ?

If so, specify .....

(Signed) Howard Brown Jr. M. D.

(Address) Johns Hopkins Hospital

F 23731

23731 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 26-8 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Herman Fornoff

(a) Residence: No. 3504 E. Lombard St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 10-16-1930

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Herman

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Josephin Seaby

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address) Forest

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem Date May 6 1936

19. UNDERTAKER John Uelmit
(Address) 2208 Eastern Ave

1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/31/1936

22. I HEREBY CERTIFY, That I attended deceased from 4/6/1936 to 5/31/1936

I last saw him alive on 5/31/1936. Death is said to have occurred on the date stated above, at 6:19 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Leucemia	3/16/36
Anemia, secondary	4/6/36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Blood smear Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) R B Josey M. D.

(Address) Baltimore City Hospitals

F 23732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-B

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., X6-9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elfrieda Rusch

(a) Residence: No. 612 S Grundy St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 2 | 3 | 28

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	3	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. school

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Wm Rusch

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Anna Speidt

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Record
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Interment Cem Date May 9 1936

19. UNDERTAKER Jos Ulrich
(Address) 2008 Oakenwald Ave

20. FILED 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 5 | 5 | 1936

22. I HEREBY CERTIFY, That I attended deceased from April 13 1936 to May 5 1936

I last saw her alive on May 5 1936 Death is said to have occurred on the date stated above, at 6 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute meningitis, hemolytic, streptococcus	4 wks —
Thrombosis, left transverse sinus, left "	"
Brain abscess "	"
Cerebrospinal meningitis "	1 wk —

Other contributory causes of importance:

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation Mastoidectomy - left Exploration of brain abscess Date of .....

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward S. Stafford M. D.

(Address) The Johns Hopkins Hospital

23733

F 23733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 26-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Asa Ford

(a) Residence: No. Left Dump, Nottingham + Phila Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. scavenger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Dump Job.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Frank Ford

14. BIRTHPLACE (city or town) (State or country) Unknown "

MOTHER

15. MAIDEN NAME Emma —

16. BIRTHPLACE (city or town) (State or country) Unknown "

17. INFORMANT Catherine Chalk Sister

(Address) 2725 Huntington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place U. of Md Date May 6 1936

19. UNDERTAKER [illegible] at [illegible]

(Address)

20. FILED 6 1936 19 [illegible] Registrar.

2512 [illegible] Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 4 24 1936

Where did injury occur? Balto Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place City Dump

Manner of injury Probably fell while intoxicated

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) 1010 S. Eutaw St.

M. D. B. 1268-9

F 23734

HEALTH DEPARTMENT—CITY OF BALTIMORE

23734

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St. 23-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Henry Bell

If U. S. Veteran specify WAR

(a) Residence: No. 1032 Leadenhall St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: x

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	about 67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: X

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Potter's Field Date May 6 19 36

19. UNDERTAKER: Or Undertaker Parish

(Address)

20. FILED 1936 - 6 - 7 [illegible]

THE MORGUE 2311

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. J. Moffett M. D.

Coroner

(Address) 1010 S. Eutaw St.

M. D. B 1268-9

✓ F 23735 m 11

23735 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 183

1. PLACE OF DEATH Found in Jones Falls at Fawn
CITY OF BALTIMORE: (No. ..... St., ... 25 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Ray Unknown — If U. S. Veteran specify WAR .....

(a) Residence: No. 15 S. Washington St./Unknown, Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Unknown
(State or country) ' '

MOTHER FATHER

13. NAME ' '
14. BIRTHPLACE (city or town) ' '
(State or country) ' '
15. MAIDEN NAME ' '
16. BIRTHPLACE (city or town) ' '
(State or country) ' '

17. INFORMANT X
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Public Cemetery Date May 6 1936

19. UNDERTAKER .....
(Address)

FILED ..... Huntington Ave. Baltimore, Md.

1936 THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Presumed to be May 5, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably drowning	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Probably accident Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.
Coroner
(Address) 1010 E. Baltimore St.

M. D. B 1268-9

F 23736

23736 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital Ward 8)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Patterson If U. S. Veteran specify WAR

(a) Residence: No. 3708 E. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 28 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 6 hrs	[illegible]	[illegible]	18 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. premature infant

10. Date decedent last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Fredrick Patterson

14. BIRTHPLACE (city or town) (State or country) Sharon Pt. Md

MOTHER

15. MAIDEN NAME Sophronia Seamroade

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Patterson

(Address) 3708 E. Lombard

18. BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery Date May 6 19 36

19. UNDERTAKER Office Undertaker Board.

(Address)

20. FILED 1936 Huntington Williams Registrar.

THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	

Other contributory causes of importance:

Probably pernicious vomiting of pregnancy

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) W. R. Waughe Coroner, M. D.

(Address) 1010 St. Paul St.

M. D. B 1268-9

✓ F 23737

23737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Length of residence in city or town where death occurred 0 yrs. mos. / ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter H. Tracey

(a) Residence: No. Freeland Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catharine Tracey

6. DATE OF BIRTH (month, day, year) April 9, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Catharine Tracey
(Address) Freeland

18. BURIAL, CREMATION, OR REMOVAL Middletown Cemetery
Place Middletown Md Date May 8. 1936

19. UNDERTAKER Earl N. Hartenstein
(Address) New Freedom, Pa.

20. FILED 19 Williams, M.D.

6 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) T. H. Williams M. D.
(Attending Physician)

(Address) 3757 N. Charles St.

F 23738 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131 F 23738

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9-9 Ward)
Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR ...

2. FULL NAME Charles Grace
(a) Residence: No. Ellicott city md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

3. If married, widowed, or divorced HUSBAND of Margaret Grace
DATE OF BIRTH (month, day, year) Dec 26 - 1864

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	4	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired wooy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel Clerk
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md.
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown
17. INFORMANT Mrs Margaret Grace
(Address) Ellicott City Md
18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date May 9 1936
19. UNDERTAKER Chas J. Graul & Son
(Address) 1131 Mt Royal Ave
MAY 6 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-5, 1936
22. I HEREBY CERTIFY, That I attended deceased from 4-27, 1936 to 5-5, 1936
I last saw him alive on 5-5, 1936 Death is said to have occurred on the date stated above, at 9.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Myocarditis	
Other contributory causes of importance:	
Chronic nephritis	

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...
(Signed) J. M. Magruder M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

✓ F 23739

23739 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 2-1 St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Foos

If U. S. Veteran specify WAR .....

(a) Residence: No. 407 S. Dorchester St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. (Single) Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May 3, 1936

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	14 hrs.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Charles Foos

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Edna Kolb

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT .....

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date May 6, 1936

19. UNDERTAKER .....

(Address) .....

20. FILED 1936 Huntington Williams, Registrar 2343

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1936, to May 4, 1936

I last saw him alive on May 4, 1936. Death is said to have occurred on the date stated above, at 1 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (5 months -)	

Other contributory causes of importance: .....

Was an operation performed? No Date of ——

For what disease or injury? .....

Name of operation ..... Date of ——

What test confirmed diagnosis? —— Was there an autopsy? ——

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Schofield, M. D.

(Address) University Hospital

M. D. P. 1268-9

F 23740

F 23740 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Dukeland + Rayner Ave St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Leber

(a) Residence: No. Rochambeau Apts - Charles + Franklin Sts St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Annie C. Leber

7. DATE OF BIRTH (month, day, year) October 6, 187[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64 yrs	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Wm. Frank Leber

14. BIRTHPLACE (city or town) (State or country) Baltimore Pennsylvania

Maryland

15. MAIDEN NAME Octavia A. Fuller

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Anna C. Leber (wife)

(Address) Rochambeau Apts City

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date May 7 1936

19. UNDERTAKER Stewart & Mourning Company

(Address) 108 W. North Ave

Huntington Registrar.

20. FILED ... 19

6 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5 1936

22. I HEREBY CERTIFY, That I attended deceased from April 17 1936 to May 5 1936

I last saw h[illegible] alive on May 5 1936 Death is said to have occurred on the date stated above, at 1.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hypertensive C-V-R Disease	

Other contributory causes of importance:

Excision of Scar Tissue from Bladder

Name of operation Date of 4/30/36

What test confirmed diagnosis? Evidence Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Milton Lewis M. D.

(Address) W. Balto. General Hosp.

23741

✓ F 23741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat 78 · 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. — ds. How long in U. S. If of foreign birth 71 yrs. — mos. — ds.

2. FULL NAME Rev. Francis Murray

(a) Residence: No. New Haven Conn St., Ward. New Haven Conn

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1865

7. AGE: Years 71 | Months — | Days — | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious Hosp

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Print

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Norwalk Conn

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs Hubbard

(Address) Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place New Haven Conn Date May 6 1936

19. UNDERTAKER Sharp & Mowen Company

(Address) 108 West Fayette St. Huntington Williams

20. FILED MAY 6 1936 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31 1935 to May 6 1936

I last saw him alive on May 6 1935 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Dementia	
Arteriosclerosis	7
Other contributory causes of importance:	
Pulmonary Tuberculosis	3 yrs
Untreated "	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dominic P. Glavis

(Address) 3326 Fairmount Ave Balto Md.

5742 F 23742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49a

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. 17-6

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isabella T. Fisher

If U. S. Veteran specify WAR —

(a) Residence: No. 6009 Woodstock St., Philadelphia, Pa. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Willis Fisher

DATE OF BIRTH (month, day, year) March 7, 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	1	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 7-10-35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chester
(State or country) Penna

13. NAME Thomas Dawson

14. BIRTHPLACE (city or town) .....
(State or country) North Carolina

15. MAIDEN NAME Johanna Hunter

16. BIRTHPLACE (city or town) .....
(State or country) Delaware

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Northwood Philadelphia Pa 5/6/36
(Place)

19. UNDERTAKER W.M. Cook
(Address) 1214 E. Fayette St

20. FILED 1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1936, to May 6, 1936

I last saw her alive on May 6, 1936. Death is said to have occurred on the date stated above, at 7:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of ovary, papillary	1918
Other contributory causes of importance: Metastasis, abdominal, generalized	Mar. 1936

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T. M. Io-anderson. M. D.

U.S. Marine Hospital
(Address)

F. D. F. 1268-9

23743 ✓ F 23743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 93-C

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 117 W. Franklin St. 11-1 Ward)

Length of residence in city or town where death occurred yrs. 1 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David M. Hanley

(a) Residence: No. Lowville St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine Hanley

DATE OF BIRTH (month, day, year) Nov 1 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & P R R Co

10. Date deceased last worked at this occupation (month, year) Jan 1936

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Lowville Nashville Tenn

13. NAME Michael Hanley

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen Graney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT James L. Hanley
(Address) 117 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lowville Cem. Date 5/6 1936

19. UNDERTAKER Wm. Gill & Son
(Address) 1217 E. Fayette St.

20. FILED 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 1936

22. I HEREBY CERTIFY, That I attended deceased from March 2 1936 to May 6 1936

I last saw him alive on May 6 1936 Death is said to have occurred on the date stated above, at 3.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	May 1

Other contributory causes of importance:

Fibrilation of Heart
Chronic Myocarditis
Cirrhosis - Sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) J. Owen Knight M. D.

(Address) 117 W. Franklin St.

F 23744

23842
23744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-5 St., Ward)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Gamber

(a) Residence: No. Gamber St., Ward. Carroll Co Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 3-22-84

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	1	17	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contr

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

13. NAME Albert Gamber

14. BIRTHPLACE (city or town) (State or country) Lancaster Penna

15. MAIDEN NAME Ella Zentz

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Providence Cemy Date May 9 1936

19. UNDERTAKER C. M. Naltz
(Address) Manchester Md

Huntington Williams Funeral Dir.

FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1936, to May 5, 1936.

I last saw him alive on May 5, 1936. Death is said to have occurred on the date stated above, at 7.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute monocytic leukemia	2 weeks
Ulcerative stomatitis	April

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) Joseph J. Sadusk, Jr. M. D.

(Address) Johns Hopkins Hospital

✓ F 23745

23745 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2037 E 31st St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 92 yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Eliz. Pyfer

If U. S. Veteran specify WAR

(a) Residence: No. 2037 E. 31st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 22, 1843

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
92	10	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME William ~~John~~ Ritter

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Sarah A. Wells

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT F. E. Pyfer Jr.

(Address) 2037 E. 31st St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 5/7, 1936

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Mulberry sts

20. FILED 1936 Huntington Williams, M.D. RPD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feby 1st, 1936 to May 4th, 1936

I last saw h. alive on May 4th, 1936 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage. — Date of onset May 31 / 34

Other contributory causes of importance: Coma. — May 31 / 34

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert L. Kirk, M. D.

(Address) 3126 Harford Rd.

3746 ✓ F 23746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 10108 Hb-P

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 17-1 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 1882 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Salvatore Liberto

(a) Residence: No. 653 W. Franklin St., St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Rosaee

DATE OF BIRTH (month, day, year) 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	75			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Rose Cardino

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May 7 36 19

19. UNDERTAKER Albert W. Dorsey

(Address) 440 E North Ave

FILED 5 6 1936 Huntington Nathanson MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-4 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-24 1935 to 5-4 1936

I last saw him alive on 5-4 1936 Death is said to have occurred on the date stated above, at 11:30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	?
Other contributory causes of importance: Cachexia & Secondary Anemia	?

Was an operation performed? yes Date of (Before Coming to this Hospital)

For what disease or injury? Ca of Rectum

Name of operation Colostomy Date of ?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

M. D. B 1268-9 - a

✓ F 23747

23747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

85

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. E-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rita T. Wyatt

If U. S. Veteran specify WAR

(a) Residence: No. 1414 N. Fakewood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) November 20 1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Charles F. Wyatt

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Elizabeth M. Holman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Charles F. Wyatt

(Address) 1414 N. Fakewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 9. 1936

19. UNDERTAKER John G. Miller

(Address) 2433-35 E. Monument

19a. FILED 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy	

Other contributory causes of importance: acute Pulmonary Emphysema

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

D. B. 1268-9

F 23748

23748 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 27-11

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 Glenwood Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Philip Stackman

(a) Residence: No. 4 Glenwood Ave St., Gutfird Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Stackman

DATE OF BIRTH (month, day, year) Jan 14 1849

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
87	3	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Dr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs L. D. Stackman

(Address) 4 Glenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md. Date May 7 1936

19. UNDERTAKER Henry W. Smith Funeral Home

(Address) 2 E Eutaw Pl Baltimore Md

FILED May 7 1936 A. Eugene Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 1936

22. I HEREBY CERTIFY, That I attended deceased from July 30 to May 6 1936

I last saw him alive on May 6 1936 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	May 6
Cirrhosis Atherosclerosis	?
Hypertension	?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. H. Leonard M. D.

(Address) 1327 Park Ave

23749 F 23749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward) Registered No. 46-G

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William T. Howard If U. S. Veteran specify WAR [illegible] Record

(a) Residence: No. 4 N. Milton ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 22 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	10	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Lonconing Md

13. NAME of Father James A. Howard

14. BIRTHPLACE (city or town) (State or country) New York N.Y.

15. MAIDEN NAME of Mother Mary Stark

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Arthur Howard
(Address) 4 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cath. Date 5-9-36
Wm. Cole
19. UNDERTAKER 1217 E. Fayette St.
(Address)

20. FILED 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-14, 1936, to 5-6, 1936

I last saw him alive on 5-6, 1936. Death is said to have occurred on the date stated above, at 11:45 a m.

The principal cause of death and related causes of importance were as follows:

Lymphosarcomatosis — Date of onset [illegible]

Other contributory causes of importance:

Uremia

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edward J. Cotter M. D.

(Address) University Hospital

23750 F 23750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital — Registered No. V 23

CITY OF BALTIMORE: (No. ..... St., 14th Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Willard — If U. S. Veteran specify WAR 16 Record

(a) Residence: No. 1611 Linden Ave St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced — HUSBAND of (last) WIFE of Minnie Willard

DATE OF BIRTH (month, day, year) Jan 8, 1875

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	3	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & P Telephone Co

10. Date deceased last worked at this occupation (month and year) May/36

11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (city or town) (State or country) Towson

13. NAME Patrick Willard

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Mary Lavin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hosp records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 6 8 1936

19. UNDERTAKER Wm Cook (Address) 1212 E Cold St

20. FILED JUN 8 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 6 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/29 1936 to 5/6 1936

I last saw him alive on 5/6 1936 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	
Arteriosclerotic Heart Disease	
Other contributory causes of importance: Benign Prostatic Hypertrophy	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Tissue Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm C Ramsay M. D.

(Address) Maryland Gen Hosp

23751 # 13691 F 23751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 9-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Christine Matthews

If U. S. Veteran specify WAR No Record

(a) Residence: No. 921 E. 30th St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad Matthews

DATE OF BIRTH (month, day, year) 5-30-1867

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	11	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Henry Carter

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Louise Elliott

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Date 5/9 1936

19. UNDERTAKER [illegible]

(Address) 1319 E. Pratt St

FILED 7 1936 Huntington Williamson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/6 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/20 1936 to 5/6 1936

I last saw her alive on 5/6 1936. Death is said to have occurred on the date stated above, at 1 05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

23752

13929

F 23752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

6-5-129

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Adam Hausner

(a) Residence: No. 102 Jackson Place St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 12-24-1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41		4	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel-Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Marie

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date ..... 19..

19. UNDERTAKER Fred W. Evans

(Address) 1911 Eastern Ave

20. FILED 7 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-3, 1936 to 5-6, 1936

I last saw him alive on 5-6, 1936 Death is said to have occurred on the date stated above, at 9:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Generalized Peritonitis (Cause Unknown)	5-1-36

Other contributory causes of importance:

Was an operation performed? Yes Date of 5-3-36

For what disease or injury? Peritonitis

Name of operation Exploratory Lap. & drainage Date of 5-3-36

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

F 23753

23753 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 834 W 37th St. 13-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Cora Ella Moore

(a) Residence: No. 634 W 37th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ernest Moore

DATE OF BIRTH (month, day, year) Aug 12, 1877

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wicomico County Maryland

13. NAME Benjamin Walden

14. BIRTHPLACE (city or town) (State or country) Wicomico County Maryland

15. MAIDEN NAME Wat[illegible] Nobles

16. BIRTHPLACE (city or town) (State or country) Wicomico County Maryland.

17. INFORMANT Mr Ernest Moore (Husband)
(Address) 834 W 37th St

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Date May 7, 1936

19. UNDERTAKER Chenoweth & Sons
(Address) 3616-18 Eastern Ave

20. FILED MAY 7 1936 Registrar for Wilcox No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1935, to May 5, 1936.
I last saw her alive on May 5, 1936. Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage	8/24/35
Other contributory causes of importance: Diabetes Mellitus	not known

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis clinical course Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Francis W Sluyter, M. D.

(Address) Gilman apts

23754

F 23754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3495-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Marion Krug

(a) Residence: No. 704 Appleton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6. If married, widowed, ~~or divorced~~ of ~~the~~ (or) WIFE of the late Charles J. Krug.

DATE OF BIRTH (month, day, year) 2-18-1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	2	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John McKinsey

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Deborah Willis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mont Toby Reference Date May 8 1936

19. UNDERTAKER Henry Hoerle's Sons Inc

(Address) 201 E. Lanvale St

20. FILED Huntington Undertaking Co

7 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/3, 1936 to 5/5, 1936

I last saw her alive on 5/5, 1936 Death is said to have occurred on the date stated above, at 8:55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Disease	4 mo.

Other contributory causes of importance: none

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Bald City Hosp.

23755 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 23755

CERTIFICATE OF DEATH

1-54-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Elsie E. Peters

If U. S. Veteran specify WAR

(a) Residence: No. 1203 W. Franklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

3. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	unknown		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year) April, 1936

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Mary Land

13. NAME Edward Peters

14. BIRTHPLACE (city or town) (State or country) Mary Land

15. MAIDEN NAME Laura Matthews

16. BIRTHPLACE (city or town) (State or country) Mary Land

17. INFORMANT Self

(Address) 1203 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date May 7, 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St.

MAY 7 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1936 to May 3, 1936

I last saw h alive on May 3, 1936 Death is said to have occurred on the date stated above, at 9:57 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic Ileus	5-1-36
Other contributory causes of importance: Cardiac Failure	Unknown

Was an operation performed? Yes Date of April 28, 1936

For what disease or injury? Intestinal Obstruction

Name of operation Supraumbilical Laparotomy Date of April 28, 1936

What test confirmed diagnosis? None Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank Meola M. D.

(Address) Mercy Hospital

F 23756

F 23756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Garage rear of 4 N. Wheeler Ave 1st
CITY OF BALTIMORE: (No. 810 Garage Rear Woodbourne Ave) (Ward) 2
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Archibald Metzler
If U. S. Veteran Specify WAR .....

(a) Residence: No. 810 Dorchester Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Ida C. Metzler

6. DATE OF BIRTH (month, day, year) Feb. 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sun Life Ins Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 4 mo

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME Louis Metzler
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Annie Flower
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Ida C. Metzler
(Address) 810 Dorchester Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date May 7- 36

19. UNDERTAKER John. A. Moran
(Address) 3000 E. Baltimore St Huntington Williams, Inc

20. FILED ..... 19 ..... Registrar

MAY 7 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) missing from about 2-36 May 5- 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Carbon Monoxide gas from auto,
(Suicide)

Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ..... 19 .....
Where did injury occur? 4 N. Wheeler Ave (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Garage
Manner of injury Found in garage (auto)
Nature of injury Monoxide gas (auto)

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) Thos. A. Phillips M. D.
Coroner
(Address) 1939 Edmondson Ave

23757

F 23757

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 13889

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 14-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1852 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Turner

(a) Residence: No. 1412 Brunt St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine (Dead)

DATE OF BIRTH (month, day, year) 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Cem. Date May 7, 1936

19. UNDERTAKER Chas. H. Parker
(Address) 514 N. Carlton St. Huntington Williams, N.D.

FILED MAY 7 1936, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-2, 1936.

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1936, to May 2, 1936

I last saw him alive on May 2, 1936. Death is said to have occurred on the date stated above, at 11.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	Unknown

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

23758

F 23758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH Baltimore City Hospitals U-399

CITY OF BALTIMORE: (No. Tuberculosis Division St., 5-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....da. How long in U. S. If of foreign birth? .....yrs. .....mos. .....da.

If U. S. Veteran specify WAR .....

2. FULL NAME Ira Searcy

(a) Residence: No. 1031 Hillen st. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 13, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dishwasher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Monroe City
(State or country) Missouri

13. NAME John Searcy

14. BIRTHPLACE (city or town) Kentucky
(State or country)

15. MAIDEN NAME Kehlia Hessem

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date May 7 19 36

19. UNDERTAKER .....

(Address) .....

FILED 1936 Huntington Williams, M.D.

2315

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1933 to May 4, 1936

I last saw him alive on May 4, 1936 Death is said to have occurred on the date stated above, at 1.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Feb. 1933
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Arthur Karlson, M. D.

(Address) Baltimore City Hospitals

F 23759

3759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 23-1 Ward)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Parsell

(a) Residence: No. 1015 Quick Alley St., Crack Alley Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 11-25-64

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Conn.
(State or country)

13. NAME Henry Parsell (D)

14. BIRTHPLACE (city or town) N. Y.
(State or country)

15. MAIDEN NAME Martha Plair (D)

16. BIRTHPLACE (city or town) N. Y.
(State or country)

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date May, 1936

19. UNDERTAKER Commissioner Health
(Address)

20. FILED 1936 Huntington Williams, M.D.
2314

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/3, 1936 to 5/5, 1936

I last saw him alive on 5/5, 1936 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2 wk.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter, M. D.

(Address) Balto City Hosp.

7570

F 23760

23760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St. 3-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... days

If U. S. Veteran specify WAR .....

2. FULL NAME Edward Hayes

(a) Residence: No. 1408 Pratt St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 3-3-1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	71	1	29.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Virginia Lyncham

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 5-7 1936

19. UNDERTAKER J. J. Fahey & Sons
(Address) 1318 Light St

FILED 5 7 1936 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-2 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-26 1936 to 5-2 1936

I last saw him alive on 5-2 1936 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Lower Lip	?
Other contributory causes of importance: Cachexia & Secondary Anemia	?

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Frank Wilson Jr. M. D.

(Address) Balto City Hosp.

12109 ✓ F 23761

23761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME David Slattery

(a) Residence: No. 309 S. Sharp St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 5-1-1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	67		5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 607

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

13. NAME Maurice

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 6-7-1936

19. UNDERTAKER J. J. Fahey & Sons
(Address) 1318 Light St

20. FILED MAY 7 1936 19 ..... Registrar ..... Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/4, 1936 to 5/6, 1936

I last saw him alive on 5/6, 1936 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 days
Arteriosclerosis	"

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

23762 ✓ F 23762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-9-83

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (N Baltimore City Hospts. St., 36-12 Ward)

Length of residence in city or town where death occurred 1852 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Blackburn, James

(a) Residence: No. 926 St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) 11-12-1875

AGE Years	Months	Days	If LESS than 1 day.. hrs. or .. min.
62	5	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lutherman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Rockridge Co., Va.

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Martha Grody

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records of Balto City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 5-7- 1936

19. UNDERTAKER J. J. Fraher & Sons

(Address) 1318 Light St

FILED 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1936

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19..., to May 3 1936

I last saw him alive on May 3 1936. Death is said to have occurred on the date stated above, at 5:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-2-36

Other contributory causes of importance:

Senile Psychosis	1931

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Sautelle M. D.

(Address) Baltimore City Hospitals

F 23763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 634 N Montgomery St., ... Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Smith
If U. S. Veteran specify WAR .....

(a) Residence: No. 634 N Montgomery St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A. Smith

DATE OF BIRTH (month, day, year) April 1888

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48		1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date declared last worked at this occupation (month and year) 0-40
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md
13. NAME Mary Smith
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Mann
16. BIRTHPLACE (city or town) (State or country) Md
17. INFORMANT Mary Smith
(Address) 634 N. Montgomery
18. BURIAL, CREMATION, OR REMOVAL
Place Carroll Calvert Co. Date May 10 1936
19. UNDERTAKER Sam'l N. Chase & Son
(Address) 638 N. Eutaw
Filed ... 19... Registrar ... Baltimore, Md

MAY 7 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1936
22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936 to May 6, 1936
I last saw him alive on May 6, 1936. Death is said to have occurred on the date stated above, at 11:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Toxemia	

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation. ... Date of ...
What test confirmed diagnosis? Physical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, state ...

Signed H. G. Lamb M. D.
(Address) 501 St. Paul St.

23764

F 23764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. X135

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry R. Baird If U. S. Veteran specify WAR .....

(a) Residence: No. 1915 Hilliary St St., ... Ward. Port Huron-Mich (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Adele

DATE OF BIRTH (month, day, year) 1/20/76

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	3	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mich -

13. NAME Wm Baird

14. BIRTHPLACE (city or town) (State or country) Mich

15. MAIDEN NAME Cath. Frank

16. BIRTHPLACE (city or town) (State or country) Mich.

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Port Huron Mich May 7 1936

19. UNDERTAKER Pond-Mitchell & Sons
(Address) 1900 Eutaw Place

Filed 7 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 23 1936 to May 7 1936

I last saw ~~him~~ alive on May 7 1936 Death is said to have occurred on the date stated above, at 8 40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	

Other contributory causes of importance:

Unfound renal function

Was an operation performed? Yes Date of May 1 1936

For what disease or injury? Diverticula of Bladder

Name of operation Excision diverticula Date of May 5 1936

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Alfred Hellman, M. D.

(Address) Johns Hopkins Hospital

H. D. B. 1268-9

F 23765

3765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2829 Frederick Ave. St., 70-6 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Franklin Newton

(a) Residence: No. 2829 Frederick Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) October 5, 1867

6. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	8 7	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Route

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sun Paper

10. Date deceased last worked at this occupation (month and year) May 1935

11. Total time (years) spent in this occupation 30 years

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Alfred Newton

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Sophia Cook

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. Clara Belle Thompson
(Address) 2829 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date May 8 19 36

19. UNDERTAKER Edw. H. Cook
(Address) 1004 E. Baltimore St.

20. Filed MAY 8 1936 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 1936

22. I HEREBY CERTIFY, That I attended deceased from April 25 1936 to May 6 1936

I last saw him alive on May 5 1936 Death is said to have occurred on the date stated above, at 3:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal disease	1931
Hypertension	1933
Cerebral Hemorrhage	4/25/36

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Elliot W. Johnson M. D.

(Address) 3432 Frederick Ave

23766 ✓ F 23766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime dx. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Daniel L. Herman

(a) Residence: No. 946 Brooks Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Apr. 28, 1912

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24		9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Medical Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Nathan Herman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Sadie Loeb

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs. Sadie L. Herman

(Address) 946 Brookes Lane

18. ~~BURIAL~~, CREMATION, OR REMOVAL

Place London Park Cem. Date May 8, 1936

19. UNDERTAKER Harry Goodheim & Son No.

(Address) 1902 Eutaw Place

1936 Lexington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-7, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-1, 1936 to 5-7, 1936

I last saw him alive on 5-6, 1936. Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub Acute Bacterial Endocarditis	12-1-35
Streptococcic Viridans Bacteremia	12-1-35
Rheumatic Heart disease before	1932

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Date of —

What test confirmed diagnosis? Clinical & Bacteriological Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lt. R. Woodward Jr. M. D.

(Address) University Hosp.

M. D. B. 1268-0

E 23767

23767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2605 N. North Ave. St., 15-6 Ward

Length of residence in city or town where death occurred 4 yrs. mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Ella Levy

(a) Residence: No. 2608 N. North Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Wht.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jany 25 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Shirt dresser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1086

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis Levy

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Fannie Hoffman

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Mrs. Fannie Levy (Address) 2608 N. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Date May 8 1936

19. UNDERTAKER Laird Sonnenborn & Son 1902 Eastern Ave.

20. FILED 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6th 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 26 1936 to May 6 1936

I last saw h[illegible] alive on May 5th 1936 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage due to Arterio Sclerosis

Date of onset .....

Other contributory causes of importance:

Acute Dilatation of Heart due to Arterio Sclerosis

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. E. Smith M. D.

(Address) 2600 N. North Ave

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

23768 ✓ 23768

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 Orleans St., 5-1 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Nutebul

(a) Residence: No. 1216 Orleans St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) April 27-1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER FATHER

13. NAME Christopher Nutebul

14. BIRTHPLACE (city or town) (State or country) Balto md

15. MAIDEN NAME Rosa Nutebul

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Christopher Nutebul
(Address) 1216 Orleans St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 5/9/36

19. UNDERTAKER Edw Bryan
(Address) 643 Orleans St

20. FILED MAY 7 - 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH — 0

21. DATE OF DEATH (month, day, year) May 6 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, find that said deceased came to death on the day stated above.
(Inquest, Attorney or Inquiry) (Inquest, Attorney or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	April 6 1936

Other contributory causes of importance: —

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) George P. Callum, M. D.
Coroner

(Address) 501 Aisquith St

3769

✓ F 23769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 E. Highfield Road, Guilford Ward) 27-11

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME EDNA K. FASSETT

(a) Residence: No. 209 East Highfield Road, Guilford St, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles William Fassett

DATE OF BIRTH (month, day, year) Feb. 8, 1858

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	2	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Covington, Kentucky

13. NAME Daniel Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Kirwin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Joseph P. Healy

(Address) 209 E. Highfield Road, Guilford

18. BURIAL, CREMATION, OR REMOVAL

Place El Paso, Texas Date May, 8, 1936

19. UNDERTAKER Chas. H. Grace & Son

(Address) 118 W. Mt. Royal Ave

FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1936 to May 7, 1936

I last saw her alive on May 7, 1936. Death is said to have occurred on the date stated above, at 7.50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	4 Hours.
	About.
Other contributory causes of importance:	
Myocarditis.	15 yrs.
Senile Arterio-sclerosis.	20 yrs.

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) Amerrit Lovell M. D.

(Address) 3705 Liberty Hgts Ave

1936

F 23770

23770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 6-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Patrick J. Moran

(a) Residence: No. 100 N. Lakewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of Catherine Moran

DATE OF BIRTH (month, day, year) Jan 29-1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectionary Store 2014

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 3/17/36

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Ind.

13. NAME Patrick J. Moran

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Moran

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Catherine Moran

(Address) 100 N. Lakewood ave

18. BURIAL, CREMATION, OR REMOVAL

Place Ho Redeemer Date 5/8/ 1936

19. UNDERTAKER J. J. Mooney & Bro

(Address) 2202 Baltimore

1936 Huntington Station, Baltimore, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5 1936

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1936 to May 5, 1936.

I last saw him alive on May 6, 1936 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma vesicae	
2. Diabetes mellitus 6	
3. Chronic myocarditis 93d	
Other contributory causes of importance:	
1.	

Was an operation performed? yes Date of 4-30-36

For what disease or injury? Resection of ureter

Name of operation Cystotomy Date of 4-30-36

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Magruder M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

Mary A. Stefek ✓ F 23771

23771. **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 N. Montford St., 7-13 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary A. Stefek

(a) Residence: No. 804 N. Montford St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Stefek

DATE OF BIRTH (month, day, year) July 2d, 1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	9	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Upper Silesia

13. NAME OF FATHER Unknown

14. BIRTHPLACE (city or town) (State or country) Upper Silesia

15. MAIDEN NAME OF MOTHER Mary ...

16. BIRTHPLACE (city or town) (State or country) Upper Silesia

17. INFORMANT Joseph Stefek

(Address) R F D Montford Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date May 8 1936

19. UNDERTAKER Frank Leach Son

(Address) 1906 Eastern Ave

FILED 1936 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10 1935 to May 5 1936

I last saw ... alive on May 5 1936 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	?
Cerebral Hemorrhage	5/5/36

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation no Date of ...

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Joseph P. Cleary, M. D.

(Address) 2280 E. Madison St.

23772 ✓ F. 23772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument & Wolfe St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Luigi Marcucci

(a) Residence: No. 1511 N. Chapel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Carmela Marcucci

6. DATE OF BIRTH (month, day, year): Feb. 4-1892

7. AGE: Years: 44 | Months: 2 | Days: 29 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Italy

13. NAME OF FATHER: Frank Marcucci

14. BIRTHPLACE (city or town) (State or country): Italy

15. MAIDEN NAME OF MOTHER: Rose Mirth

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Filomena Saptaccroce (Address) New Haven Conn

18. BURIAL, CREMATION, OR REMOVAL: Place New Haven Conn Date May 7 1936

19. UNDERTAKER: John G. Miller (Address) 2433-35 E. Oliver St

20. FILED: 1936 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/6/36

22. I HEREBY CERTIFY, That I attended deceased from 5/4/36, 19..., to 5/6/36, 19...

I last saw him alive on 5/6, 1936. Death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 5/4

Other contributory causes of importance:

Uremia — Acute

Was an operation performed? No — Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify No

(Signed) W. M. Mandelson, M. D.

(Address) Sinai Hospital

F 23773 ✓ F 23773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 757 W. Saratoga St., 4 W Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Mark Parks

(a) Residence: No. 757 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12/26/1915

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	4	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer Odd
10. Date deceased last worked at this occupation (month and year) Jan 24 36 | 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Concord N.C.

13. NAME Howard Parks.

14. BIRTHPLACE (city or town) (State or country) Concord N.C.

15. MAIDEN NAME Marie Harris

16. BIRTHPLACE (city or town) (State or country) Charlotte N.C.

17. INFORMANT Marie Russell

(Address) 757 W Saratoga

18. BURIAL, CREMATION, OR REMOVAL

Place NW Calvary Date 5/10 19 36

19. UNDERTAKER Wm E Jackson

(Address) 916 Pennsylvania Ave

FILED 8 1936 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/7/36 19

22. I HEREBY CERTIFY, That I attended deceased from mar-13, 1936 to 5-7, 1936

I last saw h~~e~~ alive on 4-16 1936 Death is said to have occurred on the date stated above, at 9:10 a. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia & Influenza. Tuberculosis

Date of onset
Mar 30

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) Dan Drayden, M. D.

(Address) 12 W Lex

M. D. B 1268-9

23774

F 23774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Chase St Bridge St., 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME Clarence Sanders

(a) Residence: No. 1813 N. Payson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Sanders

6. DATE OF BIRTH (month, day, year) May 18, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) 5/3/36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. md

MOTHER FATHER

13. NAME John Sanders

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Bertha Clejna

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Bertha Peregoy Da

(Address) 1803 Poulaskin St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 9th, 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/6, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound thru Head & Brain	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 5/6, 1936

Where did injury occur? Balto md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Chase St. Bridge

Manner of injury Shot himself

Nature of injury Bullet thru skull

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Wm. B. Addison M. D.
Coroner

(Address) 101 St Paul St

23775 V F 23775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3051 Guilford Ave 17-W Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Karolya A. Dougherty

If U. S. Vet specify WAR No Record

(a) Residence: No. 3051 Guilford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, ~~Married~~ ~~Widowed~~ or ~~Divorced~~ (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 9th 1872

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	6	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home - Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Wilmington Del

13. NAME Edward J. Dougherty

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary E. K. Peoples

16. BIRTHPLACE (city or town) (State or country) Wilmington Del

17. INFORMANT Grant N. Peoples

(Address) 300 E. 30th St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 8th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAY 8 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 14th, 1936, to May 4th, 1936

I last saw h.. alive on May 4, 1936 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Feb 14 / 36
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation ..... Date of .....

What test confirmed diagnosis? Personal observation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Wm Conrad Bode, M. D.

(Address) 1900 Maryland Ave.

2776 ✓ F 23776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

1. PLACE OF DEATH 13386 4

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Middlekauff If U. S. Veteran specify WAR No Record

(a) Residence: No. 2265 Reisterstown Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of Chas. Middlekauff

DATE OF BIRTH (month, day, year) 12-10-1849

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	4	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self Odd

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Emanuel Gates

14. BIRTHPLACE (city or town) (State or country) Switzerland

15. MAIDEN NAME Eliza. LeConey

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 6 19 36

19. UNDERTAKER Wm Cook
(Address) 1217 E Paul St

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-7 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-2 1936 to 5-7 1936

I last saw h~~er~~ alive on 5-7 1936 Death is said to have occurred on the date stated above, at 1:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Gangrene Left Foot	?
Other contributory causes of importance: —	

Was an operation performed? no Date of —

For what disease or injury? none

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

M. D. P. 1268-9

F 23777

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23777

CERTIFICATE OF DEATH

X 172-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Rayner & Dulaney St., West Baltimore General Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John S. Johns No War Record

(a) Residence: No. Lyncombe Rd St., Md. Ward.
(usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Deborah Johns

6. DATE OF BIRTH (month, day, year) Sept 18 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Richard W. Johns

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Margaret Ann Pierce

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Stanley S. Johns
(Address) 2904 Westwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date May 9 1936

19. UNDERTAKER Wm Cook
(Address) 1207 St Paul St

20. FILED MAY 8 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-6-36

22. I HEREBY CERTIFY, That I attended deceased from 5-1-1936 to 5-6-36.

I last saw him alive on 5-6 1936 Death is said to have occurred on the date stated above, at 3P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	Sabo prior 1936
Acute Pulmonary Oedema	May 6 1936
Other contributory causes of importance: Bronchio Pneumonia	May 5 36
Senility	
Ileostomy	5-3-36

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) George Shortell M. D.

(Address) West Balto. Gen. Hospital

M. D. B. 1368-B

23778

✓ F 23778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital 25-4 210-N

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William E. Crutchley If U. S. Veteran, specify WAR No Record

(a) Residence: No. 3442 South Hanover St., ... Ward. .....

(Usual place of abode) 35 years (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Rose Crutchley

6. DATE OF BIRTH (month, day, year) Sept 29-1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gibson Island Club

10. Date deceased last worked at this occupation (month and year) May 3-36

11. Total time (years) spent in this occupation 1 year

12. BIRTHPLACE (city or town) (State or country) Washington Co

FATHER

13. NAME Edward Crutchley

14. BIRTHPLACE (city or town) (State or country) Washington Co

MOTHER

15. MAIDEN NAME Julia Norris

16. BIRTHPLACE (city or town) (State or country) Sandy Hook Maryland

17. INFORMANT Mrs Rose Crutchley

(Address) 3442 South Hanover

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date May 9th 1936

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED MAY 8 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-4-36 7 AM

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	5-3-36

Other contributory causes of importance: .....

Was an operation performed? Yes Date of 5-3-36

For what disease or injury Coronary Occlusion

Name of operation Morphine Date of 5-3-36

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 5-3-36

Where did injury occur? Gibson Island Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Auto Accident

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Gurley Latané M. D.

Coroner

(Address) 767 N. Charles

M. D. B. 1268-B

23779 **HEALTH DEPARTMENT—CITY OF BALTIMORE** VE 23779

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 South Charles St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ann Theresa Hook.

(a) Residence: No. 1407 South Charles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed or divorced HUSBAND of (or) WIFE of The late Wm. P. Hook

6. DATE OF BIRTH (month, day, year) June 3, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Patrick McGrath

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget McGreevey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Jane Hammer
(Address) 1407 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Q.A. Date 5/11 1936

19. UNDERTAKER Margaret A. Thyng
(Address) 1517 N. Milton Ave

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 20, 1932 to May 7, 1936.

I last saw her alive on May 7, 1936 Death is said to have occurred on the date stated above, at 7.45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus, myocarditis	
auricular Fibulation, Cardiac	Nov.
Hypertension, Chronic Paren-	1932
chymatous Nephritis,	
General anasarca.	
Other contributory causes of importance:	
Acute Cardiac dilatation	May 7
with acute Pulmonary Edema	1936

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Examination & Laboratory Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. Howard Norris M. D.

(Address) 107 East west street.

✓ F 23780

23780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 547 E. 38th St., 9-1 Ward)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary A. McDonnell Bowes

(a) Residence: No. 547 E. 38th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Bowes

DATE OF BIRTH (month, day, year) July 20, 1859

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	8	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Patrick McDonnell

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Hughes

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Margaret Bowes

(Address) 547 E 38th Street

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's, Govans Date May 9, 1936

19. UNDERTAKER Rita Wiedefeld

(Address) 914 Greenmount Ave

FILED 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/21, 1936 to 5/4, 1936.

I last saw her alive on 5/4, 1936 Death is said to have occurred on the date stated above, at 4:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis -	2/9/36
Pyelitis -	4/2/36
Pyelo-nephritis -	5/3/36

Other contributory causes of importance:

Arteriosclerosis -	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Stanley Edel M. D.

(Address) 3403 Garrison Blvd

23781

✓F 23781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

349-26

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 13-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Murphy

(a) Residence: No. 2406 Madison Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Allen

DATE OF BIRTH (month, day, year) 1875

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 31

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Wesley Morgan

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Betty

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Ct Date 5/8/36 19

19. UNDERTAKER Isaiah L Brown & Son
(Address) 708 W Fayette St Baltimore, Md

FILED MAY 8 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-5 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-8 1936 to 1-22 1936

I last saw her alive on 5-5 1936 Death is said to have occurred on the date stated above, at 7:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Cervical Spine	?

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? none

Name of operation none Date of —

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

23782

✓ F 23782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 W. 34th St., 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 1 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Lamy E. Ford

(a) Residence: No. 604 W. 34th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced. HUSBAND of (or) WIFE of: William O. Ford

6. DATE OF BIRTH (month, day, year): March 23, 1859

7. AGE: Years 77; Months 1; Days 14; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 4/9/36 5 weeks ago

11. Total time (years) spent in this occupation: 50 years

12. BIRTHPLACE (city or town) (State or country): Baltimore City

13. NAME: Adam Dasch

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Margaret Francis Hill

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs. Kenneth McLennan (daughter) 1621 Oakwood ave. Richmond Va.

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Date May 9 1936

19. UNDERTAKER (Address): Lyon & Sons 7-9 W. 33 St.

MAY 8 1936 19 Livingston Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 27, 1936 to May 7, 1936

I last saw her alive on May 7, 1936 Death is said to have occurred on the date stated above, at 2.52 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardiovascular disease	1925
Chronic interstitial nephritis	1925
Other contributory causes of importance: Bronchial asthma	1877

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Alfred Charles Moore, M. D.

(Address) 3134 Harford ave. Baltimore

23783 ✓ F 23783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2803 Hamilton Ave 7-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Westerman

(a) Residence: No. 2803 Hamilton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (or) WIFE of Harry L Westerman

DATE OF BIRTH (month, day, year) June-17-1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Matilda Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Harry L Westerman

(Address) 2803 Hamilton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Memorial Park May-10-36

19. UNDERTAKER John E. Meyer

(Address) 2435 E. Oliver St

20. FILED Registrar

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May-6 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1936 to 5/6/36 1936

I last saw her alive on 5/6/36 1936 Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

Arteri-Sclerosis
Hypertension

Date of onset

Other contributory causes of importance:

Coronary Embolism

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Myles W. Holbert M. D.

(Address) 6103 Harford Rd.

F 23784 ✓ F 23784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 N. Carrollton Ave. St., 16-L Ward)

Length of residence in city or town where death occurred 41 yrs. 1 mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clarence Edward Small

(a) Residence: No. 624 N. Carrollton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Leila Danette Small

DATE OF BIRTH (month, day, year) June 23, 1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41	40	1 10	17 12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automobile mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

10. Date deceased last worked at this occupation (month and year) May 29, 1934

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME OF FATHER William H. Kerry

14. BIRTHPLACE (city or town) (State or country) Cambridge Maryland

15. MAIDEN NAME OF MOTHER Elizabeth Small

16. BIRTHPLACE (city or town) (State or country) Tragg Maryland

17. INFORMANT Leila Danette Small

(Address) 624 N. Carrollton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 5-9-1936

19. UNDERTAKER Mrs. Geo. L. Holland

(Address) 1681 Druid Hill Ave

20. FILED May 6 1936 Huntington Williams, M.D.

MAY 8 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1 1936 to May 6 1936

I last saw h.im alive on May 6 1936 Death is said to have occurred on the date stated above, at 6:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If specify .....

(Signed) Reuben Hoffman M. D.

(Address) 2404 Eutaw Place

F. B. 23785

Gran 12

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23785

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 E. Pratt St., 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Wallace

(a) Residence: No. 916 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine

6. DATE OF BIRTH (month, day, year) June 27

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	77	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. skilled laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brush factory

10. Date deceased last worked at this occupation (month and year) 12 29

11. Total time (years) spent in this occupation 40+

12. BIRTHPLACE (city or town) (State or country) New York

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Katherine Wallace
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Public Cemetery Date May 7 . 1936

19. UNDERTAKER
(Address)

FILED 19 Reg.

MAY 8 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance: Chronic nephritis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) H. W. Wright M. D.
Coroner

(Address) 1010 E. Baltimore St.

THE MORGUE

M. D. B. 12 23786 F 23786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 18

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annabelle Lee

(a) Residence: No. 712 Cumberland St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 9, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Chas. Lee

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna Dell Hebb

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Anna D. Lee
(Address) 712 Cumberland St.

18. BURIAL, CREMATION, OR REMOVAL
Place Dr. Peters Date 5-8, 1936

19. UNDERTAKER Mar Katie R. Williams
(Address) 322 N. Schroeder St.

FILED 5 8 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1930

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcic Meningitis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. J. Orem M. D.
Coroner

(Address) 2757 W. Lanvale

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23787 ✓ 164a F 23787

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~[illegible]~~ 405 N. East Ave St., 16-10 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annaly Kane

(a) Residence: No. 405 N. East Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) April 3, 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hamburg Germany

MOTHER FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Sophia Deacy (Address) 1627 Thames St.

18. BURIAL, CREMATION, OR REMOVAL Place Montevideo Date V-10 ..... 19 36

19. UNDERTAKER Leonard Smith (Address) 2305 Orford Rd

MAY 8 1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning (Illuminating Gas)	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 5/5, 1936

Where did injury occur? Balto., Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Turned on gas jets on gas range.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Paul Schenck Coroner, M. D.

(Address) 1912 E. North Ave

23788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B F 23788

Registered No. 27-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2602 Hermosa Ave. St., W

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Anthony B. Gocking

(a) Residence: No. 2602 Hermosa Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora K. Gocking

DATE OF BIRTH (month, day, year) Dec 9, 1848

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
87	4	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Prop.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Catherine Gocking

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT George J. Miller

(Address) 2602 Hermosa Ave.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. Date May 9, 1936

19. UNDERTAKER Edward J. Luck

(Address) 5305 Harford Rd.

20. FILED ... 19 ...

MAY 8 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 9th, 1936 to May 6, 1936

I last saw him alive on May 4, 1936. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis

Date of onset

Other contributory causes of importance:

Arterio sclerosis & Chronic hypertrophic arthritis

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. Carroll Brunk M. D.

(Address) 4708 Harford Road

23789

HEALTH DEPARTMENT—CITY OF BALTIMORE

23789

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Blackstone Apts. Charles & 33rd St., 12-26 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Belle Ensor Baker

(a) Residence: No. Charles & 33rd Sts. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	~~married~~ widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of George M. Baker

DATE OF BIRTH (month, day, year) April 6, 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John C. Ensor

14. BIRTHPLACE (city or town) (State or country) Baltimore County Md.

15. MAIDEN NAME Ruth Duncan

16. BIRTHPLACE (city or town) (State or country) Balto. County Md.

17. INFORMANT Mrs. Lida C. Miller
(Address) Blackstone Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Black Rock, Md. Date May 9, 1936

19. UNDERTAKER Colvin & Mitchell Sons
(Address) 1900 Eutaw Place

20. FILED ... 19 ... Registrar.

MAY 8 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 29, 1936 to May 7, 1936

I last saw her alive on May 6, 1936 Death is said to have occurred on the date stated above, at 8a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Apr 29

Other contributory causes of importance:

Arterial Sclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of ...

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jno H. Pearce M. D.

(Address) 2105 N. Charles St.

Huntington Williams M.D.

23790 HEALTH DEPARTMENT—CITY OF BALTIMORE 23790

CERTIFICATE OF DEATH

X ✓ 115-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 4-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rose May Frey

(a) Residence: No. Maple Rd, Linthicum Heights St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f	w	married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis J. Frey

DATE OF BIRTH (month, day, year) Nov 11, 1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	5	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME George F. Dorsey

14. BIRTHPLACE (city or town) Howard Co. Md.
(State or country)

15. MAIDEN NAME Florence Burgess

16. BIRTHPLACE (city or town) Howard Co. Md.
(State or country)

17. INFORMANT Hospital Records
(Address) Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date May 8, 1936

19. UNDERTAKER John O. Mulcahy & Sons
(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar.

MAY 8 1936 Washington Maryland

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 5-6 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-1 1936 to 5-6 1936

I last saw h e r alive on 5-6 1936. Death is said to have occurred on the date stated above, at 5:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	5/3/36
Pulmonary infarcts + abscesses	5/3/36
Acute Nephritis	5/2/36
Streptococcic tonsillitis + adenitis	4/28/36
Other contributory causes of importance:	
~~Diphtheria (?)~~	4/28/36

Was an operation performed? Yes Date of 5-5-36

For what disease or injury? Cellulitis + adenitis neck

Name of operation Incision right tonsil. Date of 5-5-36.

What test confirmed diagnosis? Surgical, Clinical & Bacteriological Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Lt. Woodward Jr. M. D.

(Address) University Hosp

23791 F 22791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 E Biddle St., 1-K Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alexander Lisiewski

(a) Residence: No. 1121 E Biddle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rozalia Lisiewski

DATE OF BIRTH (month, day, year) 1889

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coke Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Antoni

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Rozalia Lisiewska

(Address) 1121 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date 5/9 19 36

19. UNDERTAKER John J Ruda

(Address) 1281 Hudson St

MAY 8 1936 Dept. Health

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from February, 1936, to May 6, 1936

I last saw him alive on May 6, 1936. Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach metastasis to liver	Jan '36

Other contributory causes of importance:

Was an operation performed? yes Date of March 17 '36

For what disease or injury? Exploratory

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Julius J Geyko, M. D.

(Address) 2220 Eastern Ave

M. D. B 1268-9

3792 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 23792

CERTIFICATE OF DEATH

✓ 107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1221 n Caroline St. 8-7 (Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pauline Williams

If U. S. Veteran specify WAR

(a) Residence: No. 1221 n Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 7-1936

7. AGE Years 4 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Paul Williams

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Bede Nyson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Paul Williams
(Address) 1221 n Caroline St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date May 8th, 1936

19. UNDERTAKER Mrs Robt Elliott-Haughton
(Address) 1129 Hardie St

(Signed) Huntington Williams M. D.

MAY 8 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) May 7, 1936

22. I HEREBY CERTIFY, That I took charge of the [illegible] above, held an [illegible] thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said [illegible] and that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia (Pneumonia)	May 5 1936

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Pneumonia was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen Coroner M. D.

(Address) 50 Fayette St

M. D. B. 1268-9

F 23793

23793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

Registered No. .....

1. PLACE OF DEATH 1001 Ensor

CITY OF BALTIMORE: (No. 1001 Ensor St. St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 32 yrs. ..... mos. ..... ds.

2. FULL NAME Giuseppina Fulco

If U. S. Veteran specify WAR .....

(a) Residence: No. 1001 Ensor St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Giuseppe Fulco

6. DATE OF BIRTH (month, day, year) March 19 1867

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	69	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cefalu' Italy

FATHER

13. NAME Salvatore D'Angelo

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Antonietta Culotta

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Giuseppe Fulco Jr.

(Address) 1206 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date May 9 1936

19. UNDERTAKER Frank Della Rocca

(Address) 52 N. Motley st

20. MAY 8 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Mueller, M. D. Coroner

(Address) 1919 E. North ave

D. B 1268-9

23794 HEALTH DEPARTMENT—CITY OF BALTIMORE F 23794

CERTIFICATE OF DEATH

21-1 ✓183

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Off Westport Power House Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. 6 mos. 27 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Angelo Cosentino

(a) Residence: No. 821 S. Paca St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, year) October 8, 1921

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	14	6	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Joseph Cosentino.

14. BIRTHPLACE (city or town) (State or country) Italy.

15. MAIDEN NAME Jennie Sciute.

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT Leo Cosentino. (brother)
(Address) 821 S. Paca St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date May 9, 1936

19. UNDERTAKER Frank Della Rose
(Address) 52 N. Motley St.

20. FILED MAY 8 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, 3.27 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Occidental Drowning.	
Sinking of a rowboat.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquiry. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5/5/36 19...

Where did injury occur? Off Westport Power House
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of Injury Sinking of a rowboat.

Nature of injury Occidental Drowning.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Otto Hottenstein Coroner, M. D.

5/5/36 (Address) 1017 E. Charles St.

13853

HEALTH DEPARTMENT—CITY OF BALTIMORE

23795 CERTIFICATE OF DEATH √ 189-B F 23795

Registered No. 6-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nexton Berman

(a) Residence: No. 142 Jackson Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 4-1-1929

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7	1	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Morris

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Freda Revos

16. BIRTHPLACE (city or town) (State or country) Latvia

INFORMANT B.C.H. Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Mt Carmel Date 5/8/36 19

UNDERTAKER Jack Lenzo Inc
(Address) 1434 E. Baltimore St.

FILED 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/7, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/29, 1936 to 5/7, 1936

I last saw him alive on 5/7, 1936 Death is said to have occurred on the date stated above, at 7:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mastoiditis, right.	4/27/36
Septicemia, streptococcus	5/2/36

Other contributory causes of importance:

Was an operation performed? Yes Date of 4/30/36

For what disease or injury? Mastoiditis.

Name of operation Mastoidectomy, rt. Date of 4/30/36

What test confirmed diagnosis? Operation Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Irving Rosenbaum, Jr. M. D.
(Address) Balto. City Hospitals.

23796 HEALTH DEPARTMENT—CITY OF BALTIMORE 23796

CERTIFICATE OF DEATH

✓ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Wolf Cohen

(a) Residence: No. 525 Eldgeworth St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

DATE OF BIRTH (month, day, year) Dec. 20 - 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66	65	4	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Repairing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME OF FATHER Samuel

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME OF MOTHER Not known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rodeph Shalom Cem. Date May 8 1936 19

19. UNDERTAKER Jos. L. Levin Inc.

(Address) 1432 E. Baltimore St.

FILED MAY 8 1936 Clayton Williams, D

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/8/36. 19

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1936 to May 8, 1936

I last saw h[illegible] alive on May 8 1936. Death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Senility

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Janney . M. D.

(Address) Sinai Hospital

Spec. 2-29-28—L. F. S.—500 Blks.

23797 HEALTH DEPARTMENT—CITY OF BALTIMORE F 23797

CERTIFICATE OF DEATH

✓ 115-a

1—PLACE OF DEATH Children's Hospital School REGISTERED NO.

CITY OF BALTIMORE: (No. Greenspring Ave 45 ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hecht, Henry

(a) RESIDENCE NO. 2132 Prestman ST. Bells WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred bifore — ds. How long in U. S., if foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
m	W	S

If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, and year) 6-21-25

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	10	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work school boy

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Albert Hecht

11 BIRTHPLACE OF FATHER (city or town) (State or country) N Y

12 MAIDEN NAME OF MOTHER Emma Lehrfeld

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

Informant (Address) father 2132 Prestman st

Filed ____ 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-7-36

17 I HEREBY CERTIFY, That I attended deceased from 5-6-, 1936, to 5-7-, 1936, that I last saw h alive on 5-7-, 1936 and that death occurred, on the date stated above, at 9:20 a.m.

The CAUSE OF DEATH* was as follows:

Post operative respiratory failure.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pt. had T. & A. ayrs ago. yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? yes Date of 5-7-36

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Benson D Baker M. D.

5-7-, 1936 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 5/8 1936

20 UNDERTAKER Sol Levinson & Bros — ADDRESS 1127 E Balto st

F 23798

23798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 5-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert Forbes

(a) Residence: No. 35 N. Eden St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Gracie

DATE OF BIRTH (month, day, year) 8-22-96

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
39	8	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Jacob (D)

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Tillie ? (D)

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records of Balto City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Greenville N C Date 5 — 9 — 1936

19. UNDERTAKER Byron Thomas & Wright

(Address) 2128 E. Lafayette St

FILED 8 1936 19 Registrar H. Leslie Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/5, 1936 to 5/6, 1936

I last saw him alive on 5/6, 1936 Death is said to have occurred on the date stated above, at 7:55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5 days

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reiter, M. D.

(Address) Balto City Hosp.

M. D. B 1265-9

23799 F 23799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V x 167

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 12-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward Thomas Pullman.

(a) Residence: No. 808-K St. N.W. Washington D.C. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) May 22, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

FATHER

13. NAME Thomas Pullman.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Sarah Watkins.

16. BIRTHPLACE (city or town) (State or country) Alexandria, Va.

17. INFORMANT Ernest H. Pullman. (brother)
(Address) 201 Sheridan Pl. N.W.

18. BURIAL, CREMATION, OR REMOVAL
Place Alexandria, Va. Date 5/8 1936

19. UNDERTAKER Harold Saltzman
(Address) 436-1-2 11th St. N.W. D.C.

20. FILED MAY 8 1936 Eugene Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1936. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laceration of the brain, pistol shot wound of right side of head suicide.	

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 5/7/36. 19

Where did injury occur? Druid Hill Park.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place.

Manner of injury Pistol shot wound

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Otto M. Reinhardt Coroner. M. D.

5/8/36 (Address) 2420 E. Charles St.

F 23800

23800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-8-82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Richard Johnson

(a) Residence: No. 740 George St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

DATE OF BIRTH (month, day, year) 3-27-1870

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	1	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Isiah Johnson

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Susen Spriggs

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date May 9 19 36

19. UNDERTAKER Walter R. Pugh
(Address) 429 W. Garrett St.

20. FILED MAY 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/7, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/6, 1935 to 5/7, 1936

I last saw him alive on 5/7, 1936 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	7 days
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp

23801 F 23801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Ben. Blackman

(a) Residence: No. Newport News, Va St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) ~~Married~~ Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6b. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day.... hrs. or min.
	67			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Shop.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Hyman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Ida

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Newport News Va Date 5/10/36 19

19. UNDERTAKER Jas. H. Lewis & Bro. Inc. (Address) 1439 E. Baltimore St.

20. FILED ..... Registrar

MAY 8 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1936, to May 8, 1936

I last saw him alive on May 8, 1936. Death is said to have occurred on the date stated above, at 12.5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
Generalized Carcinomatosis	
Carcinoma of Stomach	

Other contributory causes of importance:

Was an operation performed? Yes Date of April 23, 1936

For what disease or injury? Carcinoma of stomach

Name of operation Exploratory Laparotomy Date of 4/23/36

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Elliott Michaelson, M. D.

(Address) Sinai Hospital

F 23802

M. D. B. 1268-9

23802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. ..... St. 17-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Isabelle C Mack

(a) Residence: No. 2320 N Calvert St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John J. Mack

6. DATE OF BIRTH (month, day, year) ? ? 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) [illegible]

MOTHER

13. NAME John F Alexander

FATHER

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Margaret O'Connell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Markey 2320 N Calvert St

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 5/9 1936

19. UNDERTAKER J. J. Flaherty Son & Co

(Address) 1318 Eight St

20. FILED 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/7 1936

22. I HEREBY CERTIFY, That I took charge of the [illegible] above, held [illegible] thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said [illegible] (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Iliac Rib	5/3
Shock	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 5/3 1936

Where did injury occur? Park Blvd near Baltimore Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Auto collided

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) [illegible] M. D. Coroner

(Address) 967 N. Charles

F 23803

238083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 N. Robinson St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 11 mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John N. Zeman

(a) Residence: No. 513 N. Robinson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine M. Zeman

DATE OF BIRTH (month, day, year) May 16, 1892

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	11	16 20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor 078

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit Co.

10. Date deceased last worked at this occupation (month and year) Mar. 1936

11. Total time (years) spent in this occupation 18 Yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Zeman

14. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

15. MAIDEN NAME Mary Stupak

16. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

17. INFORMANT Mrs. Catherine M. Zeman (Wife)
(Address) 513 N. Robinson St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross A.A. Co., Md. Date May 9, 1936

19. UNDERTAKER John F. Dammy
(Address) 715 Light St

FILED 1936 Huntington Williams, Jr. # 2811

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1935 to May 6, 1936

I last saw him alive on May 6 1.20 1936 Death is said to have occurred on the date stated above, at p. m.

The principal cause of death and related causes of importance were as follows:

Edema - Myocardial Insufficiency — Date of onset .....

Other contributory causes of importance Arterio Sclerosis

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation Date of .....

What test confirmed diagnosis? Clinical & Autopsy

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Helen M. Kinsey M. D.

(Address) 1815 E. Broadway

F 23804

23804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 15th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Albert Forman

(a) Residence: No. 731 School Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced: BUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 3/1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Arthur Forman.

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Rosie Carter

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Arthur Foreman
(Address) 731 School St

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cem 5/9 19 36

19. UNDERTAKER Rayner Sanders
(Address) 1403 E. Preston St

20. [illegible] for Wm. Harrison, Jr.
Huntington Williams, Jr.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5.5 .19 36

22. I HEREBY CERTIFY, That I attended deceased from 5.4 .19 36 to 5.5 .19 36

I last saw him alive on 5.6 .19 36. Death is said to have occurred on the date stated above, at 11:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral lobar pneumonia	5.3.36
Other contributory causes of importance:	
Acute otitis media	5.3.36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury .19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. H. Jackson - M. D.

(Address) 600 N. Arlington -

M. D. B 1268-9

F 23805

3805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 141-92a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hos. St., 8-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Gill

(a) Residence: No. 1810 Hanover St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Gill

6. DATE OF BIRTH (month, day, year) March 23 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME John Nichols

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Carrie Hurtt

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Thos Gill

(Address) 1810 Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date May 9 1936

19. UNDERTAKER Mrs. E. McElroy & Son

(Address) 2334 Jefferson St

20. 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by Autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial hypertension	1930
Toxemia of Pregnancy	
Aortic insufficiency	
Other contributory causes of importance: Pregnancy, 5th month (Miscarriage)	May 2

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. C. Wright, M. D. Coroner

(Address) 1016 S. Edmondson Ave.

M. D. D 1268-9

F 23806

23806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√210-A

Registered No. 23806

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Edward Hill Walker III

(a) Residence: No. 4708 York Road St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 21st 1923

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
12	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At School

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

FATHER

13. NAME Edward Hill Walker Jr.

14. BIRTHPLACE (city or town) (State or country) Atlanta Ga.

MOTHER

15. MAIDEN NAME Ruth Bruson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Edward Hill Walker
(Address) 4708 York Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Morland Park Date May 9th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 1936 Huntington Williams Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6th 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sore throat	

Other contributory causes of importance:

Was an operation performed? Yes Date of 5/5/36

For what disease or injury? Tonsils

Name of operation Tonsilectomy Date of

What test confirmed diagnosis? Was there an autopsy

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5/5, 1936

Where did injury occur? Charles St Ave, Near Cold Spring
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

How injury occurred Boy on bicycle collided with automobile

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hubert Huxley Autz M. D.
Coroner

(Address) 907 N Charles St

S. D. P. 1268-9

23807

F 23807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen Hosp St. 23-3 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm Herbert Long (marteriem) No War Record

(a) Residence: No. 1620 Light St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug 7th 1914

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	9	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur do
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sterling Laundry
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Wm C. F. Long

14. BIRTHPLACE (city or town) (State or country) Holland

15. MAIDEN NAME Catherine Duffy

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Catherine Mastesson
(Address) 1618 Light St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date May 11th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St
Huntington Williams Reg.

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7-36 19

22. I HEREBY CERTIFY, That I attended deceased from March 18 1936 to May 7-36 19
I last saw h alive on May 7-1936 19 . Death is said to have occurred on the date stated above, at 9:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Pulmonary Embolism - Varicose Veins	?
b Lobar Pneumonia	4 mo.
c	4 days

Other contributory causes of importance: Multiple Pulmonary Infarct?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Upton Lewis M. D.

(Address) W. B. & L.

23808

HEALTH DEPARTMENT—CITY OF BALTIMORE

23808

CERTIFICATE OF DEATH

V+93-C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mountford Avenue St., Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James D. Wilcoxen

If U. S. Veteran specify WAR No Record

(a) Residence: No. Glenwood Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of (or WIFE of) Margaret Wilcoxen

DATE OF BIRTH (month, day, year) May 6 1871 May 25, 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	0	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumbing 0089

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam fitter

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md.

Parents Names Wilcoxen

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Draper

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rosemont Chapel Montgomery Co Md. Date May 10 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-8 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-6- 1936 to 5-8 1936

I last saw him alive on 5-8 1936 Death is said to have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	
Bronchopneumia	
Myocardial degeneration,	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signature) John W Barnaby M. D.
(Address) Maryland General Hosp

M. D. B 1268-9

F 23809

23809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bretylin Hospital St. 21-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Thomas Dillon

(a) Residence: No. 1119 ward St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) Jan 16, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Self

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME (Unknown) Dillon

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

MOTHER

15. MAIDEN NAME — Costello

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Catherine Dillon

(Address) 1119 Ward St

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Date May 11 1936

19. UNDERTAKER Wm Cook

(Address) 1217 E. Paul St

20. FILED Huntington Williams M.D.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Cardio-Vascular sclerosis	

Other contributory causes of importance: Lobar pneumonia at Uremia

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Wright Coroner, M. D.

(Address) 1010 S. Eutaw St

Alfred Maddy Edge.

F 23810

23810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

293-C

1. PLACE OF DEATH: Sinai Hospital

Registered No.

CITY OF BALTIMORE: (No. Monument & Rutland St., Ward 5)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Alfred Randolph Alfred Maddy Edge

If U. S. Veteran specify WAR: No Record

(a) Residence: No. 1604 Guilford Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
M	W	Married

6a. If married, ~~widowed or divorced~~, HUSBAND of ~~or WIFE of~~: Ella Maddy

6. DATE OF BIRTH (month, day, year): April 9th 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	76	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year): 9 23

11. Total time (years) spent in this occupation: 36 yrs

12. BIRTHPLACE (city or town) (State or country): England

MOTHER'S MAIDEN NAME

13. NAME: Harkenson

14. BIRTHPLACE (city or town) (State or country): "

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Ella Maddy 1604 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Crematorium Date: May 11th 1936

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

20. FILED: [illegible] Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/8 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1 1936 to May 8 1936

I last saw him alive on 5/8/ 1936 Death is said to have occurred on the date stated above, at 7:00 P.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Duration or onset 5/2 1936

Congestive failure

Other contributory causes of importance: Chronic myocarditis + arteriosclerosis — Duration or onset many years

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Jeffrey, M. D.

(Address) Sinai Hospital.

F 23811

M. D. B. 1268-9

23811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. 16-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 Woodington Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip Winfield Wilson

(a) Residence: No. 713 Woodington Ave Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia C. Wilson

6. DATE OF BIRTH (month, day, year) Jan. 28, 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Railway Empl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (month and year) 10 yrs. ago retired

11. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (city or town) (State or country) Virginia, U.S.

FATHER

13. NAME Robert Wilson

14. BIRTHPLACE (city or town) (State or country) Virginia U.S.

MOTHER

15. MAIDEN NAME not reported

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Miss Bessie Wilson

(Address) 713 Woodington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 5-9-36 19

19. UNDERTAKER Harry F. Whitlock

(Address) 4101 Edmondson Ave

20. [illegible] 1936 Washington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1935 to May 1936

I last saw him alive on May 6, 1936 Death is said to have occurred on the date stated above, at 2.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	10 yrs ago
Other contributory causes of importance: Chronic Bronchitis	10 yrs ago

Name of operation none Date of —

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Gustavus C. Dohme, M. D.

(Address) 3014 St. Paul St.

F 23812

23812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 36 N. Morley St. St. 20-7 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Silas W. Sheppard

(a) Residence: No. 36 N. Morley St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Edwin L. Sheppard

7. DATE OF BIRTH (month, day, year) July 17, 1851

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	9	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash. D. C.

13. NAME John Plant

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Mr. Edwin L. Sheppard

(Address) 2103 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 5/9/36 19

19. UNDERTAKER Harry A. Mutzig & Son

Address 4101 Edmondson Ave

1936 Ft. Eyster Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936 to May 5, 1936

I last saw her alive on May 5, 1936 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	
Other contributory causes of importance: Chronic Parenchymatous Nephritis.	

Was an operation performed? No Date of -

For what disease or injury? -

Name of operation -

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify No

(Signed) B. S. French M. D.

(Address) 4329 Armanah Ave

13892

23813 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 23813

CERTIFICATE OF DEATH

Registered No. 12

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 22-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Hof

(a) Residence: No. 708 Portland St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

DATE OF BIRTH (month, day, year) 1-13-1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	3	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. casket trimmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 5-11-1936

19. UNDERTAKER Bernard C. Harde.
(Address) 121 E Mad St.

FILED 1936 Stanley F. Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-8-1936

22. I HEREBY CERTIFY, That I attended deceased from 5-1-1936 to 5-8-1936

I last saw him alive on 5-8-1936 Death is said to have occurred on the date stated above, at 5:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema of Gall Bladder	5-5-36
Other contributory causes of importance: Bronchopneumonia	5-5-36

Was an operation performed? Yes Date of 5-4-36

For what disease or injury? Empyema of Gall Bladder

Name of operation Cholecystostomy Date of 5-4-36

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson M. D.

(Address) Balto. City Hosp.

3814 F 23814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3023 Belair Road St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William E. Staines

(a) Residence: No. 3023 Belair Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie L. Staines

6. DATE OF BIRTH (month, day, year) Sept. 28th 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	7	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer 1063

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) May 2 1936

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (City or town) Unknown (State or country) New York

13. NAME OF FATHER Thomas E. Staines

14. BIRTHPLACE (City or town) Unknown (State or country) England

15. MAIDEN NAME OF MOTHER Elizabeth Smothers

16. BIRTHPLACE (City or town) Unknown (State or country) England

17. INFORMANT Nellie L. Staines (Address) 3023 Belair Road

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cemetery Date May 9th 1936

19. UNDERTAKER Frederick Undertaking Co. (Address) 7401 Belair Road Stanley Williams, Reg. No. 441

FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 3 1936 to May 6 1936.

I last saw him alive on May 6, 1936. Death is said to have occurred on the date stated above, at 2:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Infarction	
Embolus	
Injection foot (Trauma)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Gustave A. Ird M. D.

(Address) 6801 Belair Rd

815 F 23815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 7

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1920-E. Preston Street St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Patricia Ann Holter

(a) Residence: No. 1920-E. Preston Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of 12/18/1934

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	4	20	xxxx

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Howard J. Holter

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Martha Rosenberger

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Howard J. Holter
(Address) 1920-E. Preston Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 5/9/36, 19

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1736 Harford Ave.

FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-8-36

22. I HEREBY CERTIFY, That I attended deceased from 5-6-36 to 5-8-36, 19

I last saw her alive on 5-7-36, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles	5-1-36
Other contributory causes of importance:	
Bronchopneumonia	May

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 800 N. Milton Ave

A&Co. 5-31 2508

23816

HEALTH DEPARTMENT—CITY OF BALTIMORE 23816

CERTIFICATE OF DEATH

93-C

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 Edmondson Ave 19-1 Ward)

Length of residence in city or town where death occurred yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Jennie H. Brooks

(a) Residence: No. 1601 Edmondson Ave Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced (or) WIFE of: Abraham Brooks

6. DATE OF BIRTH (month, day, year): July 16, 1876

7. AGE — Years: 59 | Months: 9 | Days: 20 | If LESS than 1 day hrs or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cape Charles Va

13. NAME: Harry Henry

14. BIRTHPLACE (city or town) (State or country): Cape Charles Va

15. MAIDEN NAME: Harriet Stokely

16. BIRTHPLACE (city or town) (State or country): Cape Charles Va

17. INFORMANT: Sarah Henry
(Address) 1601 Edmondson ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date May 10, 1936

19. UNDERTAKER: Mrs Katie R Williams
(Address) 3321 Schroeder St.

20. FILED 1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1936 to May 6, 1936

I last saw her alive on May 6, 1936 death is said to have occurred on the date stated above, at 11.10 am

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Apoplexy

Other contributory causes of importance:

Hypertension
Chronic Myocarditis

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. V. Bowles M. D.

(Address) 601 N Carrollton Ave

M. D. B 1268-B

F 23817

23817 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. 77-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 901 Turnbridge Road. St., 39 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 1 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida E. Smith.

(a) Residence: No. 901 Turnbridge Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leonard Smith

6. DATE OF BIRTH (month, day, year) Sept. 24, 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Overman

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Katherina Behrens

16. BIRTHPLACE (city or town) (State or country) New Jersey.

17. INFORMANT (Address) Mrs. Jacob Wellemin 2128 E. Oliver Street

18. BURIAL, CREMATION, OR REMOVAL Place [illegible] Date May 11, 1936

19. UNDERTAKER (Address) Albert J. Ruth & Son 1600 E. Chase Street

20. FILED 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1936 to May 7, 1936.

I last saw her C.R. alive on May 7, 1936. Death is said to have occurred on the date stated above, at 7.20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	?
Lobar pneumonia	May 3 '36
Other contributory causes of importance:	
Acute cardiac dilatation	May 7 '36

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lloyd E. Taylor M. D.

(Address) 3967 York Rd.

3818 ✓ F 23818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13761 349-108

Registered No. 11-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ... Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 4 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter Collier

(a) Residence: No. 1127 Madison Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

3. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) 12-20-1910

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25	4	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. store

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Samuel

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Rebecca Holman

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Blackstone Va. Date 5/9/36 19

19. UNDERTAKER Chas E Wertz

(Address) 514 N. Calhoun St. Huntington Williamson W Va

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/23, 1936 to 5/6, 1936

I last saw him alive on 5/6, 1936 Death is said to have occurred on the date stated above, at 2 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1/19/36
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reite M. D.

(Address) Baltimore Md.

D. B. No. 23819 ✓ F 23819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 S. Ellwood Ave. St., 1-2 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME SARAH ELIZABETH TURNER

(a) Residence: No. 606 S. Ellwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert P. Turner

6. DATE OF BIRTH (month, day, year) Feb. 21. 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 7

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Obitz

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Monroe

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Albert P. Turner (Husband)
(Address) 606 S. Ellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Baltimore Cem. Date May 9. 1936

19. UNDERTAKER HENRY SANDER & SONS, INC.
(Address) Baltimore & Broadway

FILED 1936 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2. 1934 to May 6. 1936

I last saw her alive on May 5. 1936 Death is said to have occurred on the date stated above, at 3.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	Instant
Other contributory causes of importance:	
Chronic Myocarditis	2 yrs.

Name of operation Date of

What test confirmed diagnosis? P.M.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John V. Szczerbicki M. D.
(Address) 1802 Eastern Ave.

F 23820

F 23820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

209 M

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Peter Joseph Uttenreither

(a) Residence: No. 1026 Briscoe St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose A. Uttenreither

6. DATE OF BIRTH (month, day, year) Oct. 11. 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jos. Uttenreither

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret King

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Rose A. Uttenreither

(Address) 1026 Briscoe St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May 9 1936

19. UNDERTAKER Wm. Turkey + Sons

(Address) North + Pinna Ave

19 ... Registrar

FILED MAY 9 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1936. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident. Date of injury May 6, 1936

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place (Street)

Manner of injury Struck by Street Car

Nature of injury Fractur of Skull

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) ... M.D.

(Address) 2757 N. Howard St.

F 23821

23821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. 76-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 76-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 6 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bertha Mary Zwick

(a) Residence: No. 3503 Bank Street. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Zwick

6. DATE OF BIRTH (month, day, year) October 7th 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) --

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Metzker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss Bertha Zwick

(Address) 3503 Bank Street.

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Cem. Date May 9th. 1936

19. UNDERTAKER Jos. J. Fickyn & Sons

(Address) Huntington Williams, Inc.

RECEIVED MAY 9 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puncture Wound of Thigh	

Other contributory causes of importance:

Hemorrhage

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 6 1936.

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell off a chair holding a broom & struck her side.

Nature of injury Bruises

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1914 E. North Ave

23822 ✓ F 23822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46-B

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md 6

CITY OF BALTIMORE: (No. ..... St. 17 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ray C. Burris

If U. S. Veteran specify WAR —

(a) Residence: No. 204 E. Main St., St., Robinson, Ill. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) February 15, 1907

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	2	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 4-5-36

11. Total time (years) spent in this occupation 10 S6

12. BIRTHPLACE (city or town) (State or country) Palestine Illinois

13. NAME Elias Burris

14. BIRTHPLACE (city or town) (State or country) Bicknal Indiana

15. MAIDEN NAME Carrie Higgins

16. BIRTHPLACE (city or town) (State or country) Palestine Illinois

17. INFORMANT (Address) Records, U.S.Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Date 5-9-36

19. UNDERTAKER Mundell & Humphreys
(Address) 1501 N. Broadway

FILED 1936 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1936, to May 8, 1936

I last saw him alive on May 8, 1936 Death is said to have occurred on the date stated above, at 9:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	1 yr.
Other contributory causes of importance:	
Metastasis, abdominal, general	Unknown

Was an operation performed? yes Date of 4-15-36

For what disease or injury? Tumor, abdomen

Name of operation Exploratory & biopsy Date of 4-15

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) T. B. N. Anderson. M. D.

(Address) U.S.Marine Hospital

M. D. B. 1268-9

23823 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-9 F 23823

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3105 Cheslay Ave. St. 16-2nd Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Pauline Harris

(a) Residence: No. 1106 N. Calhoun St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced (or) WIFE of Rudy Harris

6. DATE OF BIRTH (month, day, year) 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Union S. C.

FATHER

13. NAME Syl Wicks

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Rudy Harris
(Address) 1106 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL
Place Union S. C. Date May 9, 1936

19. UNDERTAKER T. E. Edgerton
(Address) 1303 Pennsylvania Ave. Huntington Williams, W. Va.

19 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull -	

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury May 5, 1936

Where did injury occur? Balto., Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Employers Home - 3105 Cheslay Ave.

Manner of injury Fell on cellar floor

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schenker, M. D.
Coroner

(Address) 1914 E. North Ave.

W. D. H. 1268-9

3824

F 23824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

175 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bolton City Hos. St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Howard Harris

(a) Residence: No. 1317 Presstman St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Jan 23 1917

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
19	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper Paint'g

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Richard

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Hattie Talbert

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Hattie Harris

(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt Auburn Cem Date 5/9 1936

19. UNDERTAKER J. E. Robson & Co

(Address) 1303 Presstman St

20. 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained, by autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury May 5 1936

Where did injury occur? Bolton Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public playground

Manner of injury Struck by baseball bat

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. W. Wright M. D. Coroner

(Address) 1210 E. Fayette St

M. D. B 1268-9

23825 HEALTH DEPARTMENT—CITY OF BALTIMORE F 23825

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) President Hospital St. 16-2 Ward)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S Veteran specify WAR .....

2. FULL NAME Rev Harry Jones

(a) Residence: No. 1428 Mursher St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Anna Jones

6. DATE OF BIRTH (month, day, year): Mar 28-1882

7. AGE: Years 54 | Months 1 | Days 7 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Colo

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Manry Jones

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Virginia Rose

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Mrs Anna Jones 1428 Mursher St

18. BURIAL, CREMATION, OR REMOVAL Place: Mt Calvary Cemetery Date: may 9 36 19

19. UNDERTAKER (Address): F. E. Kelzon 1303 Presstman St

20. FILED 1936 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 5 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis Mellitus	4 yrs
	2 P
	1934

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George L. Allen Coroner M. D.

(Address) 50 Marsquette St.

M. D. P. 1268-9

F 23826 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 23826

CERTIFICATE OF DEATH

161-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 N Lexington St St., 4-2 Ward)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Thomas Armstrong

(a) Residence: No. 706 N Lexington St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 5 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Wm. Leo Armstrong

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Dorothy May Lumiger

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Wm L. Armstrong
(Address) 706 N Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 9 1936

19. UNDERTAKER Jno. Jno. John W. Tetzel & Son
(Address) 201 W. Fayette St

20. FILED MAY 9 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8 1936

22. I HEREBY CERTIFY, That I attended deceased from May 5 1936 to May 8 1936

I last saw him alive on May 8 1936. Death is said to have occurred on the date stated above, at 12.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Immaturity	May 5
Asphyxia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Roy Knabb M. D.

(Address) 1178 W. Saratoga St

23827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 F 23827

1. PLACE OF DEATH Baltimore City Hospitals U-11448 Registered No.
CITY OF BALTIMORE: (No. Tuberculosis Division St. 17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Edith Johnson

(a) Residence: No. 2467 Brentwood ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct. 28, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Johnson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Henrietta Green

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hanover Va. Date May 9th 1936

19. UNDERTAKER Archibald G. Gaddis
(Address) 2101 N.C. Eutaw Pl
Washington Columbia, D.C.

20. FILED MAY 9 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 9, 1936 to May 8, 1936
I last saw h. er alive on May 8, 1936 Death is said to have occurred on the date stated above, at 3.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Dec. 1935

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Leon H. Feldman, M. D.
(Address) Baltimore City Hospitals

F 23828 ✓ F 23828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH St Agnes Hospital — Registered No. 20-5

CITY OF BALTIMORE: (No. Wilkins Ave. Catonsville St.) (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 2 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William S. Carson — If U. S. Veteran specify WAR

(a) Residence: No. 435 S. Bentalou St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Helena Carson

6. DATE OF BIRTH (month, day, year): Feb 19-1883

7. AGE: Years 53 | Months 2 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Crane Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Maryland Steel Co.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: George Carson
14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Lillian Bell
16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Mrs. Helena Carson (Address) 435 S. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL. Place: London Park Date: 5-9-36

19. UNDERTAKER: H. B. Kipker & Son (Address) 1300 Eutaw Place

Huntington Williams, M.D. Registrar

20. FILED: 9 1936, 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 2nd, 1936 to May 5th, 1936

I last saw him alive on May 5th, 1936 Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	
Other contributory causes of importance: Cardiac failure	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas A. Wagner, M. D.

(Address) St Agnes Hospital

M. D. P. 1268-9

23829

F 23829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1829 Orleans St., 6-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hamal. Gary

(a) Residence: No. 1829 Orleans St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) Feb. 29, 1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6.	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Tucker Gary

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Alia Lee

16. BIRTHPLACE (city or town) (State or country) Camden S Carolina

17. INFORMANT Tucker Gary

(Address) 1829 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Cabrey Date Dec. 9. 1936

19. UNDERTAKER Wendell Hipp

(Address) 1405 Gough St

20. [illegible] Huntington Williams, M.D.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15th, 1936, to May 6th, 1936

I last saw him alive on , 19 . Death is said to have occurred on the date stated above, at 7.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Lesion	

Other contributory causes of importance:

Congenital

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jr Lo Schinner, M. D.

(Address) 30 S. B'way

F 23830

3830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH University Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Emma Brooks

(a) Residence: No. ..... Cockeysville, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of C. D. Brooks

6. DATE OF BIRTH (month, day, year) Mar. 6 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	2	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

13. NAME John Grafton Mullen

14. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

15. MAIDEN NAME Hester Gorsuch

16. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

17. INFORMANT (Address) G. M. Brooks Cockeysville, Md

18. BURIAL, CREMATION, OR REMOVAL Place Glen Rock, Md. Date May 11 1936

19. UNDERTAKER (Address) Wm. C. Brooks & Son Cockeysville, Md.

20. F... 19... Registered ...

1936 Huntington Williams, A.R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 1936

22. I HEREBY CERTIFY, That I attended deceased from May 7 1936 to May 9 1936

I last saw her alive on May 9 1936 Death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — 5/5/36
Bulbar Edema — 5/9/36
Empyema (Rt. Chest)

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles S. Hoodland M. D.

(Address) University Hospital, City

F 23831

23831 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4207 Euclid Ave. St. 30-8 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lucy Jane Bilson

(a) Residence: No. 4207 Euclid Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew J. Bilson

DATE OF BIRTH (month, day, year) Dec. 4, 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	5	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

13. NAME Frank O. Phillips

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Sara Welsh

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mabel H. Bilson

(Address) 4207 Euclid Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date May 9, 1936

19. UNDERTAKER John C. Whitelock & Sons

(Address) 1900 Eutaw Place

FILED 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1936 to May 6, 1936

I last saw her alive on May 6, 1936 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	indefinite
Cerebral Hemorrhage	5/4/36

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ....., 19..

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. J. Lyon, M. D.

(Address) 3321 Frederick Ave.

3832 F 23832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 79-A

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp St. 14th Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frances Jenkins

(a) Residence: No. 1414 Pennsylvania Av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Jenkins

6. DATE OF BIRTH (month, day, year) Aug 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housemaid (Gen)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John Griffin

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Adelaide O'Neill

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary Carter (Sister)
(Address) 1323 N Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date May 9/36

19. UNDERTAKER Mrs. George E. Pollard
(Address) 1617 Druid Hill Ave

20. FILED 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) May 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1936 to May 8, 1936

I last saw her alive on May 8, 1936 Death is said to have occurred on the date stated above, at 5 20/a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Meningitis	4/30/36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Myron G. Dell M. D.

(Address) Sydenham Hosp

23833

STATE OF MARYLAND—CERTIFICATE OF DEATH

F 23833

1. PLACE OF DEATH

County ..... Registration Dist. No. .....

Village or City Balto No. 2716 St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Elizabeth Travers.

(a) Residence: No. 3138 Virginia ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W.	married

5a. If married, widowed, or divorced
~~HUSBAND OF~~ (or) WIFE OF Joseph Travers

6. DATE OF BIRTH (month, day and year) Feb. 27 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Savage Md Howard.

FATHER

13. NAME Geo. T. Clancy.

14. BIRTHPLACE (city or town) (State or country) Howard Co.

MOTHER

15. MAIDEN NAME Rachel Ann Fisher

16. BIRTHPLACE (city or town) (State or country) Howard Co.

17. INFORMANT Annie M. Keys.
(Address) 3138 Virginia ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Dr Hill Laurel Md. Date May 9 1936

19. UNDERTAKER H. W. & W. White Co.
(Address) Laurel Md.

1936 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 7 (Day) 1936 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to May 7, 1936

I last saw her alive on May 7, 1936; death is said to have occurred on the date stated above, at 3 40 p m

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	May 1st (7 days)
Other **Contributory Causes** of importance:	
Arteriosclerosis (hypertension)	2 years

Name of operation ✓ Date of ✓

What test confirmed diagnosis Clinical Was there an autopsy? ✓

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. Frederick Leitz M. D.

(Address) Temple Garden apts

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Spec.—2-29-24—L. F. S.—500 Blks.

F 23834

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23834

CERTIFICATE OF DEATH

✓ 93-C

1—PLACE OF DEATH

REGISTERED NO. 27-18

CITY OF BALTIMORE: (No. 5212 Wilton Heights Ave WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Alexander Askins

(a) RESIDENCE NO. 5212 Wilton Heights Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine V. Askins

DATE OF BIRTH (month, day, and year) Sept 17- 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	5	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of indastry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Benj. Askins

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Jane Myers

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

Informant Catherine V. Askins

(Address) 5212 Wilton Heights Ave

Filed MAY 11 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May. 8/36.

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to May 8, 1936,

that I last saw him alive on May 7, 1936

and that death occurred, on the date stated above, at 8:15 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis
arterio Sclerosis,

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Charles J. Wells, M. D.

, 19 (Address) 5276 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	May 11 1936
20 UNDERTAKER	ADDRESS
Edward S. White	2554 Madison Ave

23835 HEALTH DEPARTMENT—CITY OF BALTIMORE 23835

CERTIFICATE OF DEATH

Registered No. 146

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos. 3 ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary F. Scott

(a) Residence: No. Severna Park, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

3a. If married, widowed or divorced HUSBAND of (or) WIFE of George Scott

6. DATE OF BIRTH (month, day, year) 1899

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert Young

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Matilda Williams

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT George Scott
(Address) Annapolis Md

18. BURIAL, CREMATION, OR REMOVAL
Place Jones Lem Date 5/11/36

19. UNDERTAKER Frances A. Hemsley
(Address) 57 W. Biddle St.

20. FILED MAY 11 1936 Ellington Williams

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) May 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to May 4, 1936

I last saw her alive on May 4, 1936. Death is said to have occurred on the date stated above, at 9:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pregnancy complicated by nephritis toxemia with terminal uremia	8/1/35 4/1/36 5/1/36
Other contributory causes of importance:	
arteriosclerosis	

Was an operation performed? Yes Date of April 30, 1936

For what disease or injury? Delivery baby

Name of operation Cesarean sec Date of Apr. 30 '36

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Frank W. Peyton, M. D.
(Address) University Hospital

F 23836 F 23836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3133 X 104-B

1. PLACE OF DEATH Johns Hopkins Hospital Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Hunicke

(a) Residence: No. Holtville, Calif St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura

6. DATE OF BIRTH (month, day, year) 11/6/69

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	6	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

13. NAME Frederick Hunicke

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Myers

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Records Johns Hopkins Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place La Center, Cal. Date 5/9/36 19

19. UNDERTAKER John P. Mitchell & Sons
(Address) 800 Eutaw Place

20. [illegible] Registrar.

10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1936 to May 9, 1936

I last saw her alive on May 9, 1936 Death is said to have occurred on the date stated above, at 11:52 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Frontal Sinusitis, Subacute, Left	1932
Meningitis (Non-epidemic)	May 8, 36

Other contributory causes of importance:

Was an operation performed? yes Date of May 2, 1936

For what disease or injury? Frontal Sinusitis

Name of operation Radical Frontal Operation Left Date of May 7, 36

What test confirmed diagnosis? Oper. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Dorothy C. Babb M. D.

(Address) Johns Hopkins Hospital

23837 0
8132

F 23837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

144-B

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Cleo Harrison

(a) Residence: No. 629 Barnes St. (N. Bond) Ward. (If non-resident give city or town and State)

(Usual place of abode)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: BUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 9/8/10

7. AGE: Years 25 | Months 7 | Days 28. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N. Car.

MOTHER FATHER

13. NAME: Wm Tayler

14. BIRTHPLACE (city or town) (State or country): N. Car.

15. MAIDEN NAME: Maggie Tayler

16. BIRTHPLACE (city or town) (State or country): N. Car.

17. INFORMANT: Barnes. (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Place Richmond Va. Date May 10 1936

19. UNDERTAKER: Edw Bryan (Address) 1147 Orleans St

20. FILED MAY 10 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 5 1936 to May 7 1936

I last saw her alive on May 7 1936 Death is said to have occurred on the date stated above, at 8 05 a.m.

The principal cause of death and related causes of importance were as follows:

Post partum Hemorrhage. — Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John Whitridge Williams, M. D.

(Address) Johns Hopkins Hosp.

F 23838

F 23838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mathew Chmyllco

(a) Residence: No. 5401 - Gelada Place St., ... Ward. Washington DC.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ?
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Johns Hopkins Hospital
(Address) Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Washington DC. Date 5/10/X 19

19. UNDERTAKER Martin W. Gruber
(Address) 1300 N. St. N.W. Washington DC

20. FILED 5-10-1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 , 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Paul Schlueter Coroner, M. D.

(Address) 1919 E. Northern Pkwy.

F 23839

23839 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 834 N. Chester St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lee Hogge

(a) Residence: No. 834 N. Chester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 14 1887

7. AGE: Years 48 | Months 5 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 2015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Stephen Hogge

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary A. Oliver

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mary A. Hogge

(Address) 834 N. Chester St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date May 3 1936

19. UNDERTAKER Philip Feruci & Sons

(Address) 1016 Eutaw St.

20. FILED MAY 4 1936 19 Thurston Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1931 to May 8, 1936

I last saw him alive on May 5, 1936 Death is said to have occurred on the date stated above, at 6:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
92a Aortic Insufficiency	1931
Cerebral Apoplexy	May 8 1936
Other contributory causes of importance: Chronic Interstitial Nephritis 131a	(1931)

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Williams Thurston M. D.

(Address) 4816 Pennington Ave

F 23840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

1. PLACE OF DEATH Johns Hopkins Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1-4 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 50 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Herman Rehbein

(a) Residence: No. 2234 Cambridge St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albertina Rehbein

7. DATE OF BIRTH (month, day, year) 12/6/67

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Canning Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Hoffman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Bachman's Cem. Date 5/11/36

19. UNDERTAKER Philip Henry Sons
(Address) 2016 Orleans St

20. FILED ..... 19 ..... Registrar

MAY 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 30, 1936 to May 8, 1936

I last saw him alive on May 8, 1936. Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Duodenum	Sept 1935
Other contributory causes of importance:	

Was an operation performed? Yes Date of April 14, 1936

For what disease or injury? Carcinoma of Duodenum

Name of operation Exploratory Laparotomy Cholecystojejunostomy Date of 4-14-36

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wesley J. Keller M. D.

(Address) Johns Hopkins Hosp.

F 23841

F 23841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 4 Glover St., 7-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Kowalski

(a) Residence: No. 711 4 Glover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Kowalski

7. DATE OF BIRTH (month, day, year) Dec 6, 1850

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT John J Kowalski

(Address) 711 Glover St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date May 10 19 36

19. UNDERTAKER Philip Herring & Son

(Address) Huntingtown, Md

Registrar

20. FILED MAY 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1936

22. I HEREBY CERTIFY, That I attended deceased from April 25 to May 7 19 36

I last saw her alive on May 7 19 36 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/25/36
Other contributory causes of importance Arterio Sclerosis	1930

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William J Reynolds M. D.

(Address) 801 Stemmers

✓ F 23842

23842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 19-3

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. # 118 S. Calhoun St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 6 mon. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME John T. Cummings

(a) Residence: No. # 118 S. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Fenneman Cummings

6. DATE OF BIRTH (month, day, year) Oct 25, 1864.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. sheet metal worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Patrick Cummings

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs Annie Cummings
(Address) # 118 S. Calhoun Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date May 11, 1936

19. UNDERTAKER John J. Cowan & Son
(Address) #901 Hollins Street

20. FILED MAY 10 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 23, 1936, to May 8, 1936.
I last saw h alive on May 5, 1936 Death is said to have occurred on the date stated above, at 1.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Arterio sclerosis	
Chronic Nephritis	
Other contributory causes of importance: Pulmonary Oedema	5 5 2

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Lazenby M.D.

(Address) 724 Madison Ave

M. D. B 1268-b

F 23843

23843 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163

Registered No. 63

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St. 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hilda Spivak

(a) Residence: No. 2204 E. Fairmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Spivak

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Jacob Lieon

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rosy —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Spivak (Husband)
(Address) 2204 E. Fairmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Rundale Date 5-10- 1936

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E. Balto. St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 5-8- 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bichloride of Mercury poisoning	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 5-7 1936

Where did injury occur? Balto., Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Swallowed 4 tablets

Nature of injury Bichloride of Mercury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenten M. D.
Coroner

(Address) 1412 E. North Ave

F 23844 ✓ F 23844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 46-C

1. PLACE OF DEATH Provident Hospital — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Redwood & Green Sts.) 4-7 Ward)

Length of residence In city or town where death occurred ____ yrs. ____ mos. 15 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Nixon C. Crawford — If U. S. Veteran specify WAR ____

(a) Residence: No. Albemarle N C St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Celia Crawford

6. DATE OF BIRTH (month, day, year): May 13 1883

7. AGE — Years: 52 — Months: 11 — Days: 24 — If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chief of Police
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City of Albemarle
10. Date deceased last worked at this occupation (month, year): April 1936
11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): Montgomery Co N C

13. NAME: Nathan H Crawford
14. BIRTHPLACE (city or town) (State or country): N C

15. MAIDEN NAME: Nannie Crawford
16. BIRTHPLACE (city or town) (State or country): N C

17. INFORMANT: Celia Crawford
(Address): Albemarle N C

18. BURIAL, CREMATION, OR REMOVAL: Albemarle N C Date 5/10, 1936

19. UNDERTAKER: Mc Cay & Sons
(Address): 1217 E Fayette St

20. FILED MAY 10 1936 19 ____ Registrar for Albemarle, N C

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1936 to May 10, 1936

I last saw him alive on May 10, 1936 Death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Hepatic Flexure of Colon — Date of onset ____

Other contributory causes of importance: ____

Was an operation performed? yes Date of 5/6/36

For what disease or injury? Carcinoma of Colon

Name of operation Laparotomy Date of 5/6/36

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of Injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ____

(Signed) H. H. Robinson Jr M. D.

(Address) University Hospital

F 23845 ✓ F 23845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 3243 Shannon Drive St., 26-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Rode — If U. S. Veteran specify WAR .....

(a) Residence: No. 3243 Shannon Drive St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Rode

7. DATE OF BIRTH (month, day, year) Nov. 6, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stable Boss

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brewery

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wilhelm Rode

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosina Hemstetter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Louis Rode
(Address) 3243 Shannon Drive

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date May 11, 1936

19. UNDERTAKER Frederick Lassahn & Son
(Address) 7401 Belair Road

20. FILED MAY 10 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8th, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1936, to May 8th, 1936.

I last saw him alive on May 8, 1936. Death is said to have occurred on the date stated above, at 4:20 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia — Chr. nephritis (Syph)	2 Yrs
Cardio-vascular-disease	1 Yr.
Other contributory causes of importance: Enlarged Prostate — over	1 Yr.
Chr. bronchitis	1 Yr.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Physician Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 ..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis F. Hamman M. D.

(Address) 722 N. Howard Ave

F 23846 ✓ F 23846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

112

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1418 Dellwood Ave St., 19-8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. 3 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herbert F. Bull — If U. S. Veteran specify WAR —

(a) Residence: No. 1418 Dellwood Ave St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ada Bull
6. DATE OF BIRTH (month, day, year): Jan. 16 - 1889
7. AGE — Years: 47 — Months: 3 — Days: 22 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: conducto 4028
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto. Transit Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER
13. NAME: Nicholas N. Bull
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER
15. MAIDEN NAME: Amelia F. McCauley
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Mrs. Ada Bull 1418 Dellwood Ave

18. BURIAL, CREMATION, OR REMOVAL — Place: Woodlawn — Date: May 11: 36

19. UNDERTAKER (Address): Horace F. Burgee 3631 Falls Road

FILED 19 — Registrar

MAY 10

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 8. 1936

22. I HEREBY CERTIFY, That I attended deceased from May 4 - 36 to May 8 36

I last saw h[illegible] alive on May 8 1936 Death is said to have occurred on the date stated above, at 5 45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	May 8
Other contributory causes of importance:	
Bronchial pneumonia -	1934
Chron. Cardiac dilatation	1934

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical & Path. Autopsy no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —no

Manner of Injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Edwin J Kelly M.D.

(Address) 606 Somerset Road

F 23847

F 23847 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 Bolton St., 14th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 2 mos. 21 ds. How long in U. S. If of foreign birth? 74 yrs. 2 mos. 21 ds.

2. FULL NAME Mary McClure Gillet

If U. S. Veteran specify WAR NONE.

(a) Residence: No. 1660 Bolton St., Ward. (resident)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Edgar Gillet

6. DATE OF BIRTH (month, day, year): Feb 18 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Jas. A. McClure

14. BIRTHPLACE (city or town) (State or country): Nashville Tennessee

MOTHER

15. MAIDEN NAME: Susan Stansbury

16. BIRTHPLACE (city or town) (State or country): Carroll Co. Md. Maryland.

17. INFORMANT: Wm Martin Gillet (son)

(Address) Ruxton Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Hill Park Date: May 11 1936

19. UNDERTAKER: Stewart & Co.

(Address) 108 W Monument St.

101936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-9 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-7 1936 to 5-9 1936

I last saw her alive on 5-8 1936. Death is said to have occurred on the date stated above, at 2.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	
HYPERTENSION	
CEREBRAL HEM.	5-7-36

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1129 [illegible]

23848 F 23848

23848 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Lyndenham Hospital St 1-5 Ward) Registered No. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. 8 mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bernice Hertzberg

(a) Residence: No. 200 S. Patterson Park Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept. 9, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Herman Hertzberg.

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna Altstadt

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Parents (Address) 200 S. Patterson Park Ave.

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Date 5/10/36

19. UNDERTAKER Jacob Levin & Sons (Address) 1439 E. Baltimore St.

20. FILED Huntington Williams, M.D. Registrar

01936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) May 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1936, to May 10, 1936

I last saw h[illegible] alive on May 10, 1936. Death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles	5-1-36
Bronchopneumonia	5-4-36
Otitis media	5-7-36

Other contributory causes of importance: .....

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. A. Leffler Jr. M. D.

(Address) Lyndenham Hospital

M. D. B. 288-9 F 23849 ✓ F 23849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

151-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital 7-16 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ivan Cohen If U. S. Veteran specify WAR .....

(a) Residence: No. 4423 Pimlico Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4-1-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
6 weeks old	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Simon Cohen

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Bessie Silverman

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Mt. Carmel Date 4/10/36

19. UNDERTAKER Jos. Levy Inc
(Address) 1439 E. Baltimore St.

20. FILED 4-10-1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 4-9-36. 19

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an Autopsy thereon and from the evidence obtained by said Autopsy found that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of heart & liver	

Other contributory causes of importance:
Broncho-pneumonia

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Paul Schwartz Coroner, M. D.

(Address) 1918 E. Monument Ave.

23850

F 23850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1717 S. Hanover St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 8 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Michael Hartline

(a) Residence: No. 1717 S. Hanover St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Carrie Hartline

6. DATE OF BIRTH (month, day, year): Aug 25, 1876

7. AGE: Years 59 | Months 8 | Days 10 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gen'l Chemicals
10. Date deceased last worked at this occupation (month and year): March 4, 1936
11. Total time (years) spent in this occupation: 10 yrs

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER
13. NAME: Henry Hartline
14. BIRTHPLACE (city or town) (State or country): Balto. Md

MOTHER
15. MAIDEN NAME: Rose M. Vetters
16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT (Address): Carrie Hartline 1717 S. Hanover St

18. BURIAL, CREMATION, OR REMOVAL
Place: Cedar Hill Date: May 12 1936

19. UNDERTAKER (Address): A. Howard Evans 1400 Light St

20. ... 19 ... Filed ... 19 ...

101936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1936 to May 8, 1936

I last saw him alive on May 8, 1936 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris. — Date of onset: .....

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) W. Warner Wade (M. D.)

(Address) 627 Light St.

F 23851

F 23851

31326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1-1 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Ballacs

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3028 Elliott St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie

6. DATE OF BIRTH (month, day, year) 7-9-85

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as (Doctor) Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John M. Riser

10. Date deceased last worked at this occupation (month and year) 3/8/36

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Ballacs

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Slipper

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date May 13th, 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul st

DEC 11 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1936 to May 9, 1936

I last saw h. alive on May 9, 1936 Death is said to have occurred on the date stated above, at 10:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Kidney	(1935?)
Hydronephrosis	1935(?)
Pyelitis	1935(?)

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Joseph F. Padusek, Jr. M. D.

(Address) Johns Hopkins Hospital

F 23852

3126 F 23852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 12-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Honora O. Perkins

(a) Residence: No. 1604 Greenmount Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of Edward Perkins

6. DATE OF BIRTH (month, day, year) 4-28-93

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maskin Shoe Factory

10. Date deceased last worked at this occupation (month and year) Aug 1935

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) N.Y.

FATHER

13. NAME Patrick Walsh

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ottillie Kalb

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date May 12th, 1936

19. UNDERTAKER 403 Cook (Address) 1217 St. Paul St

20. FILED 19 Huntingtn Williams, M.D. Registrar

MAY 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1936 to May 8, 1936

I last saw her alive on May 8, 1936 Death is said to have occurred on the date stated above, at 8 55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis - Localized	May 1936
Gangrene of bowel	May 1936
Partial intestinal obstruction	[illegible]
Tubo-ovarian abscesses	Oct 1935

Other contributory causes of importance:

Myomata uteri; subacute - bilateral pyo-salpinx - metritis chronic, anaemia, Salpingitis

Was an operation performed? Yes Date of Apr. 23, 1936

For what disease or injury? Myomata uteri & Tubo-ovarian abscess

Name of operation Exploratory Laparotomy Date of Apr 23, 1936

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm B Sharpaca M. D.

(Address) Johns Hopkins Hosp

F 23853

F 23853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 S. Smallwood St., 70-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~Life~~ mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Pretensia Mary Rice

(a) Residence: No. 520 S. Smallwood St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of George F. Rice

6. DATE OF BIRTH (month, day, year) 12-16-1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic (W)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Albert E. Richardson

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary A. Carey

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Rev. George F. Rice

(Address) 520 S. Smallwood St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 11 1936

19. UNDERTAKER J. B. Shepperd & Son

(Address) 1300 Eutaw Place

20. FILED ..... 19 ..... Registrar

MAY 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1935 to May 7, 1936

I last saw h alive on May 4 1936 Death is said to have occurred on the date stated above, at 7.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast & metas. to lung	6/35
Other contributory causes of importance: Pulmonary edema	4/12/36

Was an operation performed? Yes Date of —

For what disease or injury? Carcinoma of breast

Name of operation Radical removal Date of —

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James L. Watzinger M.D.

(Address) 721 Medical Arts

F 23854

23854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-9

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 N. Bentalou St., 20-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Augusta Arnold

(a) Residence: No. 6 N. Bentalou St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Arnold

6. DATE OF BIRTH (month, day, year) Nov 30-1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME [illegible] ?

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Pulitzka ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles. Arnold

(Address) 6 N. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mountain Cem Date May 11-. 36

19. UNDERTAKER C. B. Hilbert & Son

(Address) 1300 Eutaw Place

20. FILED May 11 1936 Huntington Williams M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9-. 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 2- . 1936 to May 9- . 1936

I last saw h alive on Mar 9- . 1936 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	
Metastatic	2

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Chas A Carlin M. D.

(Address) 2145 N Balto St

23855
5

F 23855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2207 Chelsea Terrace St., 15-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Thatcher Keller

(a) Residence: No. 2207 Chelsea Terrace St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. B. Keller

6. DATE OF BIRTH (month, day, year) 8/5/69

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	66	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NAD

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jesse R. Thatcher

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Matilda Anne Daniels

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Jessie T. Terry
(Address) 2207 Chelsea Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemy. Date 5/11/36. 19

19. UNDERTAKER John C. Mitchell Sons
(Address) 1900 Eutaw Place

MAY 11 1936 Eighth Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/8/36. 19

22. I HEREBY CERTIFY, That I attended deceased from March 10. 1935. to May 8. 1936

I last saw her alive on May 8. 1936 Death is said to have occurred on the date stated above, at 2.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Gall-Bladder	May 8 1935
Other contributory causes of importance: Cholelithiasis	March 1934

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Mayo Pathological Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) G. W. Billups, M. D.

(Address) 2224 W. North Ave

F 23856

F 23856

310669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ × 54-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME William H Shaney brooks

If U. S. Veteran (Write WAR or PEACE) ..... Co. ..... Regt. .....

(a) Residence: No. Smith ave St., Ward. Mt Washington

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: ?

6. DATE OF BIRTH (month, day, year): 5-7-17

7. AGE: Years 19 | Months — | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): md

FATHER

13. NAME: Clarence E Shaney-brooks

14. BIRTHPLACE (city or town) (State or country): md

MOTHER

15. MAIDEN NAME: Amelia Lindeman

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 12 19 36

19. UNDERTAKER: John E. Mitchell Sons

(Address) 1900 Eastern Ave

MAY 11 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1936, to May 10, 1936

I last saw h him alive on May 10, 1936. Death is said to have occurred on the date stated above, at 1.35 A m.

The principal cause of death and related causes of importance were as follows:

Optic tumor of 3rd Ventricle

Date of onset

Other contributory causes of importance:

? Intraventricular hemorrhage

Was an operation performed? — Date of .....

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry A. Cotton M. D.

(Address) Johns Hopkins Hosp

23857

F 23857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH Edgewood Sanitarium — 27-12

CITY OF BALTIMORE: (No.) 6000 Bellona Ave. St., (27) Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Martha Fowble Pouder

(a) Residence: No. 6000 Bellona Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, year) March 19, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	78	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George W. Pouder

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Martha F. Rheinhart

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT David S. Pouder

(Address) 4105 Kathland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 5/11/36

19. UNDERTAKER H. W. Miller & Sons.

(Address) 1900 Eutaw Place

Huntington Williams, Reg.
Registrar

20. FILED MAY 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/10 1936 to 5/8 1936

I last saw her alive on 5/6 1936 Death is said to have occurred on the date stated above, at 2:40 p. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Larynx — Date of onset 11/1/35

Other contributory causes of importance: Bronchitis — 4/10/36

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury X

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A. C. Heard M. D.

(Address) 4907 Garrison Blvd

F 23858

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23858

CERTIFICATE OF DEATH.

50

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2455 W Lanvale St., 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emily Myrtle Jones

(a) RESIDENCE NO. 2455 W Lanvale St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 28. 1859

AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
	76	8	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) St Marys County

(State or country) Maryland

10 NAME OF FATHER John W Jones

11 BIRTHPLACE OF FATHER (city or town)

(State or country) St Marys County, Md

12 MAIDEN NAME OF MOTHER Elizabeth Ann Wheeler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) St Marys County Md

14 Informant Mrs Edith Shue

(Address) 2455 W Lanvale St

15 Filed Huntington Wilkinson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

May 10. 1936

17

I HEREBY CERTIFY, That I attended deceased from Apr 5, 1935, to May 10, 1936,

that I last saw her alive on May 10, 1936,

and that death occurred, on the date stated above, at 8:10A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) C P Rostling, M. D.

, 19 (Address) 2623 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Date of Burial MAY 12 1936

20 UNDERTAKER Geo W Little ADDRESS 2709 EDMONDSON AVE

11 1936

F 23859

23859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34-1-95-3

13948

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rose Gantt Pevey

(a) Residence: No. 1304 Division St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-15-1895

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
✓	41	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Anna Dare

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Byantaw Charles County Date May 14 1936

19. UNDERTAKER Capt. W. Chase Hall

(Address) Capt. W. Gibson Huntington Williams, MD

7 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/9 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/4 1936 to 5/9 1936

I last saw her alive on 5/9 1936 Death is said to have occurred on the date stated above, at 5 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular disease	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert L. Retto M. D.

(Address) Balto City Hosp

F D. 23860

F 23860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 N. Mount St. 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Fisher

If U. S. Veteran specify WAR .....

(a) Residence: No. 1000 N. Mount St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Fisher

6. DATE OF BIRTH (month, day, year) Sept. 15, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant, Self

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry M. Fisher

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida Cohen

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Bertha Fisher

(Address) 1000 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Rosedale Date May 11 1936

19. UNDERTAKER Sol Levinson Bros

(Address) 1127 E. Baltimore St.

MAY 11 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above. 10 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
Was not depressed	

Other contributory causes of importance:

Was temporarily deranged

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of Injury 5/10, 1936

Where did injury occur? Baltimore City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Fired shot

Nature of Injury bullet wound into head

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hann Coroner, M. D.

(Address) 1215 Hanover

F 23861

F 23861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Ambrose Voght.

(a) Residence: No. 204 E. 22nd Street St.; ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Voght.

6. DATE OF BIRTH (month, day, year) June 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54.	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Voght & Voght

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Ambrose Voght

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Bauer.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 5-13 1936

19. UNDERTAKER Bernard C Harke
(Address) 121 E. Mt. St.

20. FILED 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 1936

22. I HEREBY CERTIFY, That I attended deceased from May 9th 1936 to May 9th 1936

I last saw him alive on May 9 1936 Death is said to have occurred on the date stated above, at 11:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	?
Other contributory causes of importance: Pulmonary Edema (acute)	5-9-36

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Frederick Reynolds Jr. M. D.

(Address) Mercy Hospital

F 23862

M. D. F. 1936 F 23862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. ~~119 N. Bond~~ Baltimore City Hospital St., 6-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Malone Jr. If U. S. Veteran specify WAR .....

(a) Residence: No. 119 N. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colrd	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella

6. DATE OF BIRTH (month, day, year) Nov. 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	6 5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Jennie (?)

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Mrs. Ella Malone
(Address) 119 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Dawkins S. C Date 5/13 1936

19. UNDERTAKER Robert E. Williams.
(Address) 1510 N. Edison St.

20. FILED MAY 14 1936 E. Lyston Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) died that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Not

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. F. Wright M. D.
Coroner

(Address) 1010 S. Edmondson Ave.

F 23863

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23863

CERTIFICATE OF DEATH

✓ + 133

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp St. 7-5 Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marion Cunningham

(a) Residence: No. 135 Boulevard St Trenton N J St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Cunningham

6. DATE OF BIRTH (month, day, year) April 27 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Social worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. J.

FATHER

13. NAME Ed. Stuckart

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Anna Temple

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Records

(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL

Place Trenton, N. J. Date May 9, 1936

19. UNDERTAKER H. J. Tinsley, Mrs

(Address) Trenton

[illegible] Trenton, N. J.

MAY 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1936, to May 7, 1936.

I last saw h[illegible] alive on May 7, 1936. Death is said to have occurred on the date stated above, at 3:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	4-3-36
Other contributory causes of importance: Pulmonary tuberculosis	?
Hypertension	?

Was an operation performed? Yes Date of 4-8-36

For what disease or injury? Pulmonary tuberculosis

Name of operation. Left pneumothorax Date of 4-8-36

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry A. Cotton M. D.

(Address) Johns Hopkins Hosp.

M. D. B 1268-9

F 23864 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 23864

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John C. Stock

If U. S. Veteran specify WAR .....

(a) Residence: No. 2046 Orleans St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Jan 24 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	67	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship yard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Constantine Stock

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) "
(State or country) "

17. INFORMANT John Kirchmeyer (Nephew)
(Address) 2425 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 12 1936

19. UNDERTAKER Geo M. Fruchtman
(Address) 811 N Wolfe St

MAY 11 1936 at Eastern Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. W. Wright M. D. Coroner

(Address) 1010 S. Ellwood Ave.

M. D. F. 1268-9

F 23865

F 23865 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 73

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Hosp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 41 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel P. Benedict

(a) Residence: No. 4225 Cliff Road St., Ward. Birmingham, Alabama

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Mrs. Martha Benedict

6. DATE OF BIRTH (month, day, year) May 12 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Surgeon

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 005

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Samuel C. Benedict

14. BIRTHPLACE (city or town) (State or country) Connecticut

MOTHER

15. MAIDEN NAME Annie Blomfield

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Church Home Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Birmingham Ala. Date May 11 1936

19. UNDERTAKER Asher-Jones Inc

(Address) 424 N. Howard St.

Huntington Williams, M.D.

11 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-10- 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-30-36, 19 to 5-10-36, 19

I last saw him alive on 5-10-36, 19 Death is said to have occurred on the date stated above, at 308 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema, Lgt	?
Sub-Chronic Abscess Lgt.	?
Other contributory causes of importance: Splenomegalia, Cause Unknown	15-yrs

Name of operation Splenectomy Date of 4-36

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

Signed Carlton N. Adams M. D.

(Address) Church Home & Hosp.

F 23866

F 23866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 27-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4532 Harford Rd St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John William Schafferman

(a) Residence: No. 4532 Harford Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 27 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	2 3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck Farm

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 58

12. BIRTHPLACE (city or town) (State or country) Unknown Germany

FATHER

13. NAME Herman W. Schafferman

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Virginia Schaffang

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mrs E. Weitzel

(Address) 4532 Harford Road

18. BURIAL, CREMATION, OR REMOVAL Lorraine Cemetery May 12th 1936

19. UNDERTAKER Frederick Sasse and Sons

(Address) 7401 Belair Road

Huntington Williams, MD 5/11/36

Registrar

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10 1936

22. I HEREBY CERTIFY, That I attended deceased from May 8 1936 to May 10 1936.

I last saw him alive on May 9 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cardiac Dilatation — Date of onset

Other contributory causes of importance:

Acute Bronchitis + Chronic Myocarditis

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Chas Smith M. D.

(Address) 4106 Maryland Ave

F 23867

F 23867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 S. East ave St. 26-11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 45 yrs. ... mos. ... ds.

If U S Veteran specify WAR .....

2. FULL NAME Mary Baumgartner

(R) Residence: No. 1004 S. East ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Baumgartner

6. DATE OF BIRTH (month, day, year) Jan. 22. 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Elizabeth Klug

(Address) 1004 S. East ave

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cem. Date May 12, 1936

19. UNDERTAKER George W. Zipfeler

(Address) 1737 E. Eager St.

20. FILED ..... 19 .....

Registrar.

MAY 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feby 6th 1936 to May 9th 1936

I last saw her alive on May 9th 1936 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteri Sclerosis	Not Known

Other contributory causes of importance: Hypertension

Was an operation performed? No Date of —

For what disease or injury —

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard Lloyd M. D.

(Address) 1011 E. Ellwood Ave.

F 23868 F 23868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH 13924 Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Young

(a) Residence: No. 612 W. Lenvale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hwf.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Clement

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Carrie Ball

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem. Date May 12 36

19. UNDERTAKER Harwood & Heyleger
(Address) 618 Druid Hill Ave

20. FILED 19 Registrar

11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/8 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/2 1936 to 5/8 1936

I last saw her alive on 5/8 1936 Death is said to have occurred on the date stated above, at 12 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	?
Diabetic gangrene Lfoot	2 mo

Other contributory causes of importance

Was an operation performed? Yes. Date of 5/6/36.

For what disease or injury? Gangrene L foot

Name of operation Amputation Date of 5/6/36.

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Baltimore Hosp.

~~23859~~ F 23869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2508 Hermosa Ave. St. 27-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME CHRISTINE A. WACHTER

(a) Residence: No. 2508 Hermosa Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John A. Wachter

6. DATE OF BIRTH (month, day, year) Oct. 26.1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Emelius Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Meyer

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT John A. Wachter (Husband)
(Address) 2508 Hermosa Ave.

18. BURIAL, CREMATION, OR REMOVAL
Parkwood Cemetery Place Date May 11.1936

19. UNDERTAKER HENRY SANDER & SONS. INC.
(Address) Baltimore & Broadway.

11.1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8.1936 . 19

22. I HEREBY CERTIFY, That I attended deceased from June 18 . 1936 to May 8 . 1936

I last saw h alive on May 8 . 1936 Death is said to have occurred on the date stated above, at 9.35p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Parotid	June 1936

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry A. Friend M. D.

(Address) 1900 Eutaw Pl.

F 23870 ✓ F 23870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 17-1 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Minnie Amernick

(a) Residence: No. 924 Penna. Ave St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Harry Amernick

6. DATE OF BIRTH (month, day, year) Apr. 25, 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Simon Amernick

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mrs. Amernick

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Minnie Amernick 924 Penna. Ave

18. BURIAL, CREMATION OR REMOVAL Place Hebrew Rodef Sholom Date 5-11- 1936

19. UNDERTAKER (Address) Jack Hevrin Inc 1429 E. Balto. St

[illegible] Huntington Williams, M.D.

MAY 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-11-36

22. I HEREBY CERTIFY, That I attended deceased from 4-30-36 to 5-11-36

I last saw h[illegible] alive on 5-11-36 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Tube Perforated Appendicitis

Other contributory causes of importance:

Peritonitis, Coryza, Sneezing, Tremor, Bronchopneumonia.

Was an operation performed? Yes Date of 7-30-35

For what disease or injury? Tube Appendicitis

Name of operation Appendectomy Date of 7-30-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. F. Israels, M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

T 23871

CERTIFICATE OF DEATH

X 46-F

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 7-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Joseph Firth — If U. S. Veteran specify WAR .....

(a) Residence: No. 317 E. Durham St., ... Ward. Germantown Pa
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Maud H.

6. DATE OF BIRTH (month, day, year): 10-16-78

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57 58	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Civil Eng

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1930

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pa

FATHER

13. NAME: Frederick W. Firth

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Ann Ardron

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Records
(Address): JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place: Germantown Pa Date: May 13 19 36

19. UNDERTAKER: Chas. J. Mitchell & Sons
(Address): 1900 Eutaw Place

20. FILED MAY 11 1936 19 ..... Registrar
Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936 to May 10, 1936
I last saw h. alive on May 10, 1936 Death is said to have occurred on the date stated above, at 8 55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas	May 36
metastasis to liver	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A. M. Rytenspiel M. D.

(Address) J. H. Hosp.

Spec. - 1-10-21 - M&T - 1500 Blks.

✓ F 23872

23872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 Poplar Grove ST. 16-7 WARD)

2-FULL NAME Sydney Kadden Kadden

(a) RESIDENCE NO. 1401 Poplar Grove ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred always yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: Grace Kadden

6 DATE OF BIRTH (month, day, and year): 1883

7 AGE: 53 Years | Months [redacted] | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Printer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Meyer Kadden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Betty Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Petersburg Va

14 Informant: Grace Kadden

(Address) 1401 Poplar Grove st

15 5/11 1936 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 10 1936

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1933, to May 10, 1936

that I last saw h[illegible] alive on May 9th, 1936.

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary): Cardiac ~~Dilatation~~

(duration) yrs. mos. 24 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? observation Urinalysis

(Signed) Joseph E Gardner M. D.

May 12, 1936 (Address) 320 E Jarrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship

DATE OF BURIAL: 5/12 1936

20 UNDERTAKER: Robert Brooks & Son

ADDRESS: Calhoun Hollins st

TION IS very important. See instructions on back of certificates.

23873 F 23873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 S. Hare St., 1-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Edelmann If U. S. Veteran specify WAR

(a) Residence: No. 8 S. Hare St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~RESIDENCE~~ of (or) WIFE of Charles N. Edelmann

6. DATE OF BIRTH (month, day, year) Nov 22nd 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Frank Vogel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Trotwlix

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Myrtle Webster

(Address) 1203 Darley Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Cemetery Date 5/27/ 1936

19. UNDERTAKER E. J. Fanning & Son

(Address) 1938 E. Lafayette Ave

20. FILED Clayton Williams, M.D. Registrar.

1 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 13, 1935 to May 9, 1936

I last saw her alive on May 9, 1936. Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic cholecystitis	2 yrs ago

Other contributory causes of importance:

Acute cardiac dilatation

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Benjamin Weller M.D. M. D.

(Address) 2030 Wilkens Ave

23874

✓ F 23874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. 12151

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Robinson

(a) Residence: No. 813 Pennsylvania Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 9-131889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46?	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME Tony

14. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER

15. MAIDEN NAME Eugenie ?

16. BIRTHPLACE (city or town) (State or country) Alabama

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place University of Md Date May 11 1936

19. UNDERTAKER Com'missioner Health.
(Address)

20. FILED , 19 Registrar. For Wm. S. WOODALL.

2317

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/6, 1936, to 5/9, 1936

I last saw him alive on 5/9, 1936 Death is said to have occurred on the date stated above, at 3.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3wk?
Parkinsons disease	3yr.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert L Reitz M. D.

(Address) Baltimore Hosp.

23875

✓ F 23875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 13807

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 6-ward Ward)

Length of residence in city or town where death occurred 1890 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Harman

(a) Residence: No. 108 N. Chapel St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-2-1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of Balto City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Universal of Md Date May 11 1936

19. UNDERTAKER Commissioner Health.
(Address)

20. FILED 11 1936 Huntington Williams M.D. Registrar

2316

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/6 1936

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19 to 5/6 1936

I last saw him alive on 5/6 1936 Death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	?
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

✓ F 23876

23876

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Plater

(a) Residence: No. 1548 Leslie St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-8-1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
29 days			29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Samuel

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ethel Brown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md Date May 11 19 36

19. UNDERTAKER [illegible]
(Address)

11 1936 [illegible] 2319

MEDICAL CERTIFICATE OF DEATH O

21. DATE OF DEATH (month, day, year) 5 7 1936

22. I HEREBY CERTIFY, That I attended deceased from 4 8 1936, to 5 7 1936

I last saw h[illegible] alive on 5 7 1936 Death is said to have occurred on the date stated above, at 12 M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Immaturity	
Birth Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Theresa Sterling M. D.

(Address) Univ. Maternity Hospital

23877 ✓ F 23877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. E-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Selvage, Baby Boy

(a) Residence: No. 2306 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) 5-3-36

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Adrian

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anne Ellis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Greenmount Cem. Date May 11 19 36

19. UNDERTAKER [illegible]
(Address) [illegible]

20. [illegible] 19 [illegible]

1 1936 2520 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/4 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/3 1936 to 5/4 1936

I last saw him alive on 5/4 1936 Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

Prematurity (6 mos) — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Irving Rosenbaum Jr. M. D.

(Address) Balto. City Hospitals

M. D. B 1268-9

F 23878

23878 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

x 93-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1533 Linden Avenue St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred -- yrs. -- mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mathais C. Angelmier

(a) Residence: No. Point Pleasant, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marie S. G. Vidler

6. DATE OF BIRTH (month, day, year) Nov. 20, 1874

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	61	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0042

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME John C. Angelmier

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah C. Collins

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. Marie S. G. Vidler,
(Address) Point Pleasant, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date 5/13 19 36

19. UNDERTAKER Henry W. Myers & Son
(Address) 205 N. Calvert St

20. 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 7-8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Thyrocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. Hayes Coroner M. D.

(Address) 215 Hanover

23879 F 23879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1035 N. Eutaw St. 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME John W. Blake

(a) Residence: No. 1035 N. Eutaw St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Lillian Blake

6. DATE OF BIRTH (month, day, year) 5/7/1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
34	—	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Market Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Peter Blake

14. BIRTHPLACE (city or town) (State or country) Western Md

MOTHER

15. MAIDEN NAME Lillie Wilson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Lillian Blake

(Address) 1035 N. Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem. Date 5/12 1936

19. UNDERTAKER Wm. A. Jackson

416 Penna Ave

[illegible] Williamsport, Md.

11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 1936

22. I HEREBY CERTIFY, That I attended deceased from May 5 1936 to May 9 1936

I last saw him alive on May 8 1936 Death is said to have occurred on the date stated above, at 2.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	May 6/36

Other contributory causes of importance:

Hyp.

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. C. Pettelajn, M. D.

(Address) 817 Hamilton Ave

23880 23880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

144a

1. PLACE OF DEATH Bon Secours Hosp

CITY OF BALTIMORE: (No. Baltimore Md St., 0 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ~~11 mos. 7~~ ds. a. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose M Sachs

If U. S. Veteran specify WAR .....

(a) Residence: No. 2213 Penrose Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Andrew H Sachs

6. DATE OF BIRTH (month, day, year) May 12, 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26.	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 00?

11. Total time (if known) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Anna

FATHER

13. NAME Frederick Haines

14. BIRTHPLACE (city or town) (State or country) Germ

MOTHER

15. MAIDEN NAME Catherine Rosenstock

16. BIRTHPLACE (city or town) (State or country) Germ

17. INFORMANT Mr Andrew H Sachs

(Address) 2213 Penrose Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 5/12 '36

19. UNDERTAKER John J Gorman & Son

(Address) 901 Hollins St

[illegible] Huntington Ave Registrar

11 1936

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 5-9, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1936 to May 9, 1936

I last saw her alive on May 9, 1936 Death is said to have occurred on the date stated above, at 5 12 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Placenta previa	
c Hemorrhage	
Other contributory causes of importance: Post Operative Shock	5-9-36

Was an operation performed? Yes Date of 5-9-36

For what disease or injury? Placenta previa

Name of operation Cesarean Date of 5-9-36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Simon L Kemp M. D.

(Address) Bon Secours Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

23881 ✓ F 23881

23881 × 50

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George F. Koss

(a) Residence: No. Stevens Ave. Arbutus Md Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Minnie Koss

6. DATE OF BIRTH (month, day, year) September 26 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candy

10. Date deceased last worked at this occupation (month and year) 0086

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Charles Koss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Hense

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Raymond Orrill

(Address) Stevens Ave. Arbutus, Md

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 13, 1936

19. UNDERTAKER George L. Schmidt

(Address) 7101 Fairfield Ave.

Washington Boulevard, Md

1 1 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/30, 1936 to 5/10, 1936

I last saw h[illegible] alive on 5/10, 1936 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of breast
& generalized metastases

Date of onset
1932 ?
1935 ?

Other contributory causes of importance:

Was an operation performed? yes Date of 1932

For what disease or injury? Ca of breast

Name of operation Removal of breast Date of 1932

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) T. J. Couch M. D.

(Address) St Agnes Hospital Balto., Md

F 23882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St. 27-15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louise Gwynn Derrick

(a) Residence: No. 2017 Kelly Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph C.

6. DATE OF BIRTH (month, day, year): Nov 28 1875

7. AGE: Years 60 | Months 5 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Long Green Maryland

FATHER

13. NAME: Joshua Gwynn

14. BIRTHPLACE (city or town) (State or country): Balto Co. Md

MOTHER

15. MAIDEN NAME: Margaret C.

16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT: Joseph C. Derrick

(Address) 2017 Kelly Ave.

18. BURIAL, CREMATION, OR REMOVAL

Mt Zion Long Green Md. Date 5/12/ 1936

19. UNDERTAKER: Frances A. Hemsley

(Address) 578 W. Fiddler St

Registrar.

Y 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 8 1936

22. I HEREBY CERTIFY, That I took charge of the remains deceased above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. V. Wright M. D.

Coroner

(Address) 1010 S. Edwards Ave

F 23883

23883 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5300 Smyrna Oak Ave. Ward) 25-2

Length of residence in city or town where death occurred 6 yrs. 8 mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Walter Schafer

If U. S. Veteran specify WAR .....

(a) Residence: No. 5300 Smyrna Oak Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Schafer

6. DATE OF BIRTH (month, day, year) Sept. 8, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self. Dont

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John D. Schafer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Lutz

16. BIRTHPLACE (city or town) (State or country) Bermuda

17. INFORMANT Mrs. Elizabeth Schafer

(Address) 5300 Smyrna Oak Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date May 12 1936

19. UNDERTAKER Chas. M. Pickrel Sons

(Address) North & Pa Aves.

20. FILED MAY 11 1936 Huntington Williams M.D. H. P. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10. 1936

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1936 to May 10 1936

I last saw him alive on May 10 1936 Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5-9-36
Other contributory causes of importance:	
Generalized arteriosclerosis	unknown
Hypostatic lung	unknown

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Nathan Rocman M. D.

(Address) 206 S Gilmor St

M. D. B 1268-9

F 23884

23884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3219 Evergreen Ave. St., 27-4 Ward)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 70 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Theodore Neuman

(a) Residence: No. 3219 Evergreen Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Emma L. Neuman

6. DATE OF BIRTH (month, day, year) Aug. 12 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Theodore Neuman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Robert T. Neuman
(Address) 2842 Kentucky Ave

18. BURIAL, CREMATION, OR REMOVAL
Mt Hope Cem Woodlawn, Md Date May 12 19 36
Place

19. UNDERTAKER Wright Robinson Funeral Co
(Address) 2216 Eutaw Place

MAY 11 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1914 E. North Ave.

23885 ✓ F 23885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Union Memorial Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 33rd & Calvert St., 12th Ward)

Length of residence in city or town where death occurred 68 yrs. 11 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Virginia Bouldin — If U. S. Veteran specify WAR .....

(a) Residence: No. Ambassador Apts — City. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) September 30, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Augustus Bouldin

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Virginia Allen

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Miss Grace Bouldin
(Address) Ambassador Apartments

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date May 12 1936

19. UNDERTAKER C. H. Cook
(Address) 1003 N. Baltimore St.

20. [illegible] 1936 Huntington Williams, MD
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 1936

22. I HEREBY CERTIFY, That I attended deceased from May 5 1936 to May 9 1936

I last saw her alive on May 9 1936 Death is said to have occurred on the date stated above, at 4:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis & Uremia	?

Other contributory causes of importance:

Arteriosclerotic heart disease & multiple infarcts	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harold F. Long M. D.

(Address) Union Memorial Hosp

23886 ✓ F 23886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Mercy Hospital St., 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Donohue

If U. S. Veteran specify WAR

(a) Residence No. 1419 W. Pratt St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 19, 1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
24	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Michael Donohue

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Clark

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Brother.

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... May 13 ... 19 36

19. UNDERTAKER Edw. A. Cook

(Address) 1005 E. Baltimore St.

20. FILED ... 19 ... Washington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-11-36 19

22. I HEREBY CERTIFY, That I attended deceased from 1-4-36, 19 .., to 5-11-36 19 ..

I last saw h[illegible] alive on 5-11-36, 19 .. Death is said to have occurred on the date stated above, at 9:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis.	1934
	acute

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lawrence H. Mills M. D.

(Address) Mercy Hospital.

✓ F 23887

23887 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 E. Federal St., E-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Barbara Cook

If U. S. Veteran specify WAR .....

(a) Residence: No. 1824 E FEDERAL ST St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas C. Cook

6. DATE OF BIRTH (month, day, year) October 26 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife (003)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Bartholomy Stoecker

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Bietner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Thomas C Cook
(Address) 1824 E Federal St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 12 1936

19. UNDERTAKER J Melville Jenkins
(Address) 1655 E Lafayette ave.

11 1936 Eugene Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-9 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-14 1935 to 5-9 1936

I last saw her alive on 5-9 1936 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	5/10/36
Other contributory causes of importance: Mitral Stenosis	6/1926

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation Autopsy Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Saml Miller M. D.

(Address) 1520 E Baltimore

23888

✓ F 23888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2820 Dillon St. St., 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John L. Bewig

If U. S. Veteran specify WAR .....

(a) Residence: No. 2820 Dillon St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna M. Bewig

6. DATE OF BIRTH (month, day, year): Jan - 17 - 1874

7. AGE: Years 62 | Months 3 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Henry Bewig

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Catherine Hesser

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Anna M. Bewig

(Address) 2820 Dillon St

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto. Cem. Date: May - 13 - 1936

19. UNDERTAKER: John C. Miley

(Address) 2432 E. Oliver St

11 1936 Huntington Ave Revised

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May - 10 - 1936

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1936, to May 10, 1936

I last saw him alive on May 9, 1936. Death is said to have occurred on the date stated above, at 7:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1931
Interstitial Nephritis	1935

Other contributory causes of importance: arter

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. Morley Young M. D.

(Address) 1900 Eutaw Pl. Blvd.

F 23889

23889 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1736 N. Chester St. 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mary E. Walston

(a) Residence: No. 1736 N. Chester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND of~~ WIFE of William Walston

6. DATE OF BIRTH (month, day, year) May 31st 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Fairmount Md

FATHER

13. NAME James Gardner

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary (Unknown)

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT R. T. Griffin

(Address) 4000 Willoby Ave - Govans

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 5/13, 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. [illegible] Registrar

MAY 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11th, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1936. to May 11, 1936.

I last saw her alive on May 11, 1936. Death is said to have occurred on the date stated above, at 10:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	5-8-36.
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James Evans, M. D.

(Address) 2316 Eastern Ave

Spec.—9-30—A. & Co.—250 Bks.

23890 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 23890

CERTIFICATE OF DEATH.

82-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 510 Cording Ave ST. 27-8 WARD)

2. FULL NAME Harry Boylan

(a) RESIDENCE NO. 510 (Usual place of abode) Cording Ave ST. WARD

No War Record

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah

6 DATE OF BIRTH (month, day, and year) May 15, 1878

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steward (Dining Car)

(b) General nature of industry, business, or establishment in which employed (or employer) B & O. R.R. Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles Boylan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Susie Wooden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Hannah Boylan (Address) 510 Cordova Ave

15 Date Received MAY 12 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10th 1936

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1936, to May 10, 1936, that I last saw him alive on May 10, 1936, and that death occurred, on the date stated above, at 2.55 P. M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Lyman S. Abbott M. D.

, 19 (Address) 3939 Keswick Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine

DATE OF BURIAL 5/11/1936

20 UNDERTAKER Fulton

ADDRESS 1247 E. Fayette

IMPORTANT. See instructions on back of certificates.

F 23891 F 23891

31314 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 124-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. 13-6

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Katherine Kraemer

(a) Residence: No. 3338 Gilman Terrace St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ——— ———

6. DATE OF BIRTH (month, day, year) 6-20-1918

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
17	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at School

10. Date deceased last worked at this occupation (month and year) 7/1/36

11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME John W. Kraemer

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Wilhelmina Henninger

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date May 14th 1936

19. UNDERTAKER (Address) Wm Cook 1217 St. Paul St

20. FILED May 15 1936 Thurlow for Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 4 1936 to May 10, 1936

I last saw her alive on May 10, 1936 Death is said to have occurred on the date stated above, at 9:35 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver — Date of onset 1929

Hydronephrosis — 1929

Other contributory causes of importance:

Was an operation performed? yes Date of May 8, 1936

For what disease or injury? Carcinoma of Liver

Name of operation Omentopexy. Date of May 8th.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Paul A. Kreuscher, M. D.

(Address) The Johns Hopkins Hospital

M. D. B 1268-9

F 23892

23892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Kent

If U. S. Veteran specify WAR .....

(a) Residence: No. 416 Ogden St., Ward.
(Usual place of abode) (Ogden St.) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) April 10 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	1	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic service

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cook pvt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Willis Hall

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Willie Russell

(Address) 416 Ogden St.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date May 13 1936

19. UNDERTAKER Walters Halstead & Edmondson

(Address) 915 Edmondson Ave

20. FILED 19 Registrar.

MAY 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH[1] (month, day, year) May 10 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. M. Wright Coroner. M. D.

(Address) 1010 S. Ellwood Ave

OCCUPATION is very important. See instructions on back of certificate.

13132

23893 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 23893

CERTIFICATE OF DEATH

✓ 93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Dora Green

If U. S. Veteran specify WAR .....

(a) Residence: No. 428 Fremont Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Melvin

6. DATE OF BIRTH (month, day, year) 4-29-1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Nick Vincent

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Sally Hightower

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Mt Calvary Cemt Place May 12 Date 1936

19. UNDERTAKER Adolphus Halstead

(Address) 916 Lanvale St

20. FILED MAY 13 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/8 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/20 1936 to 5/8 1936

I last saw her alive on 5/8 1936 Death is said to have occurred on the date stated above, at 9 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	?
Hypertension	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

M. D. H. No. F 23894

F 23894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 443 Orchard St. 11-3 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gus Hammond

If U. S. Veteran specify WAR .....

(a) Residence: No. 443 Orchard St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	Col	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Feb. 2, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Hammond
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Stella Fizer
16. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

17. INFORMANT Edna Heath
(Address) 443 Orchard St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date May 12, 36

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 222 Lanvale St.

20. FILED MAY 12 1936 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above. 12 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edna ... M. D.
Coroner

(Address) 1215 Hanover

23895 F 23895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 W. Lexington St. St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Louise Flemings

(a) Residence: No. 902 W. Lexington St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 11, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 & D

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME David Flemings

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Dorthy Town

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Dorthy Flemings
(Address) 902 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date May 12, 1936

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N Schroeder St.

20. FILED May 12 1936 Lexington Williams, Reg.
Registrar.

VT 71536

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to Her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Meningococcus Meningitis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Olin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) E. K. Collins M.D.

(Address) 733 N. Eutaw St.

AaCo. 5-31 250B

F 23896

23896 HEALTH DEPARTMENT—CITY OF BALTIMORE F 23896

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital — Registered No. 131

CITY OF BALTIMORE: (No. 26-11 St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Buen

(a) Residence: No. 405 S Bouldin St., ... Ward. ..... (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 4 - 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	23	6 5	25 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Bank

10. Date deceased last worked at this occupation (month and year) month 9 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Geo J Buen

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Kathryn Marmett

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Kathryn Buen (Address) 405 S Bouldin

18. BURIAL, CREMATION, OR REMOVAL Place Lot of Co Cem Date May 14 1936

19. UNDERTAKER John Ulrich (Address) 2015 Aliceanna

MAY 12 1936 [illegible]

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day year) 5/9, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1936, to May 9, 1936

I last saw him alive on May 9, 1936 death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows: (Date of onset)

Chronic nephritis (Uremia)

Other contributory causes of importance

Hypertensive cardio vascular disease

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. T. Battaglia, M. D.

(Address) Franklin Sq. Hospital

F 23897

13674

B 23897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 122 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 27-46 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Eleanor Baker

If U. S. Veteran specify WAR .....

(a) Residence: No. 6000 Belair Rd. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William

6. DATE OF BIRTH (month, day, year): 11-12-1913

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
✓	22	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Leo Groll

14. BIRTHPLACE (city or town) (State or country): Minn.

MOTHER

15. MAIDEN NAME: Helen Fielitz

16. BIRTHPLACE (city or town) (State or country): N.Y.

17. INFORMANT: B.C.H. Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date May 13 1936

19. UNDERTAKER: John Wenck

(Address) 2008 Allen ... Huntington Station, N.Y.

MAY 12 1936 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/20, 1936 to 5/9, 1936

I last saw her alive on 5/9, 1936 Death is said to have occurred on the date stated above, at 9:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative colitis	6 wk.
Other contributory causes of importance:	

Was an operation performed? Yes. Date of 5/7/36.

For what disease or injury? Paralytic ileus.

Name of operation Ileostomy Date of 5/7/36.

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Baltimore, Md.

F 23898 13891 F 23898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34482-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26 Ward 9)

Registered No. 34482-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Hall Jr

If U. S. Veteran specify WAR No

(a) Residence: No. 915 S. [redacted] Baylis St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva

6. DATE OF BIRTH (month, day, year) ? 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
✓ 48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME James Hill Sr

14. BIRTHPLACE (city or town) (State or country) ? Ga

MOTHER

15. MAIDEN NAME Ella Morgan

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 5/10/36

19. UNDERTAKER Robert T. Williams
(Address) 1515 McElderry St

19 . 19 Registered

MAY 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/7/1936

22. I HEREBY CERTIFY, That I attended deceased from 5/1/1936 to 5/7/1936

I last saw him alive on 5/7/1936 Death is said to have occurred on the date stated above, at 9 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 wk

Other contributory causes of importance: over

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

F 23899

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23899

CERTIFICATE OF DEATH

V 131

Registered No. 14-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1743 Wilkens Ave. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 8 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John D. Riley

(a) Residence: No. 1743 Wilkens Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida L. Riley (nee Lantz)

6. DATE OF BIRTH (month, day, year) Aug. 20, 1864.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	71	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painter B.&O.R.R.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John D. Riley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jane Hill

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mrs. Ida L. Riley 1743 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date May 12, 19 36

19. UNDERTAKER Harry F. Witzke (Address) 4101 Edmondson Ave

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1931 to May 9, 1936

I last saw h. alive on May 9, 1936 Death is said to have occurred on the date stated above, at 8:28 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1931
Chronic Interstitial Nephritis	1935
Other contributory causes of importance: Cerebral Hemorrhage	4/22/36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. W. Driggers M. D.

(Address) 1326 W. Lombard St.

OCCUPATIONAL DISEASE MAY BE IMPORTANT. BE SURE TO REPORT ON THIS CERTIFICATE. V S 3

F 23900

F 23900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4103 Southern Ave. St. 27-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Peter Mulchling

If U. S. Veteran specify WAR _____

(a) Residence: No. 4103 Southern Ave. St., _____ Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Elsie P. Mulchling

6. DATE OF BIRTH (month, day, year) 1/24/1898

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	37	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pvt

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph Mulchling

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Elsie P. Mulchling

(Address) 4103 Southern Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 13, 1936

19. UNDERTAKER Thomas J. Lacke

(Address) 5305 Harford Ave.

MAY 12 1936

20. I. D. _____, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy, or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so specify _____

(Signed) Paul Mowbray, M. D. Coroner

(Address) 1919 E. Baltimore

OCCUPATION is very important. See instructions on back of certificate.

F 23901

F 23901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 Clifton av St. 5-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME ~~Henry~~ Charles H Lenty

(a) Residence: No. 1601 Clifton av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Catherine Lenty

6. DATE OF BIRTH (month, day, year) Apl 29 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓ 83		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Catherine Lenty (Address) 1601 Clifton av

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 5/12 1936

19. UNDERTAKER Leonard Schmidt (Address) 1305 Druid Hill Av

Clinton Williams, M.D. Registrar

20. FILED ..... 19 .....

Y 121936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1935 to May 9 1936

I last saw h[illegible] alive on May 9 1936 Death is said to have occurred on the date stated above, at 6:57 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1920
Chr nephritis	1915
Uraemia May 1	1936

Other contributory causes of importance:

Arteriosclerotic Cardio-vascular dis.	1920

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gustav Hochstein M. D.

(Address) 2726 Pendo. Av.

F 23902

F 23902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 47-B

1. PLACE OF DEATH Franklin Square Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8-K Ward)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wilson L. Sluter

(a) Residence: No. 1706 Callington Ave St., ... Ward, ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 14 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Photo Engraver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engraving

10. Date deceased last worked at this occupation (month and year) March 1936

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Jeremiah H. Sluter

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Elizabeth Long

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Florence Sluter
(Address) 108 Fremont Road

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 13, 1936

19. UNDERTAKER Geo. H. Little
(Address) 2700 Edmondson Ave

MAY 12 1936, 19 ..... Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/11, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1936, to 5/11, 1936

I last saw him alive on 5/11, 1936 death is said to have occurred on the date stated above, at 8 30/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma left lung	

Other contributory causes of importance:

General arteriosclerosis
Cardiac vascular Syncope
Malnutrition (cachexia).

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. T. Battaglia, M. D.

(Address) Franklin Sq. Hosp.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

23903

F 23903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Belvedere and Roland Ave. 27 Ward) 13 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alice Virginia Sanford

(a) Residence: No. Belvedere and Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	W

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Sanford

6. DATE OF BIRTH (month, day, year) Sept 17, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rock Hall Md.

FATHER

13. NAME William Thaland

14. BIRTHPLACE (city or town) (State or country) Rock Hall, Md.

MOTHER

15. MAIDEN NAME Henrietta Blackstone

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Jos. J. Apple

(Address) Belvedere and Roland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Wesley Chapel, Rock Hall, Md. Date May 14, 1936

19. UNDERTAKER John C. Mitchell & Sons

(Address) 1900 Eutaw Place

MAY 12 1936 19 Registrar. A. Lynton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 2 1936 to May 11 1936.

I last saw her alive on May 11 1936 Death is said to have occurred on the date stated above, at 3:15 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Recurrent Carcinoma of Uterus.	
Other contributory causes of importance:	
Acute Intestinal Obstruction	

Was an operation performed? Date of 1933.

For what disease or injury? Carcinoma Uterus

Name of operation Hysterectomy Date of 1933

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John C. Schenuit, M. D.

(Address) 1337 S. Charles St.

F 23904

F 23904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-587-A

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 1-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin F Stewart if U. S. Veteran specify WAR

(a) Residence: No. 62 S Maple St., Ward. Westfield Mass

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7-21-72

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Eng & Mach

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER

13. NAME John E Stewart

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Helen Hannaford

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Farmington Maine Date May 13 1936

19. UNDERTAKER John O. Mitchell & Son

(Address) 1900 Eutaw Place Baltimore, Md.

MAY 12 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May - 9 1936

22. I HEREBY CERTIFY, That I attended deceased from May 4 1936 to May 9 1936

I last saw him alive on May 9 1936 Death is said to have occurred on the date stated above, at 805 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	5/8/36

Other contributory causes of importance:

Trigeminal neuralgia

Arteriosclerosis

Was an operation performed? Yes Date of 5/6/36

For what disease or injury? Tic doloureux

Name of operation Section of 5th nerve Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward S. Stafford M. D.

(Address) The Johns Hopkins Hospital

F 23905

F 23905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 Division St., 14-W Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S Veteran specify WAR .....

2. FULL NAME Henry Taylor

(a) Residence: No. 1616 Division St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~ Eula Taylor

6. DATE OF BIRTH (month, day, year) March 12, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Post Office Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~208~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~unknown~~ Westmoreland Co Va

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Clarence Williams (Friend)
(Address) 1131 N Calhoun

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 5/12/36 19

19. UNDERTAKER Jno. Geo. N. Holland
(Address) 1631 Druid Hill Ave

MAY 12 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10 1936

22. I HEREBY CERTIFY, That I attended deceased from April 25 1936 to May 10 1936

I last saw him alive on May 10 1936. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	Feb 25 1936

Other contributory causes of importance:

Chronic Pleurisy & adherent Pericardium 14 yr.
at base of Lung. Myocarditis.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical & X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. D. Young M. D.

(Address) 1424 E Monument St

F 23906

F 23906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X, 107a

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. 12-6

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Tully

If U. S. Veteran specify WAR --

(a) Residence: No. 817 Powell St., Gloucester, NJ St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) June 22, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 21

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman 20

10. Date deceased last worked at this occupation (month and year) 5-20-22

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Penna.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

St. Mary's-Hamilton Date 5-12-36

19. UNDERTAKER Wendell E. Humphreys

(Address) 501 N. Broadway

Filed ..... 19 ..... Registrar

MAY 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1923 to May 9, 1936

I last saw him alive on May 9, 1936. Death is said to have occurred on the date stated above, at 8:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobular	5-1-36
Arteriosclerosis	Unknown
Senility	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) T. M. Is. a Nurse, M. D.

(Address) U.S. Marine Hospital, Balto.

F 23907 13230 F 23907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 3-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry Edwards

(a) Residence: No. 820 E. Pratt St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-11-1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) London, England

MOTHER

15. MAIDEN NAME Sarah Malone

16. BIRTHPLACE (city or town) (State or country) Rossconman Isl.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Locust Point Date 5/12 36

19. UNDERTAKER J. J. Fahey Son
(Address) 1318 Light St

20. FILED MAY 12 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-8 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-31 1936 to 5-8 1936

I last saw him alive on 5-8 1936 Death is said to have occurred on the date stated above, at 10:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor (type unknown)	?

Other contributory causes of importance:

Was an operation performed? yes Date of 5-8-36

For what disease or injury? Brain tumor

Name of operation Craniotomy operation Date of 5-8-36

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson M. D.

(Address) Balto. City Hosp.

F 23908 F 23908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

12751 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 22-2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank McCrystel

(a) Residence: No. 328 W. Camden St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1881 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

FATHER

13. NAME Wm.

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie Barker

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Hook Date 5/12 36

19. UNDERTAKER J. J. Fahy Sons
(Address) 1818 Eastern Ave

Registrar

20. FILED MAY 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/8 1936

22. I HEREBY CERTIFY, That I attended deceased from 1932 to 5/8 1936

I last saw him alive on 5/8 1936 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage?	>
Arteriosclerosis	>

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp

F 23909

F 23909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5 94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., Ward)

Length of residence in city or town where death occurred, 61 yrs. 9 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles F. Blunt

(a) Residence: No. 2601 Dulaney St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose E. Blunt

6. DATE OF BIRTH (month, day, year) July 26-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	14-13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Builder

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Blunt

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Lena Roth (Roth)

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Rose Evans Blunt

(Address) 2601 Dulaney St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 12-36

19. UNDERTAKER J. B. Tippett & Son

(Address) 1800 Eutaw Place

MAY 12 1936 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9-1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above, at 4.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos F. Phillips Coroner M. D.

(Address) 939 Cathedral St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

V S 6

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

23910 23910

CERTIFICATE OF DEATH

13-H 45-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2880 Woodbrook Ave. St., 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William A. Cole.

(a) Residence: No. 2880 Woodbrook Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) July 2, 1879

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
56	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Private detective.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2061

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME John W. Cole.

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

MOTHER

15. MAIDEN NAME Mollie McComas.

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Carrie Mackemull.
(Address) 2880 Woodbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Park Date May 13, 1936

19. UNDERTAKER Wm. Tighe & Sons
(Address) North & Pinna Ave.

MAY 12 1936

R. Leyton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the throat and mouth	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otto M. Reinhardt, M. D.
Coroner
5/11/36 (Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

Meier Kitt

HEALTH DEPARTMENT—CITY OF BALTIMORE

23911

CERTIFICATE OF DEATH

107-a 23911

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Meier Kitt

(a) Residence: No. 811 Whitelock St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence

6. DATE OF BIRTH (month, day, year) 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ow & o

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Morris Kitt

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Anna Freidman Kitt

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Kitt

(Address) 811 Whitelock St

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 5/12/36

19. UNDERTAKER Jack Louis Inc

(Address) 1439 E. Balto St

20. FILED ..... 19 .....

MAY 12 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-11- 1936

22. I HEREBY CERTIFY, That I attended deceased from May 4 1936 to May 11 1936

I last saw him alive on May 11 1936 Death is said to have occurred on the date stated above, at 3.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	May 7, 36

Other contributory causes of importance:

Bronchopneumonia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Joseph B. Grove M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on page 2.

F 23912

F 23912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 So Caroline St. 3-1 Ward)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ruffin Midgette Jr. Ruffin

If U. S. Veteran specify WAR .....

(a) Residence: No. 415 So. Caroline St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Midgette

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer (Odd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Ocracoke Island N.C.

FATHER

13. NAME Ruffin Midgette Sr.

14. BIRTHPLACE (city or town) (State or country) Ocracoke Island N.C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ruffin Midgette Jr.

(Address) Susquehanna & York Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date 5-13 19 36

19. UNDERTAKER Brown-Mamm Jr. Wright

(Address) 1210 N. Eden & Gerrish St. Clifton Williams, M.D.

20. Filed ..... 19 ..... Registrar

MAY 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1936 to May 10, 1936

I last saw h— alive on May 9, 1936. Death is said to have occurred on the date stated above, at 1 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Jan 1 1935

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) T. A. Coleman M. D.

(Address) 2529 Liverpool St.

F 23913

F 23913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1325 N. Eden St. 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME George W. Putney

(a) Residence: No. 1325 N. Eden St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lutie Putney

6. DATE OF BIRTH (month, day, year) 5/28/1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hemelman N.C.

FATHER

13. NAME Nathaniel Putney

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Charlett Palmer

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Lutie Putney

(Address) 1325 N. Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date 5-12- 1936

19. UNDERTAKER Byron & Mamie W. Wright

(Address) 128 N. McElderry St Huntington Williams, W. Va.

..... 19 ..... Registrar.

MAY 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1935 to May 9, 1936

I last saw h.im alive on May 9, 1936 Death is said to have occurred on the date stated above, at 9 1/2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	Dec 26 1935
Other contributory causes of importance:	
Otis Media	Artem Sclerosis Dec 26 1936
Hemiplegia	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation. none Date of .....

What test confirmed diagnosis? physical Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. J. Young M. D.

(Address) 1424 Druid Hill Ave

23914

HEALTH DEPARTMENT—CITY OF BALTIMORE 23914

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals TB Div. Registered No.

CITY OF BALTIMORE: (No. St. 17-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. Life

If U. S. Veteran specify WAR

2. FULL NAME Irene Sills Jackson (Mary Jackson)

(a) Residence: No. 517 Lafayette Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 20, 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): Unkown

11. Total time (years) spent in this occupation: Unkown

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Wm. Jackson

14. BIRTHPLACE (city or town) (State or country): Unkown

MOTHER

15. MAIDEN NAME: Bertha Waters

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Maryland Memorial Date: May 12th 1936

19. UNDERTAKER: Archibald C. Shadden
(Address) 2101 E. Oriole St.

19 [illegible]

MAY 12 1936 [illegible], Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1936 to May 10, 1936

I last saw her alive on May 10, 1936 Death is said to have occurred on the date stated above, at 4a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feb. 1935
Diabetes Mellitus	Sept. 1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Arthur Karlgin M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 23915

F 23915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2228 Ruskin St. 15-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Morris Cohen

If U. S. Veteran specify WAR .....

(a) Residence: No. 2228 Ruskin ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Sarah Cohen

6. DATE OF BIRTH (month, day, year) 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 75	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harry Cohen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Gittel —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs David A. Milliman

(Address) 2228 Ruskin ave

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Rosedale Date May 12, 1936

19. UNDERTAKER Sol Levinson & Bros

(Address) 1127 E Balto st

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to May 11, 1936

I last saw him alive on May 11, 1936. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Hemorrhage.	

Other contributory causes of importance:

Chronic myocarditis.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19 —

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. H. Hornstein, M. D.

(Address) 723 Augusta St

OCCUPATION is very important. See instructions on back of certificate.

F 23916 ✓ F 23916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1911 E. Fairmount Ave St. 6-4 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Dr. Charles Ramsay

If U. S. Veteran specify WAR ____

(a) Residence: No. 1911 E. Fairmount Ave St., ____ Ward. ____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	?

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
√ 1			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Atlanta (State or country) Georgia

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ? (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Northeastern Police Station (Address) Balto, Md.

18. BURIAL, CREMATION, OR REMOVAL Hickory N.C. Date May 12 1936

19. UNDERTAKER Sol Levinson & Bros (Address) 1127 E Balto st

MAY 12 1936 ____ Filing Clerk

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) May 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning (Illuminating Gas)	
Other contributory causes of importance:	

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 5/10/1936

Where did injury occur? Balto, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Turned on illuminating gas jet

Nature of injury Illuminating gas poisoning.

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1918 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

10921

F 23917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a F 23917

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 4-East Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Orville Fisher

(a) Residence: No. 705 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	WIDOWED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) 12-1-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Mary Bennett

16. BIRTHPLACE (city or town) (State or country) Md.

B.C.H. Records

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 3rd 36

19. UNDERTAKER Fortune & Co
(Address) 1234 Eastern Ave

20. FILED MAY 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/10/1936

22. I HEREBY CERTIFY, That I attended deceased from 4/14/1936 to 5/10/1936

I last saw him alive on 5/10/1936. Death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days
Hypertensive vascular disease	5 yrs

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reiter M. D.
(Address) Baltimore City Hosp.

OCCUPATION IS VERY important. See instructions on back of certificate.

V S 3

M. D. B 1268-9

23918 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 23918

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 N. Brice St. 16-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry C. Stevens

If U. S. Veteran specify WAR .....

(a) Residence: No. 819 N. Brice St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine E. Stevens

6. DATE OF BIRTH (month, day, year) Sept. 22 - 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50 51	7.	19.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholsterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. May Co.

10. Date deceased last worked at this occupation (month and year) May 9 - 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME John W. Stevens

14. BIRTHPLACE (city or town) Calvert Co. (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Griffith

16. BIRTHPLACE (city or town) Calvert Co (State or country) Maryland

17. INFORMANT Catherine E. Stevens

(Address) 819 N. Brice Street

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date May. 13. 1936

19. UNDERTAKER Josiah Syfer

(Address) 1400 W. North Ave

20. FILED MAY 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, 1.30 Pm,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart lesion	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Kracu M. D.
Coroner

(Address) 1215 Hanover

OCCUPATION is very important. See instructions on back of certificate.

F 23919 ✓ F 23919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 831 E. Chase St., 10-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph H. Whelan

If U. S. Veteran specify WAR .....

(a) Residence: No. 831 E. Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E. McKenna Whelan

6. DATE OF BIRTH (month, day, year) Oct 8, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Crown Cork & Seal

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 22 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Patrick Whelan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Grogan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary E. Lowry
(Address) 831 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cemy Date May 14, 1936

19. UNDERTAKER Elroy W. Conkling
(Address) 2 E. Eager St.

MAY 12 1936 . 19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/3 . 1936 to 5/11 . 1936.
I last saw h[illegible] alive on 5/11 . 1936 Death is said to have occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	
Senility	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr Bernard Loss, M. D.
(Address) 1716 E Calvert St.

F 23920 ✓ F 23920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 14030

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ½ yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Martha Young

(a) Residence: No. 1028 Greenmount Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Young

6. DATE OF BIRTH (month, day, year) 11-10-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Jemison (D)

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of Balto City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May 14 1936

19. UNDERTAKER Edwin W. Conklin

(Address) 324 Eutaw St

[illegible] 19 Registrar Hettyton Williams, MD

MAY 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/11, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/24, 1936 to 5/11, 1936

I last saw her alive on 5/11, 1936 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days
Cerebral hemorrhage	5 days
Hypertension	

Other contributory causes of importance

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If not specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

F 23921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 23921

93-C

182

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 W. Fayette St., ... Ward)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barbara E. Peters

If U. S. Veteran specify WAR .....

(a) Residence: No. 1207 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not known

6. DATE OF BIRTH (month, day, year) June 20, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Annandale Anne Arundel Co Md

FATHER

13. NAME Richard Crosby

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Sarah Moreland

16. BIRTHPLACE (city or town) (State or country) Calvert Co, Md.

17. INFORMANT Mrs Sarah A Montague

(Address) 1207 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date May 13, 1936

19. UNDERTAKER Elmer W. Conklin

(Address) 924 Edgar St.

20. [illegible] 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 2 1936 to May 11 1936

I last saw her alive on May 10 1936 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	

Other contributory causes of importance: Chron. myocarditis & Hypertension Cancer breast, right

Was an operation performed? — Date —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) R. Calas M.D. M. D.

(Address) 4 N. Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

12 1936

F 23922 ✓ F 23922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 95-B

1. PLACE OF DEATH Maryland General Hosp Registered No.

CITY OF BALTIMORE: (No. / St., 113 W. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME May Perkins (Anne May Perkins) If U. S. Veteran specify WAR

(a) Residence: No. / Hallethorpe Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Clifton Perkins

6. DATE OF BIRTH (month, day, year) Sept 21, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Continuous

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Harry A Schultz

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Lilly Lemmy

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date May 14 "36, 19

19. UNDERTAKER Joseph L Cook
(Address) 1505 E Baltimore St

Washington Wilkinson, M.D.
Registrar.

MAY 12 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 1936

22. I HEREBY CERTIFY, That I attended deceased from March 25 1936 to May 11 1936

I last saw her alive on May 11 1936 Death is said to have occurred on the date stated above, at 6 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio-vascular Disease	
Other contributory causes of importance: Cerebral Hemorrhage	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L Bernaby M.D.

(Address) Maryland Gen'l Hosp

F 23923

✓ F 23923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

28-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4312 Flowerton Road St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary C. Myerly

If U. S. Veteran specify WAR .....

(a) Residence: No. 4312 Flowerton Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick S. Myerly

6. DATE OF BIRTH (month, day, year) February 18, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Frederick Maryland

FATHER

13. NAME Milton McDaniel

14. BIRTHPLACE (city or town) (State or country) Frederick Maryland

MOTHER

15. MAIDEN NAME Elkins

16. BIRTHPLACE (city or town) (State or country) Frederick Maryland

17. INFORMANT Mr. Frederick S. Myerly
(Address) 4312 Flowerton Road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date May 12, 1936

19. UNDERTAKER Joseph H. Cook
(Address) 103 W. Baltimore St.

20. FILED ..., 19... Registrar Hughes Williams, MD

MAY 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1936 to May 10, 1936

I last saw h[illegible] alive on May 10 1936. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia and Cardiac Insufficiency	10 yrs.
Other contributory causes of importance: Paralysis Agitans	yrs.

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Marlinton Straus, MD

(Address) 806 N. Fulton Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 23924

✓ F 23924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418 Presstman St. 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Frances Haywood

(a) Residence: No. 1418 Presstman St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Walter Haywood

6. DATE OF BIRTH (month, day, year) Feb 20, 1880

7. AGE Years	Months	Days	if LESS than 1 day, ... hrs. or ... min.
56	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Rev. Haywood

(Address) 1718 Presstman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 5/13 ..., 19 36

19. UNDERTAKER Thomas E. Kelly

(Address) 1305 Pennsylvania Ave

20. FILED ..., 19 ... Registrar. Clayton Williams, M.D.

MAY 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1935 to May 10, 1936

I last saw h e alive on May 10, 1936 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	Dec 15

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) E. Wallace Frey, M. D.

(Address) 1908 Penna Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23925

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23925

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Kernan Hospital

CITY OF BALTIMORE: (No.) Windsor Hill Rd (ST.) 16-3 (WARD)

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis Banks

(a) RESIDENCE NO. 1022 Mount ST., WARD ____

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 16, 1927

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	8	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Thornton Banks

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Maud Banks

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Thornton Banks

(Address) 1022 Mount St

15 Filed MAY 12 1936 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9th 1936

17 I HEREBY CERTIFY, That I attended deceased from 5/2, 1936, to 5/9, 1936, that I last saw h[im] alive on 5/9, 1936, and that death occurred, on the date stated above, at 9:55 a.m.

The CAUSE OF DEATH* was as follows:

Spinal Fever for T.B. of Lumbar Spine of 3 years duration

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Pul. Tb. shock

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? Yes Date of 5/8/36

Was there an autopsy? No.

What test confirmed diagnosis? X-ray & clinical findings

(Signed) M. B. Cohen M. D.

, 19 (Address) Kernan Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL 5/13 1936

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Druid Hill Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

F 23926

23926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 Mc Elderry St., 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah L. Boone

(a) Residence: No. 120 Mc Elderry St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of late Edwin Boone

6. DATE OF BIRTH (month, day, year) April 0 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co.

FATHER

13. NAME Elisa Brown

14. BIRTHPLACE (city or town) (State or country) Del.

MOTHER

15. MAIDEN NAME Elizabeth Harris

16. BIRTHPLACE (city or town) (State or country) Del.

17. INFORMANT Mrs Jennie Krieger

(Address) 1522 E. 20th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date May 12 1936

19. UNDERTAKER Philip Henry Hopp

(Address) 2015 Eden St.

FILED MAY 12 1936 Clayton Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Paul Schenken, M. D. Coroner

(Address) 1912 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 23927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 236 N. Chester St. 6-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clara Schmidt

If U. S. Veteran specify WAR .....

(a) Residence: No. 236 N. Chester St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carl Henry Schmidt

6. DATE OF BIRTH (month, day, year) Sept. 22-1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berlin Germany

FATHER

13. NAME Charles Engle

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Frank Schmidt

(Address) 236 N. Chester St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 17, 1936

19. UNDERTAKER Philip Henry Sons

(Address) 2312 Orleans St.

20. [illegible] 1936 Clayton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by me at Inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance: Cerebral Apoplexy

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber, M. D.

Coroner

(Address) 1914 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 23928 # 6972 ✓ F 23928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 11-134 Ward) 11-131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Benjamin Bond

If U. S. Veteran specify WAR .....

(a) Residence: No. 247 W. Biddle St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes

6. DATE OF BIRTH (month, day, year) 5-12-1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Anthony Bond

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Katie

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Kennedy [illegible] Date May 12 19 36

19. UNDERTAKER [illegible]

(Address)

20. FILED [illegible] 19 [illegible] Reg. [illegible]

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/7 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/18 1935 to 5/7 1936

I last saw him alive on 5/7 1936 Death is said to have occurred on the date stated above, at 8 10/a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis c acute exacerbation & uremia.	?
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

F 23929

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23929

CERTIFICATE OF DEATH

34a-59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Boston, Baby Girl

(a) Residence: No. 1424 Vincent St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Newborn

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-8-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 48 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Ernest Boston

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Virginia Wright

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md. Date May 12, 1936

19. UNDERTAKER & Commissioner Health.
(Address)

20. FILED MAY 12 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-8-36

22. I HEREBY CERTIFY That I attended deceased from 5-8-36, 1936, to 5-8-36, 19..

I last saw h.er alive on 5-8-36, 19.. Death is said to have occurred on the date stated above, at 3:45 a. m.

The principal cause of death and related causes of importance were as follows:

Prematurity Date of onset

Prodromes Shortly

" Toxemia a few

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Dreanne Sterling, M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 23930 ✓ F 23930

3133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Johnson

(a) Residence: No. 850 Pierce St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-10-20

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Kelka Hackett

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johnsons Cem. Date 5-14- 1936

19. UNDERTAKER Byron Daniel V. Wright

(Address) 1218 McElderry St

20. FILED MAY 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1936 to May 10, 1936

I last saw him alive on May 10, 1936 Death is said to have occurred on the date stated above, at 5:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute tonsillitis (septic sore throat)	5/2/36
Broncho-pneumonia	5/9/36
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wesley J. Ketz, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

v s 3

M. D. B. 1268-9

Smilak ✓ F 23931

F 23931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore St., Hosp. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Frank Smialek

(a) Residence: No. Norris Lane St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Smialek

6. DATE OF BIRTH (month, day, year) March 19 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Henry Smialek

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Czapski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Smialek (Daughter)

(Address) 407 St. Drew Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date May 15. 1936

19. UNDERTAKER John M. Welsh

(Address) 1404 E. Chester Street

20. 19 Registrar.

12 1936 Clayton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12. 1936

22. I HEREBY CERTIFY, That I attended deceased from May 9. 1936 to May 12. 1936

I last saw him alive on May 12. 1936 Death is said to have occurred on the date stated above, at 4:05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
Gastric Hemorrhage	5/11/36

Other contributory causes of importance:

Chronic Myocarditis

Name of operation None. Date of

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) G. Alessi M. D.

(Address) West Balto. Gen'l Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1368-9

23932

May 10 P 23932 PM

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2930 Ellicott Driveway. 16-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 91 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Gundina.

(a) Residence: No. 2930 Ellicott Driveway. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Gundina.

6. DATE OF BIRTH (month, day, year) Jan 7/1845.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Adam Wemmert

14. BIRTHPLACE (city or town) (State or country) Germy.

MOTHER

15. MAIDEN NAME Lousia Bixler.

16. BIRTHPLACE (city or town) (State or country) Germy.

17. INFORMANT Ida Gundina.

(Address) 2930 Ellicott Driveway.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date May 13th 1936

19. UNDERTAKER E. Schlosman & Son

(Address) 1939 Eastern Ave

Immington Williams Funeral Director

V 5 3

12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10 1936

22. I HEREBY CERTIFY, That I attended deceased from May 2 1936 to May 10 1936

I last saw her alive on May 10 1936 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Acute	
Dilatation of Heart	✓

Other contributory causes of importance:

General Arteriosclerosis	✓

Name of operation none Date of

What test confirmed diagnosis Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ✓ 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of Injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edward L Krahn M. D.

(Address) 1219 Eutaw Place

M. D. F 1768-9

Old Schenley F 23933

F 23933 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4201 Hackel Ave 27-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Lillian Carroll

(a) Residence: No. 4201 Hackel Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Carroll

6. DATE OF BIRTH (month, day, year) Aug 13

7. AGE: Years 56; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME ? Mac Shurg

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Mary Adams

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Elizabeth Carroll

(Address) 4201 Hackel Ave

18. BURIAL, CREMATION, OR REMOVAL

Funeral Oakland May 13-36

19. UNDERTAKER J. S. Stevenson & Son

(Address) 3001 Kentucky ave

12 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936 to May 11, 1936

I last saw her alive on , 19 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Uterine Sclerosis	
Nephritis	
Other contributory causes of importance:	
Obesity	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Walter Anderson M. D.

(Address) 3001 Beaumont Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 23934 ✓ F 23934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

Registered No. 378

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 723 N. Carey St., 16th Ward

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maud Crosby

(a) Residence: No. 723 North Carey St., 18th Ward. 18th

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: George A Crosby

6. DATE OF BIRTH (month, day, year):

7. AGE: Years 59 | Months 4 mos | Days | If LESS than 1 day, ... hrs or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Wm Brown

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Henrietta Brown

16. BIRTHPLACE (city or town) (State or country): Caroline Co Md

17. INFORMANT: George A Crosby

(Address) 723 N Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: May 13, 1936

19. UNDERTAKER: James A Davis

(Address) 142 W. Pratt St

20. FILED: MAY 12 1936 Registrar: [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 6th, 1936, to May 10th, 1936

I last saw h Ct alive on May 9th, 1936 Death is said to have occurred on the date stated above, at 2.30 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Colon Enteritis or inflamation of large & small intestines and complicated with hemorrhage	
Other contributory causes of importance: Chronic Endocarditis followed by abdominal Ascites	

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. H. Campbell, M. D.

(Address) 1106 W. Fayette

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Y 12 1936

23935

F 23935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 W. Lee St. 32-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. 6 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Webster Coates

If U. S. Veteran specify WAR

(a) Residence: No. 608 W. Lee St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct - 22 - 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland -

FATHER

13. NAME James Coates

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Maryland

MOTHER

15. MAIDEN NAME Ella Foote

16. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland -

17. INFORMANT Ella Coates

(Address) 608 W Lee St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenleys. Date May 14 1936

19. UNDERTAKER Jarmes A Stamps

(Address) 1417 Pennsylvania Ave Huntington Williams, W. Va.

Registrar

12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May - 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug - 15, 1935 to May 10, 1936

I last saw h alive on May 10 1936 Death is said to have occurred on the date stated above, at 2 40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Tuberculosis	
Pulmonic Tuberculosis	Dec 34
D. Bones -	1921

Other contributory causes of importance:

Was an operation performed? None - Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Dan Drummond M. D.

(Address) 1417 W Lee

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

23936

HEALTH DEPARTMENT—CITY OF BALTIMORE

23936

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2816 Hemlock Ave., St., 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry C. Yingling

If U. S. Veteran specify WAR

(a) Residence: No. 2816 Hemlock Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of M. Louise Yingling

6. DATE OF BIRTH (month, day, year) Aug. 9, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Sanitary Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Union Town Md

FATHER

13. NAME Hezieh Yingling

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Margaret Link

(Address) 2816 Hemlock Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 5/13/36

19. UNDERTAKER Leonard J. Rueh

(Address) 5305 Harford Rd

(Signed) Huntingtown Williams, Md

MAY 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/10/36, 19

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1935 to May 10, 1936

I last saw h[illegible] alive on May 10, 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	1934.
Ch. Interstitial nephritis	
arteio-sclerosis	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J S Hardesty M. D.

(Address) 4810 Belair Rd

OCCUPATION is very important. See instructions on back of certificate.

F 23937 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 23937

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3305 Ferndale Ave St., 28-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 8 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Celia V. Byrne

If U. S. Veteran specify WAR

(a) Residence: No. 3305 Ferndale Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 9 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bonwit Lenon Co

10. Date deceased last worked at this occupation (month and year) Oct 26 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Walter J. Byrne

14. BIRTHPLACE (city or town) (State or country) Dublin Ireland

MOTHER

15. MAIDEN NAME Winifred A. Dyer

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Katherine B. Byrne

(Address) 3305 Ferndale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem Date May 13 1936

19. UNDERTAKER Harry A. Arnacost & Son

(Address) 4204 Ridgewood Ave

MAY 12 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/10/1936

22. I HEREBY CERTIFY, That I attended deceased from April, 1934 to May, 1936

I last saw her alive on May 10th, 1936 Death is said to have occurred on the date stated above, at 11.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular renal disease	
Other contributory causes of importance: Uraemia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. T. Tyner, M. D.

(Address) 4710 Liberty Hts Ave

OCCUPATION is very important. See instructions on back of certificate.

23938 F 23938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. BALTIMORE, MD St., 9-8 Ward) ST. JOSEPH'S HOSPITAL

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H Schickner

If U. S. Veteran specify WAR .....

(a) Residence: No. 1240 Harget Lane St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced* (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 9 1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
21	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John H Schickner

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary Dreyer

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT John H Schickner
(Address) 1240 Harget Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Fri 10/36 19

19. UNDERTAKER Margaret E Flynn
(Address) 2107 Hilton St.

[illegible] Huntington Ave Funeral Home
Registrar

17 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 1936

22. I HEREBY CERTIFY, That I attended deceased from May 8 1936 to May 12 1936

I last saw h[illegible] alive on May 12 1936 Death is said to have occurred on the date stated above, at 12:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Spontaneous sub-arachnoid hemorrhage	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J W Wagemeller M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

F 23939

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23939

CERTIFICATE OF DEATH

X 127

1. PLACE OF DEATH — Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 30 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME — Mrs. Almeta Koontz

If U. S. Veteran specify WAR .....

(a) Residence: No. ..... Westminister Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Franklin Koontz

6. DATE OF BIRTH (month, day, year) — Dec. 21, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — md.

FATHER

13. NAME — Unknown

14. BIRTHPLACE (city or town) (State or country) — Unknown

MOTHER

15. MAIDEN NAME — Unknown

16. BIRTHPLACE (city or town) (State or country) — Unknown

17. INFORMANT — Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Silver Run Cem Date May 14 1936

19. UNDERTAKER — J. Francis Reese

(Address) Westminster Md

MAY 13 1936 — Evelyn Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — 5-12 — 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-22 1936 to 5-12 1936

I last saw her alive on 5-12 1936 Death is said to have occurred on the date stated above, at 9 00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cholecystitis	
Cardiac Arrest	
Bronchopneumonia.	

Other contributory causes of importance:

Was an operation performed? — No — Date of .....

For what disease or injury? .....

Name of operation — None — Date of .....

What test confirmed diagnosis? — Clinical — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) John W. Barnaby, M.D.

Address Maryland Gen'l Hosp

OCCUPATION is very important. See instructions on back of certificate.

F 23940

EFFIE HENRY

F 23940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 13 Ward.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Effie Henry

If U. S. Veteran specify WAR

(a) Residence: No. 1211 Eldon Ave St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec. — 1887

7. AGE: Years 48 | Months 7 | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Maryland

FATHER

13. NAME: Cornelious Henry

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Minerva Belle Hampshire

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Maurice P. Henry
(Address) 1211 Eldon Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Poplar Balto. Co. Date: May 13 1936

19. UNDERTAKER: Horace F. Burgee
(Address) 3631 Falls Road

Filed MAY 13 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-10-36. 19

22. I HEREBY CERTIFY, That I attended deceased from 5-1-36, 19, to 5-10-36, 19

I last saw her alive on 5-10-36, 19. Death is said to have occurred on the date stated above, at 8:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	
C Aortic & Mitral Stenosis & Insufficiency.	1926
Auricular Fibrillation	1935
Other contributory causes of importance:	
C.P.C.	
Hypostic Pneumonia	5-5-36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John McC. Warren, M. D.

(Address) Univ. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 23941

23941a

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V x. 46-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. 7-5

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 26 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bessie Ewing

(a) Residence: No. Rolandville md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lee.

6. DATE OF BIRTH (month, day, year) 4/28/82

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Washington Caswell

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Margaret Byrd

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

West Nottingham Date May 16 1936

19. UNDERTAKER J. E. Tyson

(Address) Rising Sun Md.

20. FILED MAY 13 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 1936

22. I HEREBY CERTIFY, That I attended deceased from April 16 1936, to May 12 1936

I last saw h.a.w. alive on May 12 1936 Death is said to have occurred on the date stated above, at 6.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of duodenum	
Post operative ulcer	

Other contributory causes of importance:

adenoma of thyroid
secondary anemia

Was an operation performed? Yes Date of 5-12-36

For what disease or injury? Carcinoma of duodenum

Name of operation Resection of " " " Date of 5-12-36

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carl P. Schlicke M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 23942

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23942

X 107-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St., 12 W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. John Orr (Clara)

If U. S. Veteran specify WAR .....

(a) Residence: No. White ford, Maryland St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced (or) WIFE of John Orr

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas Yeats.

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rachel Scarborough

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Whitefield Md. Date 5-13-36

19. UNDERTAKER Herbert Hartkins

(Address) Delta, Pa.

20. FILED 5-13-1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13-36. 19

22. I HEREBY CERTIFY, That I attended deceased from 5-8-36. 19..., to 5-13-36. 19...

I last saw her alive on 5-13-36 19 . Death is said to have occurred on the date stated above, at 12 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia with septicaemia of Streptococcus Hemolyticus.	5-7-36

Other contributory causes of importance:

None

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Blood culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Leslie Fleming M. D.

(Address) Union Memorial Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 23943

23943 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hospitals 27-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susanna F. Owens

If U. S. Veteran specify W.W.I. or Regular

(a) Residence: No. 4205 Granbe Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William T.

6. DATE OF BIRTH (month, day, year) June 27 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Frederick Sapp

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Susanna (?)

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Ruth Crumbacher

(Address) 4205 Granbe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date May 14 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

(Signed) Washington Wife Registrar

MAY 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	April 10 1936
Colles fracture left forearm	
	May 14 1935

Other contributory causes of importance: Cardiovascular sclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury April 6 1936

Where did injury occur? Balto Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Baltimore City Hospitals

Manner of injury Fell out of bed

Nature of injury Fracture left forearm

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 1010 S. Bellows Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-3

F 23944

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23944

CERTIFICATE OF DEATH

✓ 186-a

12-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. // mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna L. Holland. If U. S. Veteran specify WAR No Record

(a) Residence: No. 2207 Callow Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) September 30, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Registered nurse.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1049

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portsmouth, Va.

FATHER

13. NAME Emmett Holland.

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Mary Pringle.

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Mary Holland. (mother)
(Address) 2207 Callow Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date May 13th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul st

FILED MAY 13 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of the skull, pelvis, right forearm and right clavicle. Accidentall fall from 3rd story banister to 1st floor — Date of onset .....

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/9/36

Where did injury occur? 206 E. Redwood St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Otto F. Reinhardt M. D.

5/11/36 (Address) 1017 S. Charles St. Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23945 HEALTH DEPARTMENT—CITY OF BALTIMORE F 23945

CERTIFICATE OF DEATH

46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 E. 21st St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify War: Spanish American

2. FULL NAME George La Flame

(a) Residence: No. 312 E. 21st St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Nettie M. La Flame

6. DATE OF BIRTH (month, day, year) Dec 12th 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~64~~ 59	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter W. P. A. 101 5

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 1935

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Mass.

FATHER

13. NAME Oliver La Flame

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Kukuszka

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Nettie M. La Flame

(Address) 312 E. 21st St

18. BURIAL, CREMATION, OR REMOVAL

Place Maryland Memorial Park Date May 15th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

MAY 13 1936

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11th 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/6/35 to 5/11/36

I last saw him alive on 5/10/1936. Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1 yr.
Other contributory causes of importance: Uremia	2 da.

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation Laparotomy Date of 4/35

What test confirmed diagnosis? P. E. - Gastric Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph S. Blum M. D.

(Address) 1806 E Preston St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 23 9

F 23946 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 23946

CERTIFICATE OF DEATH

✓ 46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4119 Penhurst Ave St. 28-1 Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Fisher

If U. S. Vet. specify WAR No Record

(a) Residence: No. 4119 Penhurst Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Mary A.

6. DATE OF BIRTH (month, day, year) July 27, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt Carpenters

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John E Marshall Co

10. Date deceased last worked at this occupation (month and year) May 1936

11. Total time (years) spent in this occupation 38 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME William Fisher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lottarine Albrecht

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary A. Fisher
(Address) 4119 Penhurst Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date May 14th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

MAY 13 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11th 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 30 1936 to May 11 1936

I last saw him alive on May 1 1936 Death is said to have occurred on the date stated above, 12:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Feb 15
Hemorrhage of Stomach	May 7
Exhaustion	May 9

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Microscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) G. C. Simmons M. D.

(Address) 4309 Liberty Hgts

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter statement of OCCUPATION is very important. See instructions on back of certificate.

F 23947

F 23947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE MD St. 8-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth C. Hensler (Bessie) If U. S. Veteran specify WAR No Record

(a) Residence: No. 3403 Richmond Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of (or) WIFE of Howard Hensler

6. DATE OF BIRTH (month, day, year) April 29th 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 1037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Elkridge Howard Co Md.

FATHER

13. NAME Wm C. Pritchard

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Julia Schultz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Howard S. Hensler
(Address) 3403 Richmond Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 5/15/36 19

19. UNDERTAKER ~~Chas. E. Cook~~ Jno. Cook
(Address) 1219 Gould St

..... 19 ..... Registrar

MAY 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 1936

22. I HEREBY CERTIFY, That I attended deceased from April 18 1936 to May 12 1936

I last saw h er alive on May 12 1936 Death is said to have occurred on the date stated above, at 4P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Diabetes mellitus	
2. Carbuncle of neck	
Other contributory causes of importance	

Was an operation performed? Yes Date of 4-21-36

For what disease or injury? Carbuncle of neck

Name of operation Incision & drainage

What test confirmed diagnosis? Clinical No autopsy

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, state how .....

(Signed) H. M. Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

OCCUPATION is very important. See instructions on back of certificate.

F 23948 — 200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23948

93-c

CERTIFICATE OF DEATH.

REGISTERED NO. 264

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1028 Brantley Ave St., 16-1 Ward)

2-FULL NAME Georgina Brown Gassaway

(a) RESIDENCE NO. 1028 Brantley Ave St., _____ Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem'l

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (Write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wilbur Gassaway

6 DATE OF BIRTH (month, day, and year): Sept. 30, 1891

7 AGE — Years: 44 — Months: 7 — Days: 11 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): At Home 0037

(c) Name of employer

9 BIRTHPLACE (city or town): Cumberland

(State or country): Md

PARENTS

10 NAME OF FATHER: George Brown

11 BIRTHPLACE OF FATHER (city or town): Cumberland

(State or country): Md

12 MAIDEN NAME OF MOTHER: Madora Shug

13 BIRTHPLACE OF MOTHER (city or town): Cumberland

(State or country): Md

14 Informant: Madora Brown

(Address) 1628 Brantley Ave

MAY 13 1936 ..... 19 ..... Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 11 1936

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1936, to May 11, 1936, that I last saw her alive on May 10, 1936, and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis and Hypertension

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): paralysis

(duration) yrs. 7 mos. ds.

18 Where was disease contracted? —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical Examination

(Signed) H. H. Walter, M. D.

May 11, 1936 (Address) 515 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bennings M.D.

Date of Burial: May 14 1936

20 UNDERTAKER: Elroy O Wilson

ADDRESS: 1000 Brantley

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H. 1755-A

F 23949

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23949

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2505 Hermosa Ave St. 27 Ward 3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert P Carroll

(a) Residence: No. 2505 Hermosa Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary C Carroll

6. DATE OF BIRTH (month, day, year) Feb 25 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Metallurgist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6086

10. Date deceased last worked at this occupation (month, year) May 1934

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Charles Carroll

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elizabeth Campbell

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mary C Carroll

(Address) 2505 Hermosa Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date May 14 1936

19. UNDERTAKER Charles P Tatwell

(Address) 1131 N Eutaw St

20. [illegible] Baltimore, Md

MAY 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 20 1936 to May 11 1936

I last saw him alive on May 10 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion	
Toxaemia	

Other contributory causes of importance:

Carcinoma of liver

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) 478 Stratford Road

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23950

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23950

CERTIFICATE OF DEATH

45-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2719 Park Wood Ave St. 13-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E Lingan

(a) Residence: No. 2719 Park wood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, year) Feb 6th 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter 0015

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Belair Md

FATHER

13. NAME John Lingan

14. BIRTHPLACE (city or town) (State or country) Belair Md

MOTHER

15. MAIDEN NAME Mary Wann

16. BIRTHPLACE (city or town) (State or country) Belleair Md

17. INFORMANT M Estelle Lingan

(Address) 2719 Parkwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 5/17/1936

19. UNDERTAKER Charles P Powell

(Address) 1131 Eutaw St

20. FILED Huntington Williams, Registrar. MAY 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11th 1936

22. I HEREBY CERTIFY, That I attended deceased from April 20th 1936 to May 11th 1936

I last saw him alive on May 7th 1936 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Roof of Mouth (Hard Palate)	April 1st 1936

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elbert C. Reitzel M. D.

(Address) 2245 Reisterstown Rd. Balto. Md.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23951

F 23951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49-a

1. PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. ..... St., 19-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 30 yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Mary Wilkes

If U. S. Veteran give WAR .....

(a) Residence: No. 77 Calhoun 7 N. Calhoun St.
(Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harris

6. DATE OF BIRTH (month, day, year) 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. House Wok

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Wash Rd Date 5/13/36

19. UNDERTAKER Jos. Lauri Inc.
(Address) 1439 E. Pratt St.

[illegible] 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1936, to May 12, 1936

I last saw her alive on May 12, 1936 Death is said to have occurred on the date stated above, at 8½ P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Generalized Arteriosclerosis	
	2 years

Other contributory causes of importance:

Arteriosclerosis
Cardio-Vascular Renal Disease

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) D. C. MacLaughlin, M. D.

(Address) Bon Secours Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 13 1936

F 23952

F 23952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St., 27-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME J. Adam Lehneis

(a) Residence: No. 4109 Woodlea Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alvina M. Lehneis

6. DATE OF BIRTH (month, day, year) Feb. 6, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0013

10. Date deceased last worked at this occupation (month and year) Jan. 1930

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Streitberg Germany

FATHER

13. NAME John Adam Lehneis

14. BIRTHPLACE (city or town) (State or country) Streitberg Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Streitberg Germany

17. INFORMANT Mrs. Alvina M. Lehneis
(Address) 4109 Woodlea Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date May 15, 1936

19. UNDERTAKER Frederick Smallwood
(Address) 7401 Belair Road

20. FILED MAY 13 1936 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12th, 1936

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 8 9 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lary initis.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) C. Hann, M. D.
Coroner

(Address) 1215 Hanover

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23953 F 23953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Pkwy, St., 18-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. John Horseman

If U. S. Veteran specify WAR .....

(a) Residence: No. 862 W. Lombard St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Horseman

6. DATE OF BIRTH (month, day, year) Nov. 27, 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
27	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Caretaker 0056

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Leland Creek Md

FATHER

13. NAME Thomas Horseman

14. BIRTHPLACE (city or town) (State or country) Calvert Co

MOTHER

15. MAIDEN NAME Mathi Pitcher

16. BIRTHPLACE (city or town) (State or country) Calvert Co.

17. INFORMANT Thomas Horseman

(Address) Leland Creek

18. BURIAL, CREMATION, OR REMOVAL

Place Calvert Co Date 5-16 36

19. UNDERTAKER C. A. Harkness & Son

(Address) Mutual Ave Huntingtown Williams, Md

19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-21, 1936, to 5-13, 1936

I last saw him alive on 5-13, 1936. Death is said to have occurred on the date stated above, at 3.00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia left & right upper and left lower lobes	
Pericarditis & empyemia bilateral	
Other contributory causes of importance:	
Pneumococcus septicemia	

Was an operation performed? yes Date of 5-8-36

For what disease or injury? Pericarditis

Name of operation Pericardotomy Date of 5-8-36

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no injury

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E. J. Leonhardt Jr. M. D.

(Address) University Hospital

MAY 13 1936

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23954

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23954

CERTIFICATE OF DEATH

157-D

1. PLACE OF DEATH Sinai Hospital 8-3

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ruth E. Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 180 E North Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	S

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of .....

6. DATE OF BIRTH (month, day, year) Feb Jan. 12-1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

13. NAME Walter H. Smith

14. BIRTHPLACE (city or town) (State or country) Urbana Va

FATHER

15. NAME Agnes Kennedy

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Walter H. Smith

(Address) 180 E North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date May 14 1936

19. UNDERTAKER Leonard J. Lynch

(Address) 5305 Harford Rd.

20. FILED [illegible]

MAY 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-12 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-5 1936 to 5-12 1936

I last saw h.. alive on 5-12 1936. Death is said to have occurred on the date stated above, at 7.20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Congenital hydronephrosis (R)	2-12-36
2 Evisceration	5-12-36

Other contributory causes of importance:

Was an operation performed? Yes Date of 5-5-36

For what disease or injury? Cong hydronephrosis

Name of operation Nephrectomy Date of 5-5-36

What test confirmed diagnosis? Oper Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. J. Mirkin M. D.

(Address) Sinai Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. State statement of OCCUPATION is very important. See instructions on back of certificate.

F 23955

F 23955

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 59

CITY OF BALTIMORE: (No.) Maryland General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Ullman

(a) Residence: No. 1627 W. North St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Isabelle Ullman

6. DATE OF BIRTH (month, day, year) Oct. 19, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant business

10. Date deceased last worked at this occupation (month and year) 2 years.

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Ullman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Henrietta Rosenstock

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry Ullman

(Address) 3512 Oakmont

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Cem. Date May 13 1936

19. UNDERTAKER Claud Sondheim & Son

(Address) 1902 Eutaw Place

20. FILED Huntington Williamson, M.D. Registrar

MAY 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-10 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-19 1936 to 5-10 1936

I last saw him alive on 5-10-36 19 ... Death is said to have occurred on the date stated above, at 11:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	4 Mo
Other contributory causes of importance: Diabetic Gangrene right leg	1 Mo

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Lloyd T. Barnaby M.D.

(Address) Maryland General Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

F 23956

23956 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5/14

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hosp. St., ... Ward) 5-1

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR World

2. FULL NAME Landis Upsher

(a) Residence: No. 508 N. Central Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Upsher

6. DATE OF BIRTH (month, day, year) 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer all kinds

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4049

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Raud Upsher

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Florence Thomas

(Address) 6672 W. Underwood

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk. National Date 5/14 1936

19. UNDERTAKER Joseph E. Lock Jr.

(Address) 2302 St Paul St.

1942 1936 Huntington Williams Md

MAY 13 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) May 12, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Inquest, Autopsy or Inquiry) and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcic Meningitis	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker M. D.
Coroner

(Address) 1919 E. Northern Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23957

F 23957
312737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 10-2 Ward)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME Willie Wylie

(a) Residence: No. 1201 St James St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Wylie

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Thomas

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place National Ben. Date May 3 1936

19. UNDERTAKER Mrs Robert A. Elliott Daughter
(Address) 1129 N. Huntington Williams, MD

..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 1936

22. I HEREBY CERTIFY, That I attended deceased from April 23 1936 to May 9 1936

I last saw him alive on May 9 1936. Death is said to have occurred on the date stated above, at 1 20 A m.

The principal cause of death and related causes of importance were as follows:

Acute myeloid Leukemia — Date of onset March 1936

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood Exam Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph F. Sadusk, Jr. M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Y 131936

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23958

F 23958

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5210 Norwood Avenue St. 27-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 7 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Helen Brooks

(a) Residence: No. 1446 Smith Ave, Mt Washington Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Thomas Brooks

6. DATE OF BIRTH (month, day, year) September 21st 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) May 1936

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Dill

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Oswinkle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. J. T. Brooks

(Address) 1446 Smith Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date May 15th 1936

19. UNDERTAKER J. T. Fickus & Sons

(Address)

MAY 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 9 1936 to May 12 1936

I last saw her alive on May 12 1936 at 3 P.M. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Myocarditis	3 days
Cardiac Decompensation	3 days
Chronic Nephritis	2 yrs

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M. D.

(Address)

1934

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

V-3

F 23959

312814

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23959

CERTIFICATE OF DEATH

34-E-137

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Tinsley

If U. S. Veteran specify WAR .....

(a) Residence: No. 207 N. Arlington St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	Black	unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ? unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 85 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? unknown

FATHER

13. NAME ? unknown

14. BIRTHPLACE (city or town) (State or country) ? "

MOTHER

15. MAIDEN NAME ? unknown

16. BIRTHPLACE (city or town) (State or country) ? unknown

17. INFORMANT Records. (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 5/16 1936

19. UNDERTAKER Thomas E. Nelson (Address) 1202 Eutaw St

MAY 13 1936 . 19 Washington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 1936

22. I HEREBY CERTIFY, That I attended deceased from April 25th 1936, to May 11th 1936

I last saw him alive on May 11th 1936. Death is said to have occurred on the date stated above, at 8 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Urinary retention acute - Prostatectomy	Apr 17
Urinary Tract infection - Colon grange	April ?
Senility - Arteriosclerosis - Benign Prostatic Hypertrophy	several years

Other contributory causes of importance:

C.N.S. Lues ? Diabetes Mellitus

Hypertrophic arthritis

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury. ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton C. Cooley M. D.

(Address) Johns Hopkins Hospital Baltimore, Md

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23960 ✓ F 23960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 635P 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Peters

If U. S. Veteran specify WAR .....

(a) Residence: No. 703 Cumberland St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-12-1917

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
19	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Willie

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sophie ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion C. C. Date 5/15 36 19

19. UNDERTAKER Thomas E. Nelson
(Address) 1313 Bank St.

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/12 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/27 1936 to 5/12 1936

I last saw him alive on 5/12 1936 Death is said to have occurred on the date stated above, at 4:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous pericarditis	2 mo.
Ascites	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Baltimore City Hosp

MAY 13 1936

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 23961 HEALTH DEPARTMENT—CITY OF BALTIMORE F 23961

CERTIFICATE OF DEATH

82-W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 Winchester St. 16-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Connie Long

(a) Residence: No. 1401 Winchester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
fem.	col	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Long

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. no trade or profession 003

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henry Gross

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Husband, John Long
(Address) 1401 Winchester st.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 5/15 . 1936

19. UNDERTAKER Thomas E. Pelegrin
(Address) 120 S. Carrollton Ave
Huntington Williams, N.D.

FILED MAY 13 1936 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1 . 1936 to May 12 . 1936
I last saw her alive on May 11 . 1936. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	May 1

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Phys. sign and symptom Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. F. Shemwell M. D.

(Address) 3510 Toone Parkway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 23962

184

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital) 16-3 (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edith Bradley

If U. S. Veteran specify WAR .....

(a) Residence: No. 1159 n Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 18-1918

7. AGE — Years 18 | Months 3 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Elmer Bradley

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Julia Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Julia Johnson

(Address) 1159 Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 5/7 1936

19. UNDERTAKER Thos F Kelly

(Address) 1202 Pennsylvania Ave

20. FILED MAY 13 1936 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest autopsy thereon and from the evidence obtained by said inquest autopsy (Inquest, Autopsy or Both) and that said deceased came to h[illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot Perforating Wound of Abdomen (Accidental)	May 6 1936

Other contributory causes of importance:

Was an operation performed? Yes Date Exploratory

For what disease or injury?

Name of operation Abdominal Date May 6-36

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury May 6, 1936

Where did injury occur? 1159 Mount St Baltimore Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Gun was shot while shutting gun

Nature of injury Wound in abdomen

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D. Coroner

(Address) 507 Forsyth St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 23963

F 23963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1449 Ward St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Johnson

6. DATE OF BIRTH (month, day, year) June 23, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	11 10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME R. Johnson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Robinson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mary Johnson
(Address) 1449 Ward St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date May 14th 1936

19. UNDERTAKER Joseph A. Lively
(Address) 809 N. Mount St.

Registrar.

20. FILED MAY 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) T. H. Wilson M. D.
Coroner

(Address) 737 N. Wolfe

Information should be carefully supplied. Any omission or inaccuracy may be punished by law. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23964

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23964

CERTIFICATE OF DEATH

57

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 W. Saratoga St., H-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Anderson Bruce

If U. S. Veteran specify WAR .....

(a) Residence: No. 24 W. Saratoga St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 2, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired housewife (037)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

13. NAME Gen. Joseph R. Anderson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sally Archer

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Sally A. Kinsolving

(Address) 24 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL Hollywood Cemetery

Place Richmond, Va. Date May 13, 1936

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

(Signed) [illegible]

MAY 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1935 to May 13, 1936

I last saw her alive on May 12, 1936 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia — Date of onset May 9

Other contributory causes of importance: arteriosclerosis — Date of onset 10 yrs

Was an operation performed? No. Date of —

For what disease or injury? No.

Name of operation No. Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury ..... 19 ....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) R. E. Kinsolving, M. D.

(Address) 24 W. Saratoga St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23965 ✓ F 23965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 S Lehigh St., 26-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Patrick Branagan

(a) Residence: No. 308 S Lehigh St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Branagan

6. DATE OF BIRTH (month, day, year) Feb 3-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65.	3	8.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Copper Works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Ellen Branagan (Wife)
(Address) 308 S Lehigh St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May 14 19 36

19. UNDERTAKER Lilly E Zeiler Sr
(Address) 402 So Wolfe St.

LICENSED EMBALMER

MAY 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 36

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1936 to May 12, 1936

I last saw h. alive on May 12, 19 36 Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Adam Tod M. D.

(Address) 1616 Eastern Ave

Information asked for on this certificate is necessary for the registration of vital statistics. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23966

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23966

CERTIFICATE OF DEATH

130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balto Gen 2452 St., [illegible] Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Marian E. W Ruttle

(a) Residence: No. 1231 Sargent St. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced W Ruttle

6. DATE OF BIRTH (month, day, year) Dec 31 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33	4	12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joshua T. Whittle

14. BIRTHPLACE (city or town) (State or country) Balto County

MOTHER

15. MAIDEN NAME Elizabeth Shaul

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Mc Closkey

(Address) 1041 Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Cem Baltimore, Md Date 5/15/ 1936

19. UNDERTAKER Mr & Mrs John W. Tuckel & Son

(Address) 1211 Fayette St.

20. FILED [illegible] 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/12 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/10 1936 to 5/12 1936

I last saw h[illegible] alive on 5/12 1936 Death is said to have occurred on the date stated above, at 8 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia Nephritis	
Acute Cardiac failure	

Other contributory causes of importance:

Generalized edema

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? No

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. Alonso M. D.

(Address) So Balto Gen Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 23967

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23967

X 50

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for Women St. Md. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Leizear

(a) Residence: No. Laurel, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married.

5a. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of Samuel G. Leizear

6. DATE OF BIRTH (month, day, year) Dec 15 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: own home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parker Co or Ind.

FATHER

13. NAME John Scott
14. BIRTHPLACE (city or town) (State or country) Par. Dec. Co Ind.

MOTHER

15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Samuel Leizear
(Address) Laurel Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Md. Date May 14, 1936

19. UNDERTAKER The W G White Co.
(Address) Laurel Md.

20. FILED [illegible]

MAY 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 36

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1936 to May 11, 1936
I last saw her alive on May 11, 1936 Death is said to have occurred on the date stated above, at 10 25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	May 9, 1936
Carcinoma rt. Breast	?

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Paul Kemkaan, M. D.
(Address) Hosp. for Women of Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs. 3

F 23968 ✓ F 23968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals U13980 Registered No.
CITY OF BALTIMORE: (No. Tuberculosis Division St. 22-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 53 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME David Price If U. S. Veteran specify WAR

(a) Residence: No. 638 Washington Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 25, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 0031

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME David Price

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Hine

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cyth Edsal Date 5-13 1936

19. UNDERTAKER Bernard C. Hunter
(Address) 12 E. Preston St
Lexington Baltimore, Md.

20. FILED MAY 13 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1936 to May 11, 1936
I last saw him alive on May 11, 1936 Death is said to have occurred on the date stated above, at 9 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis, probably due to pulmonary tuberculosis	1934

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Kaufman, M. D.
(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. No. F 23969

F 23969.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 Lewis St., 5-1 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Laura Hill

(a) Residence: No. 503 Lewis St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) abut 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Mrs Smith
(Address) 1203 Bangtel.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date May 13 19 34

19. UNDERTAKER Wendell & Lippy
(Address) 1405 Stricker St

20. FILED ... 19 ...

MAY 1 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 - 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by inquest find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset May 2 1936

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) George L. Allen M. D.
(Address) 50 Augusta St (Coroner)

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23970

M.D.R. 1268-9

✓ F 23970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Mercy Hospital

Registered No. .....

CITY OF BALTIMORE: (No. ~~905 Stiles~~ St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 25 yrs. ... mos. ... ds.

2. FULL NAME Dominic De Felice

If U. S. Veteran specify WAR .....

(a) Residence: No. 905 Stiles St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carmela De Felice

6. DATE OF BIRTH (month, day, year) Feb. 12 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Transfer Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Teramo Italy

FATHER

13. NAME Marcantonio De Felice

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Albert De Felice

(Address) 906 Stiles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Ce. May 14 1936

19. UNDERTAKER Frank Delia Rocca

(Address) 524 N. Monty St.

Huntington Williams

MAY 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/11 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Hypertension

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Wm. E. Wallace M. D. Coroner

(Address) 1031 St Paul St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 23971 HEALTH DEPARTMENT—CITY OF BALTIMORE F 23971

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3928 Duvale Ave (Ward) 15-9

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Creamer

(a) Residence: No. 3927 Duvale Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella J. Riley

6. DATE OF BIRTH (month, day, year): Oct. 6 1852

7. AGE: Years 83 | Months 7 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gilman High School.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Wm Creamer

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Kate Greer.

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Wm Creamer

(Address) 1822 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: 5/14/36

19. UNDERTAKER: Liston & Swasey

(Address) 221 E. Lafayette Ave

MAY 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 31, 1935 to May 12, 1936

I last saw him alive on May 12, 1936 Death is said to have occurred on the date stated above, at 4:30 Pm.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset: ?

Hypertensive C V R Disease — 5/11/36

Coronary Occlusion

Other contributory causes of importance:

Cystitis — ?

Name of operation: None Date of: No

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. O. Manley Edel M. D.

(Address) 3403 Garrison Blvd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

F 23972 HEALTH DEPARTMENT—CITY OF BALTIMORE F 23972

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 520 N. Mount ST. 19-1 WARD)

2. FULL NAME George Edward Spence

(a) RESIDENCE NO. 520 N. Mount ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. — mos. ds. How long in U. S., if of foreign birth? 14 yrs. — mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leah Spence

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
X	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Rigger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bethlehem Steel Co

9 BIRTHPLACE (city or town) (State or country) Jamaica B. W. I.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jamaica W. I.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Jamaica

14 Informant Leah Spence (Address) 520 N. Mount St

15 Filed MAY 13 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-12-'36

17 I HEREBY CERTIFY, That I attended deceased from 5-10-, 1936, to 5-12, 1936

that I last saw him alive on 5-12-, 1936

and that death occurred, on the date stated above, at 5:30 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary) Exposure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Sparrows Point

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. Mansell Lawrence M. D.

. 19 (Address) 1033 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL May 15 19 36

20 UNDERTAKER A. Dolphus Halsted ADDRESS 918 E. Fayette St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23973

✓ F 23973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 8-23 #13999

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR

2. FULL NAME Christine Rousby

(a) Residence: No. 865 W. Franklin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-29-1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Willie Rousby

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Katherine Gross

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cemetery Date 5/13 1936

19. UNDERTAKER Mrs Nettie P. Williams
(Address) 322 N. Schroeder St Mt. Clinton Williams, Inc

MAY 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/10 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/6 1936 to 5/10 1936

I last saw her alive on 5/10 1936 Death is said to have occurred on the date stated above, at 7 ~~30~~ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	6 mo.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 23974 Mar ✱ 13

F 23974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH Found floating in the water

CITY OF BALTIMORE: (No. between Piers 6 & 7 Locust Point.

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Unknown.

If U. S. Veteran specify WAR _____

(a) Residence: No. Do not know. St., _____ Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	40	----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Do not know.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Do not know.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S.D.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery Date May 13th, 1936

Dept. of Public Health,

19. UNDERTAKER _____

(Address)

20. Filed 1936 Huntington Williams, Registrar 5/12/36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found May 6, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	
Probably accidental.	

Other contributory causes of importanre:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation None Date of _____

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Morris Reinhardt, M. D. Coroner

(Address) 1017 S. Charles St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23975

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23975

CERTIFICATE OF DEATH

24-1 39-3

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., Ward)

Length of residence in city or town where death occurred 2 yrs. 5 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marvin Wojcik.

(a) Residence: No. 1402 Towson St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) December 2, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Wojcik.

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Stella Krupinski.

16. BIRTHPLACE (city or town) (State or country) Plymoth, Pa.

17. INFORMANT Stella Wojcik. (mother)

(Address) 1402 Towson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Date May 14 19 36

19. UNDERTAKER Chas. P. Stevens & Bro.

(Address) 1601 E. Fort Ave.

MAY 14 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Spinal Meningitis.	

(Coma)

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Otto Reinhardt, M. D.
Attending Physician

5/13/36 (Address) 1017 S. Charles St.

Use information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. 1268

F 23976 -

F 23976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals) (Street) (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Watson

If U. S. Veteran specify WAR .....

(a) Residence: No. 23 N. Eden St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Tasley State Virginia

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Martha White

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Georgiana Hall

(Address) 1826 Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Tasley Station Va Date 5-14-1936

19. UNDERTAKER Byron Mamie H. Wright

(Address) 1218 Mc Elderry St

FILED MAY 14 1936 Eugene Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1936

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. W. Wright, M. D.

Coroner

(Address) 1010 S. Edward St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. Bk 6-28 L.E.S. 149 Bks.

F 23977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1741 Ellsworth ST., 8-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Edward Stuges

(a) RESIDENCE: (No. 1741 Ellsworth St ST., 8 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Stuges

6 DATE OF BIRTH (month, day, and year) June 30 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66 67	67	11	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer) Cutting & Shaving

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER William Stuges

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sister Bishop

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Josephine Stuges
(Address) 1741 Ellsworth St

15 Filed MAY 11 1936 Funeral Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-11-36

17 I HEREBY CERTIFY, That I attended deceased from April 22 1936, to May 11 1936, that I last saw him alive on May 10 1936, and that death occurred, on the date stated above, at 9:24 a.m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of Brain + Gastric Ulcer

(duration) — yrs. — mos. 19 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination + X Rays

(Signed) Jos L Casper, M. D.

(Address) 1433 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem.

DATE OF BURIAL 5-14 1936

20 UNDERTAKER Byron Francis H. Wright

ADDRESS 1218 McCulloh St

IMPORTANT—Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

F 23978 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 23978

CERTIFICATE OF DEATH

Registered No. 703 + 22

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Genevieve M. Green,

(a) Residence: No. Grindon Ave. nr. Harford Road, Parkville (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, year) Dec. 8, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME C. Franklin Green,

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Rosalie M. Tagg,

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Mrs. Rosalie M. Green,
(Address) Brindon Ave. nr. Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date May 15, 1936

19. UNDERTAKER Frederick Lauchheimer & Son
(Address) 7401 Belair Road

19. FILED ... 1936 Huntington Williams, M.D. Registrar.

MAY 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13th, 1936

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tetanus	

Other contributory causes of importance:

Name of operation None Date of No

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury April 29, 1936

Where did injury occur? Parkville, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home.

Manner of injury Fell on some rusty metal

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schenker M. D. Coroner

(Address) 1918 E. North Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23879

.31 2679

F 23979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96

1. PLACE OF DEATH Johns Hopkins Hospital

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 9-2 Ward) 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gustave F. Amborn (Amborn) If U. S. Veteran specify WAR No

(a) Residence: No. 716 E. 33rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Edith Long

6. DATE OF BIRTH (month, day, year) 7-7-74

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prussia - Germany

FATHER

13. NAME Gustave Amborn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Friends

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 14 1936

19. UNDERTAKER John J. Oddie & Sons

(Address) 1900 Eutaw Place

Huntington Williams, M.D.

Registrar.

MAY 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 21, 1936 to May 12, 1936

I last saw him alive on May 12, 1936. Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm of abd. aorta	8 mos.
Arteriosclerosis.	
Other contributory causes of importance:	
Cerebral hemorrhage	½ hr

Was an operation performed? Yes. Date of .....

For what disease or injury? Exploratory Laparotomy

Name of operation Exploratory Laparotomy Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Wesley J. Kelly M. D.

(Address) Johns Hopkins Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23980

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23980

93-c

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 408 S. Bethel St., 3-1 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 30 yrs. ... mos. ... ds.

2. FULL NAME Joseph Gruden
If U. S. Veteran specify WAR .....

(a) Residence: No. 408 S. Bethel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary 1877

6. DATE OF BIRTH (month, day, year) March 19, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59 ~~59~~	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Strawberry Tea picker Co.
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Austria Poland

FATHER
13. NAME Jacob Gruden
14. BIRTHPLACE (city or town) (State or country) Austria Poland

MOTHER
15. MAIDEN NAME Mary Kurek
16. BIRTHPLACE (city or town) (State or country) Austria Poland

17. INFORMANT John Gruden, Son
(Address) 408 S. Bethel St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Cem. Date May 16 1936

19. UNDERTAKER Wm S. Fialkowski
(Address) 2007 Eastern Ave

20. FILED MAY 14 1936 H. E. Foltz, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest final that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Probably Coronary embolism

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) W. O. Wright, M. D.
(Address) 1010 S. Edmondson Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 6

F 23981

F 23981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Camp Holabird St. 16-6 Ward)

Registered No. 16-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Leslie McLean Wilson

(a) Residence: No. Easton Pa St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen Reeder Wilson

6. DATE OF BIRTH (month, day, year): Jan 7. 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Penna

FATHER

13. NAME: William Rowan Wilson

14. BIRTHPLACE (city or town) (State or country): Scotland.

MOTHER

15. MAIDEN NAME: Martha McKeen Wilson

16. BIRTHPLACE (city or town) (State or country): Easton Pa.

17. INFORMANT: Mrs Helen Reeder Wilson

(Address): Easton Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place: Trenton N. J. Date: May 15 1936

19. UNDERTAKER: Sol Levinson & Bros

(Address): 1127 E Balto St.

..., 19... Huntington Williams, Registrar.

MAY 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 13 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1936 to May 13 1936

I last saw him alive on May 13 1936 Death is said to have occurred on the date stated above, at 2:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	
	about March 25/36

Other contributory causes of importance:

General Anasarca

Was an operation performed? Exploratory Date of March 1936

For what disease or injury? Carcinoma of pancreas

Name of operation Exploratory Biopsy Date of 3/25/36

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ...

M.D. (Signed) Herbert C. Maloney Maj. M.C.

(Address) Hospital 2-25 Dept Post Balto. Md.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23982

F 23982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 16-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Purnell

If U. S. Veteran specify WAR .....

(a) Residence: No. 1135 N. Carey St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-3-1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Levin

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Josephine Thompson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 5/15/ 1936

19. UNDERTAKER Frances A. Stenaley

(Address) 578 W. Biddle St.

Huntington Williams, M.D.

Registrar

MAY 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/12/1936

22. I HEREBY CERTIFY, That I attended deceased from 2/6/1936 to 5/12/1936

I last saw him alive on 5/12/1936 Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1 day
Hypertensive Cardiovascular disease	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23983

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23983

CERTIFICATE OF DEATH

V 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1333 N. Mount St., 15-h Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Glenton

(a) Residence: No. 1333 N. Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe

4. Color or Race Col.

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Goodman Glenton

6. DATE OF BIRTH (month, day, year) 1846

7. AGE: Years 40 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) Long ago to

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Patrick Garner

(Address) 1333 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cemetery Date 5/15, 19 36

19. UNDERTAKER Thomas F. Kelly

(Address) 223 Fremont Ave

MAY 14 1936, 19

Clayton Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1936 to May 12, 1936

I last saw her alive on May 12, 1936 Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage	May 10

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

Signed H. Garland Lehmuth, M. D.

(Address) 1554 Linden Ave

INSTRUCTIONS: This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23984

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23984

CERTIFICATE OF DEATH

√23

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 N. Mount St., 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Russel F. Adams

(a) Residence: No. 1821 N. Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-19-1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter (Tailor) ok?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME George Adams

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Edith Flemmings

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT George Adams. (Address) 1821 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 5/15 . 19 36

19. UNDERTAKER Thomas E. Hudson (Address) 1525 Pennsylvania Ave

FILED MAY 14 1936 . 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13- . 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-2- . 1936 to 5-13- . 1936

I last saw h— alive on 5-13- . 1936 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5-2-36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

Signature George C. Page M.D.

(Address) 1816 N. Mount St

F 23985 F 23985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 Bennett Place St., 8-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Goldie Henry

(a) Residence: No. 1010 Bennett Place St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 19, 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Alex Hooper

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha Tinsley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Martha Henry

(Address) 1010 Bennett Pl

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date May 15-36, 19

19. UNDERTAKER Thos. E. Kelso

(Address) 1304 Pennsylvania Ave.

MAY 14 1936, 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from October, 1935 to May 12, 1936

I last saw h. alive on May 12, 1936 Death is said to have occurred on the date stated above, at 5.03 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
operation for Pelvic abscess & appendicitis followed by fecal fistula.	10-34
Other contributory causes of importance: Myocarditis & general Septicaemia	5-36

Was an operation performed? Yes Date of Oct. 1934

For what disease or injury? Pelvic abscess.

Name of operation Laparotomy Date of 10-34

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. N. Pilcher M. D.

(Address) 1536 W. Lanvale St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 23986

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23986

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Hebrew Home for Aged 2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Leah Cohn

(a) Residence: No. Belvedere & Greenspring Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hyman Cohn

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Moses P

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Nettie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig Enthall Sept. (Address) Belvedere & Greenspring Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Balto. Hebrew Date 5-14-1936

19. UNDERTAKER Jack Lewis Inc (Address) 1739 E. Baltimore St Huntington Woods, Md.

19. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-1-, 1935 to 5-14, 1936

I last saw her alive on 5-13, 1936 Death is said to have occurred on the date stated above, at 12.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. cardio vascular disease	
Mitral Stenosis	
Other contributory causes of importance:	
Chr. Bronchitis	
Emphysema	

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Levin, M. D.

(Address) Levindale

MAY 14 1936

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

11600

F 23987

F 23987 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 342-93D

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 8-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Jones
(a) Residence: No. 1930 E. Biddle St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 5-4-1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55		9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER
13. NAME Patrick Hurt
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER
15. MAIDEN NAME Ellen Roulet
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date May 16 1936

19. UNDERTAKER Mrs. Robert A. Elliott daughter
(Address) 1129 Gardiner St.

20. FILED MAY 14 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/8, 1936 to 5/13, 1936
I last saw her alive on 5/13, 1936 Death is said to have occurred on the date stated above, at 5 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	?
Myocardial insufficiency	2 yr.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.
(Address) Balto City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. F 23988

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR W. W.

2. FULL NAME Joseph Coan

(a) Residence: No. 2223 Orleans St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 18, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Const

10. Date deceased last worked at this occupation (month and year) 4 yrs.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Coan

14. BIRTHPLACE (city or town) (State or country) Ross Common Ireland

MOTHER

15. MAIDEN NAME Maria Hoban

16. BIRTHPLACE (city or town) (State or country) Ross Common Ireland

17. INFORMANT (Address) Records, U.S. Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Now Bath May 16-36, 19

19. UNDERTAKER Jos. J. Storr & Son (Address) 3a Centennial Ave

20. FILED MAY 14 1936 [illegible] Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1936 to May 13, 1936

I last saw h... im alive on May 13, 1936. Death is said to have occurred on the date stated above, at 5:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobular	5-10-36
Abscess of left lung	Jan. 36

Other contributory causes of importance:

Was an operation performed? yes Date of May 6, 1936

For what disease or injury? Abscess of lung

Name of operation Resection of rib & Drainage lung abscess Date of 5-6-36

What test confirmed diagnosis? clin. find. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) T. M. H. an dusen M. D.

(Address) U.S. Marine Hospital

INSTRUCTIONS: Items must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

F 23989

F 23989 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3220 Auchentoroly Terrace Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Matilda J. Huntington

(a) Residence: No. 3220 Auchentoroly Terrace Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H Huntington

6. DATE OF BIRTH (month, day, year) Sept 10 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Crisfield Md.

FATHER

13. NAME Isaac Lawson

14. BIRTHPLACE (city or town) (State or country) Somerset Co Md

MOTHER

15. MAIDEN NAME Nancy Parkinson

16. BIRTHPLACE (city or town) (State or country) Somerset Co Md

17. INFORMANT Edgar Russell

(Address) Crisfield Md

18. BURIAL, CREMATION, OR REMOVAL

Place Crisfield Md Date May 16 1936

19. UNDERTAKER The Cook & Carlett

(Address) 1217 E Main St

Ft Eugene Williams MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13. 1936

22. I HEREBY CERTIFY, That I attended deceased from 1925 to May 13 1936

I last saw h[illegible] alive on May 4 1936 Death is said to have occurred on the date stated above, at 9 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease	about 10 yrs ago

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Geo. Heller M. D.

(Address) 1937 Gough St

MAY 14 1936

F 23990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5511 Wayne Ave. St. 28-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles A. Orem,

If U. S. Veteran specify WAR .....

(a) Residence: No. 5511 Wayne Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Beulah C. Orem,

6. DATE OF BIRTH (month, day, year) January 30, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ins. Co

10. Date deceased last worked at this occupation (month, day, year) October 14, 1933

11. Total time (years) spent in this occupation 22 Yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles A. Orem,

14. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

MOTHER

15. MAIDEN NAME Isabelle Henley,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Beulah C. Orem

(Address) 5511 Wayne Ave

18. BURIAL, CREMATION, OR REMOVAL MAY 15 1936

Place Woodlawn Date 19

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

Huntington Williams, Registrar

MAY 11

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1932 to May 12 1936

I last saw him alive on May 11 1936. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Oct 14 1933
Uremia	
Acute Nephritis	1936
Other contributory causes of importance: Mitral Stenosis	1930

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) G. C. Lamond M. D.

(Address) 4509 Gatewood Rd

Y 14 1936

F 23991

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23991

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3005 Presbury St. 16-7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence L. Billmyer,

If U. S. Veteran specify WAR .....

(a) Residence: No. 3005 Presbury St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Bain Billmyer.

6. DATE OF BIRTH (month, day, year) December 14. 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	4	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Estimater

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill Work

10. Date deceased last worked at this occupation (month and year) April 1936

11. Total time (years) spent in this occupation 16 Yrs

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Jesse F. Billmyer,

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME Sarah Elizabeth Lambert

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Mrs Edith Bain Billmyer
(Address) 3005 Presbury St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date MAY 16 1936

19. UNDERTAKER Leo N. Sittle
(Address) 2700 Edmondson Ave.

20. FILED MAY 14 1936 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1936 to May 13, 1936

I last saw him alive on May 13, 1936 Death is said to have occurred on the date stated above at 11.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tabr. inter. neoplastic	1929
Myocardial insuff.	1935
Arteriosclerosis	
Acute dilatat heart	5/13/36

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Homer A. Wood M. D.

(Address) 735 N. Fulton Ave.

C. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23992

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Gwynn's Falls — Registered No. 183

CITY OF BALTIMORE: (No. ? St., 2503 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME unknown = Beatrice Thomas (by Medical Examiner) — If U. S. Veteran specify WAR

(a) Residence: No. unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	unknown

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT City Police Dept.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale, Md. Date May 14, 19 36

19. UNDERTAKER City Morgue
(Address) Gwynns Falls, Md.

20. Filed MAY 14 1936 19 36 Registrar

2523

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) [illegible], 19 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to ? death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned.	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Dragging Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ? Date of injury ? 19 36

Where did injury occur? Gwynns Falls
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury ?

Nature of injury Drowned.

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 14 1936

THE MORGUE

23993

✓ F 23993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3216 Brightwood Ave Ward) 28-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 6 mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clara Whitaker

If U. S. Veteran specify WAR .....

(a) Residence: No. 3216 Brightwood Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Oct. 31, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	6	12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry M. Whitaker

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary C. Miller

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Miss Mary E. Whitaker

(Address) 3216 Brightwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 14 1936

19. UNDERTAKER Wm. J. Tyler Sons

(Address) Spith & Reaves.

(Filed) Huntington Williams, M.D.

PCT 10

MAY 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12. 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18. 1935 to May 12 1936

I last saw her alive on May 12 1936. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	1924
Angina pectoris	1935
Coronary thrombosis	5/12/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Homer L. Todd M. D.

(Address) 735 N. Fulton Ave.

N. B.—WARNING: The information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23994

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23994

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL 6-2

CITY OF BALTIMORE: (No. BALTIMORE, MD St. 6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Dausch

(a) Residence: No. 36 N Lakewood ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Clara Dausch

6. DATE OF BIRTH (month, day, year) Dec 12-1875

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	60	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Retail Store

10. Date deceased last worked at this occupation (month and year) 5/7/36

11. Total time (years) spent in this occupation 11 yrs

12. BIRTHPLACE (city or town) (State or country) Ger

FATHER

13. NAME Dr Pierre G. Dausch

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Barbara Eisele

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT (Address) James Dausch 36 N. Lakewood ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date May 15, 1936

19. UNDERTAKER (Address) John A. Moran 3000 E. Belt St.

MAY 14 1936

(Signature) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1936 to May 12, 1936

I last saw him alive on May 12, 1936 Death is said to have occurred on the date stated above, at 4.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5/7/36
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state how

(Signed) F. M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

IMPORTANT: This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 23995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH John H. Hospital — Registered No. 108

CITY OF BALTIMORE: (No. ~~831 Aisquith~~ St. 10-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth 24 yrs. mos. ds.

2. FULL NAME Louis Mangione — If U. S. Veteran specify WAR World War

(a) Residence: No. 831 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Maria Mangione

6. DATE OF BIRTH (month, day, year) January 28 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) May 8 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Enna Italy

FATHER

13. NAME Nicola Mangione

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Carmela Marasa

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) Maria Mangione 831 Aisquith St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem. May 16-36

19. UNDERTAKER Frank Keller Mort (Address) 52 N Morley St.

MAY 14 1936 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance: Circulatory Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber M. D. Coroner

(Address) 1919 E. North Ave.

F 23995

M. D. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23996 F 23996

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sydenham Hospital 8 Registered No.

CITY OF BALTIMORE: (No. ..... St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 1 mos. 3 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Donald Francis McCue If U. S. Veteran specify WAR .....

(a) Residence: No. 1227 Holbrook St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 11, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
3	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John McCue

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Marie Bregel

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Parents
(Address) 1227 Holbrook St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loth Lawn Date May 14 1936

19. UNDERTAKER Robert Brack
(Address) Baltimore Md.

Huntington Williams, M.D.

20. FILED MAY 14 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1936 to May 14, 1936

I last saw him alive on May 14, 1936. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet fever	5-8-36
Cervical adenitis	5-9-36
Acute nephritis	5-10-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. C. Lipes Jr. M. D.

(Address) Sydenham Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 23997

F 23997

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Kirkleigh Villa 4301 Roland Ave St., 27 Ward 4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Winchester Woodward

(a) Residence: No. Kirkleigh Villa 4301 Roland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Reginald Woodward

6. DATE OF BIRTH (month, day, year) Mar. 7 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Orleans La.

FATHER

13. NAME Benj. Winchester

14. BIRTHPLACE (city or town) (State or country) Westminster Md

MOTHER

15. MAIDEN NAME Carmelite Constant

16. BIRTHPLACE (city or town) (State or country) La

17. INFORMANT Miss E. Harwood

(Address) 2 Merryman Court

18. BURIAL, CREMATION, OR REMOVAL Millenville Md

Place Woodlawn Memorial Date May 15, 1936

19. UNDERTAKER Regan & Perkins Inc

(Address) McCulloh & Eutaw Sts.

20. FILED MAY 14 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13th, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1936, to May 13th, 1936.

I last saw her alive on May 12th, 1936. Death is said to have occurred on the date stated above, at 3:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	1935
Coronary Occlusion	May 10th '36
Other contributory causes of importance:	
Arterio-Sclerosis	6 yrs

Name of operation None Date of

What test confirmed diagnosis? Clinical symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. C. Leland, M. D.

(Address) 1300 N. Calvert St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 14 1936

F 23998 ✓ F 23998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 Maude Ave St. 25-4 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Michael J. Kennedy

If U. S. Veteran specify WAR _____

(a) Residence: No. 501 Maude Ave St., _____ Ward. _____
(Usual place of abode) Brooklyn (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stella L. Giles

6. DATE OF BIRTH (month, day, year) Dec. 19, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
57 yrs.	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brass Polisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coast Guard

10. Date deceased last worked at this occupation (month and year) Oct. 1933

11. Total time (years) spent in this occupation 14 yr.

12. BIRTHPLACE (city or town) (State or country) W. Va

FATHER

13. NAME John Kennedy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Alice Burke

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Stella L. Kennedy
(Address) 501 Maude Ave Brooklyn

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date May 16, 1936

19. UNDERTAKER Elizabeth Hart Inc.
(Address) 115 E. West St. Huntington W. Va.

20. FILED May 16 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/18/35, 19__, to 5/13/36, 19__

I last saw him alive on 5/1/36, 19__. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary heart failure	1934

Other contributory causes of importance: Hypertension — Chronic nephritis

Was an operation performed? no Date of —

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Atypical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Lawrence M. Lenn M. D.

(Address) 104 W. Madison St.

M. D. B. 1268-9

23999 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23999

CERTIFICATE OF DEATH

9-5-107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3146 Ellerslie Ave. St., 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Virginia Seal

(a) Residence: No. 3146 Ellerslie Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow.

5a. If ~~married, widowed, or divorced~~ (or) WIFE of Otho H. Seal

6. DATE OF BIRTH (month, day, year) Sept. 17. 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Hanson H. Keys

14. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

MOTHER

15. MAIDEN NAME Elizabeth Williams

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr, Otho Seal

(Address) 3146 Ellerslie Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date May 16. 1936

19. UNDERTAKER The Jones Sons

(Address) 424 N. Broadway

MAY 14 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13. 1936 19

22. I HEREBY CERTIFY, That I attended deceased from May 3 . 1936 to May 13 . 1936

I last saw her alive on May 13 . 1936 Death is said to have occurred on the date stated above, at 11:30 m P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5/3/36
Pulmonary Edema	5/6/36
Malnutrition	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 431 E. Patterson Park Ave.

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

24000

F 24000

HEALTH DEPARTMENT—CITY OF BALTIMORE

24

F 24000

CERTIFICATE OF DEATH.

82-B

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 Wellington ave ST., 70-5 WARD)

2-FULL NAME Annie E. Fuegle.

(a) RESIDENCE NO. 505 Wellington ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Fuegel

6 DATE OF BIRTH (month, day, and year): March 29-1851

7 AGE: Years 85 | Months 1 | Days 14 | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Edward Gallagher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Christina Cramer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Mr. Louis Fuegel

Address: 505 Wellington ave

Filed MAY 14 1936 Wellington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 13 1936.

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1936, to May 13, 1936, that I last saw h- alive on May 11 -, 1936, and that death occurred, on the date stated above, at 8:10 P. m

The CAUSE OF DEATH* was as follows:

Cerebral Embolism.

Generalized arteriosclerosis.

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No. Date of None.

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) John C. Dunbar M. D.

, 19 (Address) 108 E Mt Vernon Pl City.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: May 16 1936

20 UNDERTAKER: George L. Schwab — ADDRESS: 2101 Eutaw ave

—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 24001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 24001

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4410 Grand View Ave St., 47-15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Belle Brown

(a) Residence: No. ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 6, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	77	11	22	5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Jerry Riddle

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Nancy Fowler

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Virginia Hite
(Address) 4410 Grand View Ave

18. BURIAL, CREMATION, OR REMOVAL Place Culpeper Va Date May 15 1936

19. UNDERTAKER H. S. Marshall
(Address) 3539 Falls Road

FILED ... Registrar

MAY 15 1936 A. Eyster Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14 1936

22. I HEREBY CERTIFY, That I attended deceased from May 7 1936 to May 14 1936

I last saw h.. alive on May 14 1936 Death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	May 7 '36
Chronic Hypertrophy	?

Other contributory causes of importance:

Senile Debility	? '36

Was an operation performed? No Date of

For what disease or injury?

Name of operation ... Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Se... ate.

M. D. B 12 F 24002

F 24002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

62-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 7-W Ward)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ivy B. Schelle

(a) Residence: No. 1743 N. Kenwood St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Stewart Schelle

6. DATE OF BIRTH (month, day, year) Aug 31, 1898

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
37	8	12 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Thomas Taylor

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Joseph S. Schelle

(Address) 1743 N. Kenwood

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date May 15, 1936

19. UNDERTAKER F. B. Tippard & Son

(Address) 1900 Eutaw Place.

20. FILED MAY 13 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) and that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance: Hypertension

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Chas B. Wallace M. D. Coroner

(Address) 10 E. Lexington St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

F 24003 F 24003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH St. Agnes' Hospital. Registered No. 8-5

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles E. Dotson If U. S. Veteran specify WAR ...

(a) Residence: No. 1802 N. Chapel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes A. Dotson

6. DATE OF BIRTH (month, day, year) April 25-1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	--	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steamfitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
✓	✓

12. BIRTHPLACE (city or town) (State or country) Parkersburg W. Va

FATHER

13. NAME Charles Dotson

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Sarah Lewis

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Mrs. Agnes A. Dotson
(Address) 1802 N. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date May 16/36

19. UNDERTAKER F. B. Shepard & Son
(Address) 1300 Eutaw Place.

20. FILED ... 19 ... Registrar

MAY 15 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 7th, 1936 to May 13th, 1936

I last saw him alive on May 13, 1936 Death is said to have occurred on the date stated above, at 5.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio pneumonia	5-3-36

Other contributory causes of importance:

Arteriosclerotic C-V disease	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Karl F. Meyer M. D.
(Address) St Agnes Hospital.

Spec.—1-12-23—M&T—500 Blks.

24004

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24004

CERTIFICATE OF DEATH.

122-W

1-PLACE OF DEATH Mercy Hospital.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 211 S Collington Ave. Ward 1-5)

2-FULL NAME William T. Merlin.

3(a)-RESIDENCE NO. 211 S Collington Ave. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Merlin.

6 DATE OF BIRTH (month, day, and year) Dec. 20-53

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82-	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tabber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto -

PARENTS

10 NAME OF FATHER Daniel Merlin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Annie Merlin

(Address) 211 S Collington ave

15 Date received MAY 15 1936 Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-13-1936

17 I HEREBY CERTIFY, That I attended deceased from 2-24-1936, to 5-13-1936

that I last saw h in alive on 5-13-1936

and that death occurred, on the date stated above, at 5.40 P. m.

The CAUSE OF DEATH* was as follows: Strangulated Diaphragmatic Hernia.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? at home -

Did an operation precede death? yes Date of 3-24-36

Was there an autopsy? no

What test confirmed diagnosis? clinical + operative

(Signed) S. Marco M. D.

5-14 1936 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL May 15 1936

20 UNDERTAKER Wendell & Hupp'd — ADDRESS 1705 Eaught

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 24005

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24005

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Maryland General Hosp

CITY OF BALTIMORE: (No. 8-1 St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Doris Moran

If U. S. Veteran specify WAR .....

(a) Residence: No. 2216 Lake Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Mar 1, 1923

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
13	1 2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William J Moran

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Dora A Simpson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 5/18/36 19

19. UNDERTAKER Leonard J Rush

(Address) 5200 Harford Rd

MAY 15 1936

(Signature) ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14 1936

22. I HEREBY CERTIFY, That I attended deceased from May 13 1936 to May 14 1936

I last saw her alive on May 14 1936 Death is said to have occurred on the date stated above, at 8-20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Homeruler Nephritis	

Other contributory causes of importance:

Hypertension

Edema Hemorrhage (Spontaneous)

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John N Barnaby M. D.

(Address) Maryland Gen'l Hosp

24006 E 24006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 20-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Beyer

If U. S. Veteran specify WAR .....

(a) Residence: No. 1924 Lemon W St., ... Ward.
(Usual place of abode)
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1/11 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Beyer

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Agnes Wright

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Henry Beyer
(Address) 1924 Lemon St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date May 15, 1936

19. UNDERTAKER Harry F. Metzke
(Address) 101 Edmondson Ave.

FILED ..... 19 ..... Registrar.

MAY 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1936, to May 13, 1936.

I last saw him alive on May 13, 1936. Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	

Other contributory causes of importance:

Was an operation performed? Yes Date of May 13, 1936

For what disease or injury? Hydrocephalus

Name of operation Cerebellar cyst Date of 5/13/36

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. J. Hull M. D.

(Address) University Hospital

M. D. B 1268-9

F 24007

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24007

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 20-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John R. Bussard

If U. S. Veteran specify WAR

(a) Residence: No. 2090 St. Benedict St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Geo. C. Bussard

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Helen M. Galloway

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Geo. C. Bussard

(Address) 2090 St. Benedict St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 15, 1936

19. UNDERTAKER Harry Hudelson

(Address) 1101 Edmondson Ave.

20. FILED MAY 15 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May, 13, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Malformation of Heart	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) [signature] M. D.

(Attending Physician or Coroner)

(Address) 2757 W. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24008

F 24008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164

1. PLACE OF DEATH — W. M. Grain Elevator
CITY OF BALTIMORE: (No. Port Covington. St. 18-1 Ward)

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME — Richard P. Smith. (C)
If U. S. Veteran specify WAR ____

(a) Residence: No. 828 W. Lexington St. Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, year) March 12, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	30	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) — Virginia.

FATHER

13. NAME — Wm. H. Smith. (C)

14. BIRTHPLACE (city or town) (State or country) — Virginia.

MOTHER

15. MAIDEN NAME — Emma Webb. (C)

16. BIRTHPLACE (city or town) (State or country) — Virginia.

17. INFORMANT — Wm. H. Smith. (C) father
(Address) 828 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Cem. Date May 15 1936

19. UNDERTAKER — James Stamp
(Address) 1420 Pulaski St

20. FILED ___ 19 ___ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows: — Date of onset

Internal injuries.
Jumped from window of W. Md. Grain Elevator to the ground.
Suicide.

Other contributory causes of importance:

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation None Date of ____

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 5/12/36

Where did injury occur? W. Md Grain Elevator
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry.

Manner of injury Jumped from window.

Nature of injury Internal injuries

24. Was disease or injury in any way related to occupation of deceased? If so, specify ____

(Signed) Otto M. Reinhardt M. D.
Coroner

5/14/36 (Address) 1017 S. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 16 1936

F 24009

F D. 24009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. X 128

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Evelyn T. Bond

(a) Residence: No. New Windsor Carroll Co St., Md. R. F. D. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry I. Bond

6. DATE OF BIRTH (month, day, year) Dec. 2, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas S. Jones

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Frankie Reese

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Harry I. Bond

(Address) New Windsor Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. James Cemty Date May 17, 1936

19. UNDERTAKER C. M. Nalty

(Address) Westfield Md.

20. FILED MAY 15 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquiry find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhagic Pancreatitis	

Other contributory causes of importance:

Was an operation performed? Yes Date of May 15, 1936

For what disease or injury? Acute Hemorrhagic Pancreatitis

Name of operation Open Abdoman and Drain Date of May 15, 193

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. R. Cullen M. D.

(Address) 2757 N. Howard St. Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24010 ✓ F 24010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2808 Rayner Ave. St., 16-6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry W. Miles

If U. S. Veteran specify WAR .....

(a) Residence: No. 2808 Rayner Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella C. Miles

6. DATE OF BIRTH (month, day, year) January 3, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Rw & Electric Co

10. Date deceased last worked at this occupation (month and year) October 1, 1934

11. Total time (years) spent in this occupation 42 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John W. Miles

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine V. Grindell

16. BIRTHPLACE (city or town) (State or country) Altoona Pennsylvania

17. INFORMANT Mr. William M. F. Miles
(Address) 2808 Rayner Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date May 18, 19[illegible]

19. UNDERTAKER Hood & Cook
(Address) 1005 E. Baltimore St.

Filed MAY 15 1936, 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1936 to May 14, 1936

I last saw him alive on May 13, 1936 Death is said to have occurred on the date stated above, at 1:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerotic Cardio-Vascular-Renal Disease	2 yrs.
Uraemic Poisoning	May 8

Other contributory causes of importance

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert Knapp, M. D.

(Address) 1216 E. Preston St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24011

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24011

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1402 Mary St. 5-1 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clara Robinson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1402 Mary St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	unmarried

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Robinson

6. DATE OF BIRTH (month, day, year) Sept 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0041

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northampton Va

FATHER

13. NAME Asa Dix

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Emily Johnson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Lovie Gross
(Address) 1174 N. Carey

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date 5/16, 1936

19. UNDERTAKER Saml. McShane & Son
(Address) 638 N. Eutaw

MAY 15 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13-, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-9-, 1936, to 5-13-, 1936

I last saw h[illegible] alive on 5-12-, 1936 Death is said to have occurred on the date stated above, at 530 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	unk

Other contributory causes of importance:
Diabetes Mellitus

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Pat Hargis, M. D.

(Address) 611 N. Carolina

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24012 ✓ F 24012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-D

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., 77-10 Ward) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Munderlein If U. S. Veteran specify WAR

(a) Residence: No. 4420 Old York Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 13, 1936

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
		1	15

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER
13. NAME Arthur E. Munderlein
14. BIRTHPLACE (city or town) (State or country) Balt. Md.

MOTHER
15. MAIDEN NAME Catherine R. Flaherty
16. BIRTHPLACE (city or town) (State or country) Balt. Md.

17. INFORMANT Father Munderlein
(Address) 4420 Old York Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 15. 1936

19. UNDERTAKER Tilly & Zeiler
(Address) 403 S. Wolfe St.

19 Huntington Williams, M.D.
Registrar

MAY 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14. 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....
I last saw h... alive on ..... 19 ..... Death is said to have occurred ... above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital deformities	

Other contributory causes of importance:
Prematurity —

Was an operation performed? no Date of
For what disease or injury?
Name of operation none. Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. J. Tobin M. D.
(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1265-9

F 24013 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 24013

CERTIFICATE OF DEATH

27-30 97

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 2821 Strathmore Ave. St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 7 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma G. Davidson. If U. S. Veteran specify WAR .....

(a) Residence: No. 2821 Strathmore Ave. St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) September 23, 1864.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Robert J. Davidson.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Margaret A. Bennett.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Nellie B. Davidson. (sister)
(Address) 2821 Strathmore Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Park Date May 16. 193[illegible]

19. UNDERTAKER Chas. O. Whitehill & Sons
(Address) 1300 Eutaw Place

20. FILED MAY 15 1936 (Registrar) Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

5/14/36 (Signed) Otto M. Reinhardt Coroner, M. D.

5/14/36 (Address) 1017 S. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B. 1268-9

F 24014

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24014

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 14-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Mohlenrich

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1705 W Fombard. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Mohlenrich

6. DATE OF BIRTH (month, day, year) Jan 27th 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) May 1936

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Louis Freimuth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kunigunda Krall

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT J Edwin Mohlenrich

(Address) 1705 W Fombard.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 16th 1936

19. UNDERTAKER W J Rock

(Address) 1217 St Paul St

FILED MAY 15 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the residence obtained by said Inquest and that said deceased came to [illegible] death on the day stated above, 2.30 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound of Head	30
Pulmonary Embolism	
Acute Heart Failure	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/14 19 36

Where did injury occur? At Home 5 Fellows Pl (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of Injury Fell on floor (work)

Nature of Injury Fracture of R. Femur

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos H Pullen M. D. Coroner

(Address) 1939 Edmondson Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

F 24015 ✓ F 24015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2301 Cambridge St. 1-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Peter Vegstek

If U. S. Veteran specify WAR No War Record

(a) Residence: No. 2301 Cambridge St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Vegstek

6. DATE OF BIRTH (month, day, year) June 29 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Canning Plant

10. Date deceased last worked at this occupation (month and year) age 73

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Pisek Czecho Slovakia

FATHER

13. NAME John Vegstek

14. BIRTHPLACE (city or town) (State or country) Unknown Czecho Slovakia

MOTHER

15. MAIDEN NAME Mary Kubat

16. BIRTHPLACE (city or town) (State or country) Unknown Czecho Slovakia

17. INFORMANT Thomas Vegstek

(Address) 6338 S. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date May 16 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19 .....

MAY 15 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14 1936

22. I HEREBY CERTIFY, That I attended deceased from ~~May~~ Apr 22 1936 to May 14 1936

I last saw ~~him~~ alive on May 13 1936 Death is said to have occurred on the date stated above, at 6.42 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Bronchopneumonia	Apr 22
Myocardial Failure	May 14

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) E. B. Schumunk M. D.

(Address) 842 S. East Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24016 ✓ F 24016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 15-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2234 W. North Ave., St., Ward)

Length of residence in city or town where death occurred 70 yrs. 2 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Minnie H. Werner

(a) Residence: No. 2234 W. North Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William F. Werner

6. DATE OF BIRTH (month, day, year) Feb. 22, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles H. Abhau

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eva Barbara Gegner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles H. Abhau
(Address) 2234 W. North Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 16, 1936

19. UNDERTAKER John F. Young
(Address) 715 Light St

[illegible] E. Fayette St. Baltimore, Md.

MAY 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from July-12, 1932 to May 13, 1936

Last saw h[illegible] alive on May-7, 1936. Death is said to have occurred on the date stated above, at 3. p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Arterio Sclerosis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) J. Thomas Gibson, M. D.

(Address) 1001 N Fulton ave

F 24017

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24017

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hosp. Registered No. 36

CITY OF BALTIMORE: (No. ..... St. 714 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 4 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Grace Elizabeth Blackiston If U. S. Veteran specify WAR

(a) Residence: No. 1422 Bree St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 11 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Columbus W. Blackiston

14. BIRTHPLACE (city or town) (State or country) Rock Hall md

MOTHER

15. MAIDEN NAME Bessie L. Hornberger

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Mrs Grace M. Hornberger
(Address) 421 E Eutaw st

18. BURIAL, CREMATION, OR REMOVAL
By Western Cem Date May 16. 1936

19. UNDERTAKER John F. Denny
(Address) 715 Light St

20. FILED MAY 15 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13. 1936

22. I HEREBY CERTIFY, That I attended deceased from April 10 1936 to May 13. 1936
I last saw h.. alive on May 13 1936 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	?
Agranulocytosis	?

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify ...

(Signed) Wellesley Dowell M. D.
(Address) South Baltimore General Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 24018

13998

✓ F 24018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 5-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Patrick Mulcahey (or Patrick Melody) If U. S. Veteran specify WAR

(a) Residence: No. 611 Ensor St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 8-15-1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20 10

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Thomas Melody

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Kate O'Brien

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL 24 May
Place Holy Cross Brooklyn May 16 1936

19. UNDERTAKER Elmer W. Conklin
(Address) 924 Huntington Ave

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/6, 1936, to 5/13, 1936

I last saw him alive on 5/13, 1936 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	?
Hypertension	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A Reite, M. D.

(Address) Balto City Hosp.

MAY 15 1936

F 24019 ✓ F 24019

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

Registered No. 15-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4027 Pk. Hts. Av St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Mary Friedlander

(a) Residence: No. 4027 Pk. Hts. Av St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	W

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isreal

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Milton Roseman

(Address) 1414 E Balto. St.

18. BURIAL, CREMATION, OR REMOVAL Hebrew Lerring Cem Date May 15 1936

19. UNDERTAKER Jack Lewis Inc

(Address) 1434 E Baltimore St.

20. FILED ... 19 ... (Registrar) N.D.

MAY 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/14 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/26 1925 to 5/14 1936

I last saw h[illegible] alive on 5/14 1936 Death is said to have occurred on the date stated above, at 6.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	5/26/25
Bronchopneumonia (Terminal)	5/13/36

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept. 1925

For what disease or injury? Ca. of Rectum

Name of operation Resection Date of Sept. 1925

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L Strinberg M. D.

(Address) 23 So Eutaw St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24020

F 24020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital (St.) 13-36 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 32 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Shetzleman

(a) Residence: No. 2257 Broadfield St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henrietta

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 83; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Rosedale Date: 5/15/36

19. UNDERTAKER: Jack Cohen Inc

(Address) 1439 E. Baltimore St.

Filed: MAY 15 1936, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1936 to May 14, 1936

I last saw h alive on May 14, 1936 Death is said to have occurred on the date stated above, at 3:50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	5/4/36
Arteriosclerosis	

Other contributory causes of importance:

Chronic emphysema

Chronic myocarditis

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel H. Belgorod M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL RECORD. Any false information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

24021

HEALTH DEPARTMENT—CITY OF BALTIMORE

24021

CERTIFICATE OF DEATH

47-a

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens Catonsville Rds 2-5 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Richard J. Toy

(a) Residence: No. 402 E. Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Toy

6. DATE OF BIRTH (month, day, year) Dec. 5—1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer 0057

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Maxwell Toy

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Theresa Jane Emory

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Honora Fahyman (Address) 402 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date May 18 19 36

19. UNDERTAKER Chas. P. Sayers & Son (Address) 1811 Druid Royal Ave

MAY 15 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-14- , 1936

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1936 to May 14, 1936

I last saw him alive on May 14 1936 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of larynx	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. J. Williamson M. D.

(Address) St. Agnes Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 24022

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24022

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 24-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Borkoski

(a) Residence: No. 1433 Richardson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, Widowed, or Divorced (write the word): Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) June 15, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore.

FATHER

13. NAME James Borkoski

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Clara Burke.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rood Cem Date May 16 1936

19. UNDERTAKER Chas L. Stevens
(Address) 5301 E. Pratt Ave

20. FILED ..... 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1936, to May 15, 1936.

I last saw him alive on May 15, 1936. Death is said to have occurred on the date stated above, at 8:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	May 6, 1936
Other contributory causes of importance: Streptococcus Meningitis	May 13 1936

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Spinal Findings. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edwin Kuroles Jr M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH INK AND IN ... THIS IS A LEGAL DOCUMENT. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24023 F 24023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 576 Orrel St. 17-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Adams

If U. S. Veteran specify WAR .....

(a) Residence: No. 576 Orrell St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Adams

6. DATE OF BIRTH (month, day, year) April 6, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Fort Tarf Va.

FATHER

13. NAME Fort Tarf

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Julia Green

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Rebecca Peters

(Address) 1002 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 5/13 1936

19. UNDERTAKER Fred H. Burkett

(Address) 32 Eastern Ave Huntington Pittsman, MD

MAY 15 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. Natural

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Norris Coroner M. D.

(Address) 1215 Hanover St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24024

309 816

F 24024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL 6-1 Registered No.

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry B. Reed Jr. If U. S. Veteran specify WAR .....

(a) Residence: No. 140 N. Hare St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret.

6. DATE OF BIRTH (month, day, year) 6/25/10

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
25	10	15 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk. 0009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Harry.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Minnie L. Wright

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Memorial Date May 15 1936

19. UNDERTAKER E. Leroy Stifflee, Inc.
(Address) 125 E. North Ave.

20. FILED [illegible] Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15 1936, to May 11 1936

I last saw him alive on May 11th 1936. Death is said to have occurred on the date stated above, at 8 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease mitral stenosis.	1920
Subacute Bact. Endocarditis	Dec. 1935
Other contributory causes of importance:	
Focal Embolic Nephritis	April 1936

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Joseph T. Vallett, M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

24025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24025

108

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Robert Melvin Furlong

If U. S. Veteran specify WAR .....

(a) Residence: No. 3144 Foster Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edna E.

6. DATE OF BIRTH (month, day, year): 1-14-1907

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	29	4	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Radio-repairing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: William Furlong

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Hattie Minor

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date May 18, 1936

19. UNDERTAKER George W. Quikley

(Address) 1737 E. Edgar St

[illegible] Registrar

MAY 15 1936 [illegible] Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/10, 1936 to 5/14, 1936

I last saw him alive on 5/14, 1936 Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	7 days.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp.

24026 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 24026

CERTIFICATE OF DEATH

34-B-

1. PLACE OF DEATH — Registered No. ....

CITY OF BALTIMORE: (No. 521 S. Charles St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME August Romer — If U. S. Veteran specify WAR World War & Spanish War

(a) Residence: No. 521 S. Charles St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Pearl Romer

6. DATE OF BIRTH (month, day, year): March 24 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Don't know

14. BIRTHPLACE (city or town) (State or country): Don't know

MOTHER

15. MAIDEN NAME: Don't know

16. BIRTHPLACE (city or town) (State or country): Don't know

17. INFORMANT (Address): Pearl Romer 521 S. Charles St

18. BURIAL, CREMATION, OR REMOVAL — Place: Oakland Cem Elizabeth City N. C. Va — Date: May 16 1936

19. UNDERTAKER (Address): A. R. Garand & Sons 1400 S. Charles St

20. FILED MAY 15 1936 — ... Registrar (Deputy) Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 13 1936

22. I HEREBY CERTIFY, That I attended deceased from March 14 1936 to May 13 1936

I last saw him alive on May 13 1936 Death is said to have occurred on the date stated above, at 11:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm of Heart (Left Auricle)	Unknown

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ...

(Signed) W. T. Grigg M. D.

(Address) 1326 W. Lombard St.

INFORMATION: The data entered on this certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24027

24027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2104 Allendale Rd. St. 15-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary C. Trageser

If U. S. Veteran specify WAR .....

(a) Residence: No. 2104 Allendale Rd. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew J. Trageser

6. DATE OF BIRTH (month, day, year) May 26, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	11	17 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John P. Huber

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Anna E. Doyle

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Andrew J. Trageser

(Address) 2104 Allendale Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date May 16, 1936

19. UNDERTAKER Leland M. Mickley & Sons Inc.

(Address) 1900 Eutaw Place

MAY 15 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1936 to May 13, 1936

I last saw her alive on May 13, 1936. Death is said to have occurred on the date stated above, at 3P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Hemiplegia	2 days
Other contributory causes of importance:	
Arteriosclerosis	2yrs

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Benj. A. McCleary. M. D.

(Address) 400 Payson St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24028

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. H. Hayward 1129 N. Calvert St

F 24028

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4212 Belvieu Ave St., 28 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Francis Martin

If U. S. Veteran specify WAR

(a) Residence: No. 4212 Belvieu Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced HUSBAND of [redacted] Rae O. Gonce

6. DATE OF BIRTH (month, day, year) Aug. 3rd 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45 46	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk No

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Undertaker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Harry C. Martin

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Edith V. Peduzzi

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Clarence Martin

(Address) 4212 Belvieu Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemtry Date 5/16, 1936

19. UNDERTAKER E. J. Fanning & Son

(Address) 1938 E. Lafayette Ave.

[illegible] Huntington Williams, M.D. Registrar

MAY 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14th, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 1932 to May 14, 1936.

I last saw him alive on May 13, 1936. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma thigh (bursal sarcoma)	1932
Multiple metastases	

Other contributory causes of importance:

Immediate cause death was due to pulmonary metastases

Was an operation performed? Yes Date of 1930.

For what disease or injury? Sarcoma left thigh

Name of operation Local removal growth Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. H. Hayward, M. D.

(Address) 1129 N Calvert St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 24029

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24029

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3427 Patton Ave. 27-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Bell

If U. S. Veteran specify WAR .....

(a) Residence: No. 3427 Patton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H Bell

6. DATE OF BIRTH (month, day, year) 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT John H Bell

(Address) 3427 Patton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Douglas Cem. Date May 16, 1936

19. UNDERTAKER Holmes Halstead

(Address) 1700 Pennsylvania Ave

20. FILED MAY 15 1936 Huntington Williams, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ing thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ing find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	5/12/1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

Coroner

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24030

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24030

48

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St., E 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Zimmerman

If U. S. Veteran specify WAR

(a) Residence: No. 1207 N. Stone St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Zimmerman

6. DATE OF BIRTH (month, day, year) 8-30-1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Antone Wondersick

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Louise Peitrick

16. BIRTHPLACE (city or town) (State or country) Czechoslava

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Patterson Date May 15 1936

19. UNDERTAKER John S. Embalmer

(Address) Balto. md.

20. FILED Huntington Williams, M.D.

MAY 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-13-, 1936 to 5-12, 1936

I last saw her alive on 5-12, 1936 Death is said to have occurred on the date stated above, at 10.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix	?

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation None Date of —

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 24031

F 24031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Oltman

If U. S. Veteran specify WAR

(a) Residence: No. 1735 Bank St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Michael Oltman

6. DATE OF BIRTH (month, day, year) 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Frank Oltman (Son)

(Address) 3325 McElderry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date May 16 19 36

19. UNDERTAKER John W. Archer

(Address) Dust & Chelton

AY 16 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
First + Second degree burns of entire body	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 5-14, 19 36

Where did injury occur? 1735 Bank St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Kindling clothes on fire

Nature of injury Burns, first + second degree, Entire body

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1912 E. North Ave

M. D. B 1268-9

F 24032

F 24032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-3

1. PLACE OF DEATH 13 N. Monroe St.

CITY OF BALTIMORE: (No. ..... St., 70-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ...

If U. S. Veteran specify War No Record

2. FULL NAME Elizabeth K. Rogers (Lilly)

(a) Residence: No. 13 N. Monroe St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and St...

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William C. Rogers

6. DATE OF BIRTH (month, day, year) May 19, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 5/14/36

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Andrew Huster

14. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

MOTHER

15. MAIDEN NAME Jane Phillinger

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Estella K. Nedwell

(Address) 13 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date May 18 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams, Reg.

MAY 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and (from the evidence obtained by said Inquiry) find that said deceased came to His death on the day stated above, 6.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sudden

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify ...

(Signed) Thos. H. Phillips, M. D. Coroner

(Address) 1939 Edmondson Ave,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24033

F 24033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 20-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Flora Nicholson

If U. S. Veteran specify WAR No Record

(a) Residence: No. 113 S. Culver St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Nicholson

6. DATE OF BIRTH (month, day, year) 12-25-67

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Delcher

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Benouck

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 18 1936

19. UNDERTAKER Wm. Cook

(Address) 1217 St Paul St

Huntington Williams, Mgr.

MAY 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/15 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/2 1936 to 5/15 1936

I last saw her alive on 5/15 1936 Death is said to have occurred on the date stated above, at 9 15/2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Hypertensive Cardio-vascular disease	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 24034

F 24034

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 122-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1840 Penna Ave St. 14-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice Patterson

(a) Residence: No. 1840 Penna Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm Patterson

6. DATE OF BIRTH (month, day, year) 12-25-1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year) 5/11/36

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md

FATHER

13. NAME Emanuel Ross Robinson

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

MOTHER

15. MAIDEN NAME Alice Jones

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md

17. INFORMANT Jno. Lewis (Son)

(Address) 1830 Penna Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 5/16/ 1936

19. UNDERTAKER Chas. G. Cofer

(Address) 514 N. Calhoun St.

Registrar. Jno. Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/14 1936

22. I HEREBY CERTIFY, That I attended deceased from May 11 1936 to May 14 1936

I last saw her alive on May 14 1936. Death is said to have occurred on the date stated above, at 5:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	5/11/36

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B. N. Halaby M. D.

(Address) 1515 Penna Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 16 1936

F 24035

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24035

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 Eutaw St. St. 25-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Arline Mildred Gustaitis

(a) Residence: No. 1608 Eutaw Pl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 29/35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	16 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Anna Stanley Gustaitis

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Anna Poliauskis

16. BIRTHPLACE (city or town) (State or country) Curtis Bay Md

17. INFORMANT Anna Gustaitis
(Address) 1608 Eutaw Pl

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross A.G.C. Date May 16 1936

19. UNDERTAKER John Greenhalgh Sr
(Address) 423 S. Paca St.

20. FILED May 18 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1936 to May 15, 1936

I last saw her alive on May 15, 1936 Death is said to have occurred on the date stated above, at 12:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	5/9/36

Other contributory causes of importance:

Pneumonia	5/11/36

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Leon D. Hudson M. D.

(Address) 4700 Pennington Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 24036

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24036

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Marine Hospital) St., (Ward) 2

Length of residence in city or town where death occurred 47 yrs. 5 mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME HOWARD H. ZIEGLER

If U. S. Veteran specify WAR .....

(a) Residence: No. 603 Wyeth St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	~~Single~~ ✓

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Dec 2 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Edw. E. Ziegler

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary E. Wilkins

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Lillian E. Tainall

(Address) 109 Scott St.

18. BURIAL, CREMATION, OR REMOVAL National Cemetery Date 5/18/36 19

19. UNDERTAKER Geo. H. Leimbach

(Address) 1-15 N. Fremont St.

20. Interior Station Williamsport, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15th, 1936

22. I HEREBY CERTIFY, That I ... charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	5/13/36

Other contributory causes of importance:

Bleeding Hemorrhoids	5/13/36

Was an operation performed? no Date of 5/14/36

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. H. Richardson M. D.

Coroner

(Address) 603 Wyeth St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 16 1936

F 24037

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24037

CERTIFICATE OF DEATH

2877 71-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 2-3 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harry Eantty

If U. S. Veteran specify WAR

(a) Residence: No. 901 S. Thames St., St., Ward.
(Usual place of abode) Jail (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-5-1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A. T. & T. Co. Phila.

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME William (D)

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place May. 16. 36. Date St. Pauls Cem 19

19. UNDERTAKER John E. Miller
(Address) 2435 E. Oliver St

20. FILED MAY 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/13 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/30 1936 to 5/13 1936

I last saw him alive on 5/13 1936 Death is said to have occurred on the date stated above, at 9 15/60 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Bronchopneumonia	12 hrs.
Pernicious anemia	2 yrs.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 24038

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24038

CERTIFICATE OF DEATH

34-E-94B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 East St. 5-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Melvin E. Nixon

(a) Residence: No. 210 East St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Nixon

6. DATE OF BIRTH (month, day, year) 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

FATHER

13. NAME Alfred Nixon

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Cecelia Murray

(Address) 210 East St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 5-16-1936

19. UNDERTAKER Byrd Mamie H. Funeral Home

(Address) 121 N. McElderry St

FILED MAY 16 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest Autopsy or Inquiry thereon and from the evidence obtained by said Inquest Autopsy or Inquiry found that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	May 13 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen Coroner, M. D.

(Address) 507 Cathedral St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24039

F 24039 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gladys Delores Stanley

If U. S. Veteran specify WAR .....

(a) Residence: No. 1206 Edythe St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 2, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edgar Stanley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Pearl Carrington

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Pearl Stanley

(Address) 1206 Edythe St-

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 5-16-1936

19. UNDERTAKER Bryson & Jamie H. Wright

(Address) 1211 Eden Alley St

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) May 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1936, to May 15, 1936

I last saw her alive on May 15, 1936. Death is said to have occurred on the date stated above, at 5-30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empipelas Faciales	
Secondary to Otitis Media	4/8/36
Other contributory causes of importance:	
Broncho pneumonia	5/14/36

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation Clinical Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Myron A. Tull Jr. M. D.

(Address) Sydenham

MAY 16 1936

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24040

STATE OF MARYLAND—CERTIFICATE OF DEATH

F 24040

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County ..... Registration Dist. No. .....

Village or City Baltimore No. 4515 Harmon Ave Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. 24 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Geo. Gerhauser

(a) Residence: No. 1306 Stone Church Rd. St. Ward If U.S. Veteran, specify WAR ... Silver Spring Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. COLOR OR RACE: White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day and year): Sept 2, 1878

7. AGE: Years 57 | Months 8 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Machinist

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Federal Navy Yd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation (est)

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Leo M. Gerhauser

14. BIRTHPLACE (city or town) (State or country): New York St.

MOTHER

15. MAIDEN NAME: Ann Sullivan

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Mrs Henry Forstall Silver Spring Md

18. BURIAL, CREMATION, OR REMOVAL: Place Washington Dc Date 5/16, 1936

19. UNDERTAKER (Address): Archer L Haycock 3034-M St Washington Dc

20. FILED: MAY 16 1936 — Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: May (Month) 16 (Day) 1936 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Apr. 27 1936 to May 16 1936.

I last saw him alive on May 15, 1936, death is said to have occurred on the date stated above, at 7:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Cardiac Thrombosis — Date of onset 4/27/36

Other Contributory Causes of importance: Cancer of Rectum & Liver — 1935

Name of operation ... Date of ...

What test confirmed diagnosis: Clinical — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. F. Haycock M. D.

(Address) 3034 M St Washington D C

AACo. 5-31 2508

F 24041

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24041

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 638 Mosher St., 14 Ward) Registered No. 73

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy A. Stewart

(a) Residence: No. 638 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of: Robert L. Stewart

6. DATE OF BIRTH (month, day, year): Jan 6, 1880

7. AGE — Years: 56 | Months: 4 | Days: 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lexington Va

MOTHER

13. NAME: Leo Hosher
14. BIRTHPLACE (city or town) (State or country): Lexington Va

FATHER

15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): Robert A. Stewart 638 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL
Place Ft. Auburn Date 5-16 1936

19. UNDERTAKER (Address): Mrs. Geo. H. Holland 1431 Druid Hill Ave.

20. FILED MAY 16 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1936 to May 12, 1936

I last saw her alive on May 12 1936 death is said to have occurred on the date stated above, at 4.05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other Tuberculosis	

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. F. Howell M. D.

(Address) 638 Carroll Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 24042

93-C

Registered No. 12-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 35 East 21st St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alice Metcalfe

(a) Residence: No. 35 E. 21st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) November 17, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick County Maryland

FATHER

13. NAME John Metcalfe

14. BIRTHPLACE (city or town) (State or country) Redlands Maryland

MOTHER

15. MAIDEN NAME Julia Eppley

16. BIRTHPLACE (city or town) (State or country) Adams County Pennsylvania

17. INFORMANT Miss Lynne R. Metcalfe

(Address) 35 E. 21st St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet, Frederick, Md. Date May 16, 1936

19. UNDERTAKER Robt H. Cook Co.

(Address) 1107 E. Baltimore St.

Filed MAY 16 1936, 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1929 to May 14, 1936. I last saw her alive on May 14, 1936. Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Many yrs.
	over
Other contributory causes of importance: Pulmonary Edema	2 days

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Moody, M. D.

(Address) 1405 Park Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24043

✓ F 24043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2115 Chelsea Terrace St. 15-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie C. Fluharty

If U. S. Veteran specify WAR .....

(a) Residence: No. Preston, Caroline Co., Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Henry Fluharty

6. DATE OF BIRTH (month, day, year) August 27, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston, Maryland

FATHER

13. NAME Alexander Whitley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. James H. Barrow

(Address) 2115 Chelsea Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Preston, Md. Date May 17 , 19 36

19. UNDERTAKER Capper & Cook

(Address) 10 E. Baltimore St.

Huntington Williams, Registrar

MAY 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15 , 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1 36 , 19 .. to May 15 36 , 19 ..

I last saw her alive on May 14 36 , 19 .. Death is said to have occurred on the date stated above, at 10.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	May 1 36
Other contributory causes of importance:	
Arterio-sclerosis	P
Myocarditis about 6 mo.	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

How long? .....

(Signed) Claude Stubblefield , M. D.

(Address) 2220 Garrison Blvd.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F. D. ~~24044~~ ✓ F 24044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4019 Boarman Avenue St. 15-10 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank H. Timken

If U. S. Veteran specify WAR .....

(a) Residence: No. 4019 Boarman Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances M. Timken

6. DATE OF BIRTH (month, day, year) Sept. 21" 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired (Accountant) ~~Retired~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) Belleville (State or country) Ill.

FATHER

13. NAME Mr. Timken

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mrs. Frances M. Timken

(Address) 4019 Boarman Avenue.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date May, 18" 36

19. UNDERTAKER Joseph Rook

(Address) 1063 N. Bolton St.

20. FILED Huntington Williams, M.D. 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May, 15th, 19 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above, about 10 a.m.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis,	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C Hann Coroner, M. D.

(Address) 1215 Hanover

MAY 16 1936

V. S. R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any false statement or information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24045

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24045

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH Sinai Hospital — Registered No. .....
CITY OF BALTIMORE: (No. Sinai Hospital St., 15-10 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Lena Bernstein — If U. S. Veteran specify WAR .....

(a) Residence: No. 4105 Fernhill Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles G. Bernstein

6. DATE OF BIRTH (month, day, year) Feb. 23, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Ludwig Kraus

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Fleishman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. M. Blount
(Address) 4105 Fernhill Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Balto. Hebrew Cem. Date May 17 1936

19. UNDERTAKER Edward Sondheim & Son
(Address) 1902 Eutaw Place
Huntington Williams, M.D.
Registrar

MAY 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-15 . 1936

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1936 to May 15, 1936
last saw her alive on May 15 1936 Death is said to have occurred on the date stated above, at 12 to A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days ago
Ruptured Appendix & Peritonitis	10 days ago

Other contributory causes of importance:
Arteriosclerosis
Hypertension

Was an operation performed? Yes Date of 5-13-36
For what disease or injury? Ruptured Appendix
Name of operation Appendectomy Date of 5-13-36
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Sidney Sinai, M. D.
(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24046 ✓ F 24046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28-4 93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) S.W Cor. Chapel Gate & Woodside (St.) (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 7 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louisa Catherine Wade

If U. S. Veteran specify WAR .....

(a) Residence: No. S.W Cor Chapel Gate & Woodside Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Wade

6. DATE OF BIRTH (month, day, year) Oct. 3 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henry Deering

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Julia Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Chester Albrecht

(Address) S.W. Cor Chapel Gate & Woodside

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. May 16, 36

19. UNDERTAKER Wm Pickpress Sons

(Address) North & Fayette. Washington Blvd

20. FILED MAY 16 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1935 to May 13, 1936

I last saw her alive on May 13, 1936. Death is said to have occurred on the date stated above, at 12.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral Hemorrhage	2-24-36
Myocarditis	"

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward J. Milan, M. D.

(Address) 682 Washington Blvd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24047 ✓ F 24047

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH South Baltimore Dsp. Registered No. 2718

CITY OF BALTIMORE: (No. ..... St., ... Ward) 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Michael If U. S. Veteran specify WAR .....

(a) Residence: No. 5217 Walton Heights Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) March 16, 1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
22	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ood

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward Michael

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Laura Glatt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Laura Michael
(Address) 5217 Walton Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date May 18, 1936

19. UNDERTAKER Martin Faber & Sons
(Address) 1827 W. North Ave

20. FILED MAY 16 1936, 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1936 to May 15, 1936

I last saw him alive on May 15, 1936 Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcomatosis	?
Sarcoma of Lungs (Metastatic)	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William Duvall, M. D.
(Address) South Baltimore Dsp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs 3

F 24048

F 24048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1047 Argyle Ave. St. 17-2 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emmaline Bailey

(a) Residence: No. 1047 Argyle Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Frank Bailey

6. DATE OF BIRTH (month, day, year) Dec 26- 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manock Va

FATHER

13. NAME Charles Bailey

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Rebecca ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Marine Sharpe

(Address) 1047 Argyle.

18. BURIAL, CREMATION, OR REMOVAL

Place Roanoke Va Date May 17, 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 E. Lafayette St. Huntington Williams, W. Va

19 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14 , 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

identified by said inquest and that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	May 14 1931
Arteriosclerosis	April 1932

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen M. D.

(Address) 507 Augusta St. Roanoke Va

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 16 1936

F 24049

✓ F 24049

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Providence Hospital St. 14 Ward 2

Registered No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maude Whalen

If U. S. Veteran specify WAR

(a) Residence: No. 516 Mc Mechen St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah Whalen

6. DATE OF BIRTH (month, day, year) May 20-1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Staunton Va

FATHER

13. NAME Percy Whalen

14. BIRTHPLACE (city or town) (State or country) Stanton Va

MOTHER

15. MAIDEN NAME Jessie Whalen

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Clara Gardner

(Address) 516 Mc Mechen

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 18, 36

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 S Edwards St Huntington Williams, W Va

MAY 16 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	May 10 1936
Other contributory causes of importance	

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Anatomy Autopsy. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. L. Allen M. D. Coroner

(Address) 50 Pleasant St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Page 14

F 24050 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24050

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 12-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Smoot

(a) Residence: No. 605 China St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Public Cemetery Date May 16, 1936

19. UNDERTAKER [illegible] (Address)

MAY 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-10, 1936, to 5-13, 1936.

I last saw Wm alive on 5-13, 1936. Death is said to have occurred on the date stated above, at 7:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute congestive heart failure	5-8-36
Chronic myocarditis	8 mo ago

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. A. Jackson, M. D.

(Address) 606 N. Arlington Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 24051

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 24051

159

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bon Secours Hosp

CITY OF BALTIMORE: (No. Balto. Md. St. 15-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby girl George

If U. S. Veteran specify WAR .....

(a) Residence: No. 219 Longwood St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 15 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. 8 min. 45

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Moyer

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Edith Ware

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date [illegible], 19[illegible]

19. UNDERTAKER

(Address) [illegible]

20. FILED [illegible] Registrar.

MAY 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1936, to May 16, 1936

I last saw her alive on May 16, 1936. Death is said to have occurred on the date stated above, at 1:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	5-15-36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Simon Kemp, M. D.

(Address) Bon Secours Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 24052

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24052

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3809 E. Lombard St., 26-8 Ward)

Registered No. 186

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Betty Lou Hartman

If U. S. Veteran specify WAR

(a) Residence: No. 3809 E. Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, year): June 4 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Rudolph Hartman

14. BIRTHPLACE (city or town) (State or country): Wheeling West Virginia

MOTHER

15. MAIDEN NAME: Virginia Skelton

16. BIRTHPLACE (city or town) (State or country): Keene Virginia

17. INFORMANT: Rudolph Hartman

(Address) 3809 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place: St. Pauls Date: May 18, 1936

19. UNDERTAKER: John A. Manley

(Address) 3000 E. Baltimore St.

20. FILED ... Washington Pollinger, Registrar.

MAY 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 15, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Eclampsia	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) W. W. Wright M. D.

Coroner

(Address) 1010 S. Ellwood Ave

Use state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should

M. D. B. 1668

F 24053

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24053

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1433 Henry St 24-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Joseph Reecke

(a) Residence: No. 1433 Henry St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 14. 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Gustave Reecke

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Bernadine Parks

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Bernadine Parks
(Address) 1433 Henry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cemetery Date May 16 1936

19. UNDERTAKER Joseph N. Bieff Jr.
(Address) 448 N. Gay St.

20. FILED MAY 16 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16 1936

22. I HEREBY CERTIFY, That I attended deceased from May 14. 1936 to May 16 1936

I last saw h[illegible] alive on May 15. 1936 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Exhaustion	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Campbell M. D.

5/16/36 (Address) 1644 Hanover

May E. Weise

F 24054

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24054

V 93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument & Rutland St., 16-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Mary E. Weise

If U. S. Vet. specify WAR No Record

(a) Residence: No. 2724 Edmondson Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ ~~HUSBAND of~~ (or) WIFE of William Weise

6. DATE OF BIRTH (month, day, year) April 28th 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) St. Marys Co Md

FATHER

13. NAME James C. Dorsett

14. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) St. Marys Co Md

17. INFORMANT William Weise

(Address) 2724 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 19, '36

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ~~April~~ May 16 1936

22. I HEREBY CERTIFY, That I attended deceased from April 26 1936 to May 16 1936

I last saw her alive on May 16 1936 Death is said to have occurred on the date stated above, at 9:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	several weeks
Congenital cysts of kidneys	

Other contributory causes of importance:

Hypertension	several yrs.
Chronic Nephritis	several yrs.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul O'Leary M. D.

(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 7 1936

M. D. B 1268-9

F 24055

HEALTH DEPARTMENT—CITY OF BALTIMORE

24055

CERTIFICATE OF DEATH

82-w

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sallie Wharam

If U. S. Vet. specify W. No Record

(a) Residence: No. 637 W. Franklin St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ——— ——— ———

6. DATE OF BIRTH (month, day, year) About 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) May 1936

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Alice M. Cruse

(Address) 637 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 18 1936

19. UNDERTAKER Wm Cook

(Address) 127 St Paul St

20. FILED MAY 17 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. H. O'Neill M. D.

Coroner

(Address) 3757 W. North Ave

Information should be carefully supplied. Any blanks not satisfactorily explained will delay burial permit. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24056 Shroder F 24056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1964 N Patterson Park Ave Ward 8-25)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anton Shroder

If U. S. Veteran specify WAR No

(a) Residence: No. 1964 N Patterson Park Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Katherine Shroder

6. DATE OF BIRTH (month, day, year): Jan 13. 1854

7. AGE: Years 82 | Months 4 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ——

10. Date deceased last worked at this occupation (month and year): 1923

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Philip Shroder

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Theresa

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Catherine Robertson

(Address) 2 Lancaster Roedale Md

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 5/18 . 36

19. UNDERTAKER: J M Cole

(Address) 1212 Gold St

20. FILED MAY 11 1936 Huntington Williams, Registrar

M C

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 15 . 1936

22. I HEREBY CERTIFY, That I attended deceased from January 10 . 1936 to May 15 . 1936.

That I saw him alive on May 14 . 1936 Death is said to have occurred on the date stated above, at 5:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	2 Years
Chronic Interstitial Nephritis	10 "
Contributory causes of importance:	
Cardiac Dilatation and Uremia	5 Days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Eisenberg M. D.

(Address) 2025 Eutaw St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

Iustin

F 24057

F 24057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-C

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 E. Fairmont Ave. St. 61 Ward)

2. FULL NAME Petronella Justin

(a) RESIDENCE No. 1806 E. Fairmont Ave. St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Married

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Mathew Justin

6 DATE OF BIRTH (month, day, and year) June 5 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Flint-Picker

(b) General nature of industry, business, or establishment in which employed (or employer) Coal Co

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Louis Powers (Address) 402 Patterson Ave.

15 (Date) MAY 17 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15th 1936

17

I HEREBY CERTIFY, That I attended deceased from March 28th, 1936, to May 15th, 1936

that I last saw h[illegible] alive on May 15th, 1936

and that death occurred, on the date stated above, at 7.20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) L. L. Gordy. M. D.

5-15-1936 (Address) 5106 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery. DATE OF BURIAL May 18th 1936

20 UNDERTAKER Charles W. Zill. ADDRESS 3209 Fredk Ave.

F 24058 Salan F 24058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2606 Springhill ave (St.) (Ward) 12

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street (and number.)

Length of residence in city or town where death occurred 34 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 5 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baer Salan

(a) Residence: No. 2606 Springhill ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Salan

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Israel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah Paul

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sol Salan

(Address) 2836 Boarman ave

18. BURIAL, CREMATION, OR REMOVAL

Date Hebrew Date 5/17/36

19. UNDERTAKER Sol. Levin Inc

(Address) 1439 E. Baltimore St

MAY 17 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15 1936

22. I HEREBY CERTIFY, That I attended deceased from May 14 1936 to May 15 1936.

That last saw h.m alive on May 15 1936. Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5/10/36
Myocardial Insufficiency	
Myocardiac Degeneration	8 yrs.

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Milton Strauss M. D.

(Address) 3911 Forest Park Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24059

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24059

131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Englehardt

(a) Residence: No. 1046 Valley st St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary L Clark Englehardt

6. DATE OF BIRTH (month, day, year) Jan. 26 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39 yrs.	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith Boss 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Dying Co. 60

10. Date deceased last worked at this occupation (month and year) 5 6 21

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John C. Englehardt

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mattie Mitten

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Mary L. Englehardt
(Address) 1046 Valley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date May 18, 1936

19. UNDERTAKER Elmer H. Conklin
(Address) 924 Lanvale st

Huntington Williams, Inc.

MAY 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1936 to May 15 1936

I last saw h alive on May 15 1936. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	
Chronic uremia	Dec. 1935

Co.

Other contributory causes of importance:

Arteriosclerosis
Hypertension

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Samuel A. Belgarodsky M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 24060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 24060

210M

Registered No. 15-11

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore Gen. Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S Veteran specify WAR

2. FULL NAME JAMES I. BOYLE

(a) Residence: No. 3713 Cold Spring Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Worthington

6. DATE OF BIRTH (month, day, year) Sept. 25. 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Quarry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME James H. Boyle

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Agnes Pecher

16. BIRTHPLACE (city or town) Pa.
(State or country)

17. INFORMANT Katherine W. Boyle
(Address) 3713 Cold Spring Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Emmitsburg Md. Date May 18, 1936

19. UNDERTAKER John C. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED May 16 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquest
(Inquest, Autopsy or Inquiry)
find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage	5/15/36
Accident	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 5/15 1936
Where did injury occur? Park Hwy & Cold Spring Lane
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Highway
Manner of injury Collision between 2 Automobiles
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Tuber Gurley Dyke Coroner M. D.
(Address) 907 N. Charles St.

MAY 17 1936

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Reverse

F 24061

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24061

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 N. Luzerne Ave 8-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Frances Krult

If U. S. Veteran specify WAR .....

(a) Residence: No. 1507 N. Luzerne Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Christian F. Krult

6. DATE OF BIRTH (month, day, year): 1867

7. AGE: Years 68 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): 0 yr

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Wm. H. Emery

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Sarah E. Keys

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Christian F. Krult

(Address) 1507 N. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto Mem. Date: May-19-1936

19. UNDERTAKER: H. C. Kelly

(Address) 2435 E. Oliver St

Filed MAY 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May-16-1936

22. I HEREBY CERTIFY, That I attended deceased from May 1- 1936, to May 16- 1936

I last saw her alive on May 15- 1936 Death is said to have occurred on the date stated above, at 12-0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of Coronary Artery	May 1-36
Other contributory causes of importance: Edema of Lungs	May 15-36

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E. Gill Hall M. D.

(Address) 1631 E. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

24062

24062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1041 W. Fayette St. 18-Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Levin Savage

If U. S. Veteran specify WAR .....

(a) Residence: No. 1041 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Savage

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc All Kinds

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Geo Savage

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mamie Jaynes

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lena Savage
(Address) 1041 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 5/17, 1936

19. UNDERTAKER Robert C. Williams
(Address) 1515 N. Chapel St

20. FILED MAY 17 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1936 to May 13, 1936

I last saw him alive on May 11, 1936 Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	May 13
Other contributory causes of importance: Gen. Arterio Sclerosis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H S McGard, M. D.

(Address) 2029 Druid Hill av

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24063 ✓ F 24063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

212 M

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hospitals St. 4-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jessie Virginia Johnson If U. S. Veteran specify WAR

(a) Residence: No. 736 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas W. Johnson

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Woodsboro (State or country) Maryland

FATHER

13. NAME Peter T. Wolfman

14. BIRTHPLACE (city or town) Woodsboro (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Zangle

16. BIRTHPLACE (city or town) Woodsboro (State or country) Md.

17. INFORMANT Stone & Stone Attys. (Address) Frederick Md.

18. BURIAL, CREMATION, OR REMOVAL Place Frederick Cem. Date May 15 1936

19. UNDERTAKER Charles P. Powell (Address) 113 N. Eutaw St.

20. FILED 19 ... Registrar Washington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st femur & 1st wrist fractures	April 27, 1936
Other contributory causes of importance: hypostatic pneumonia	May 10

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide accident Date of injury April 27 1936
Where did injury occur? Baltic Maryland (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Balt & Pine Sts.
Manner of injury knocked down by bicycle
Nature of injury Contusions, hands left + fracture as above

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) W. W. Wright M. D.
Coroner
(Address) 1010 S. Ellwood Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

F 24064

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24064

CERTIFICATE OF DEATH

79-W

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Sydenham Hosp St., 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Loretta Pittinger

If U. S. Veteran specify WAR

(a) Residence: No. 1825 N Collington Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 26, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	10	19 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pickle Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Albert Pittinger

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Virginia Tudor

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Albert Pittinger

(Address) 1825 N Collington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Morelands Parkhurst Date May 18th, 1936

19. UNDERTAKER Leo G Crook

(Address) 1703 N Patterson Park Ave

20. FILED Huntington Feltmarsh, Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1936 to May 14, 1936

I last saw h alive on May 14, 1936 Death is said to have occurred on the date stated above, at 11 15/60 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis	5/9/36
Pneumococcic	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ryan C. Tece M. D.

(Address) Sydenham Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24065

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24065

CERTIFICATE OF DEATH

48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. 28-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Von Haffner

(a) Residence: No. 3709 Milford Road, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/20/1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	11	27 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dressmaking

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME J. R. Von Haffner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Cobb

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs R Cameron

(Address) 3709 Milford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 5/18/36

19. UNDERTAKER J. J. Fahey & Sons

(Address) 1318 Light St.

20. FILED MAY 19 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1936, to May 16, 1936

I last saw h[illegible] alive on May 16, 1936 Death is said to have occurred on the date stated above, at 2:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus (body)	?

Other contributory causes of importance:

Arteriosclerosis	

Name of operation none Date of —

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify

(Signed) J. Rowe Moore M. D.

(Address) Franklin Square Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

F 24066 ✓ F 24066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 121

1. PLACE OF DEATH University Hospital
CITY OF BALTIMORE: (No. Redwood & Greene St. 4-7 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harvey H Long
If U. S. Veteran specify WAR
(a) Residence: No. Fredericksburg Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 17, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 57	8		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER
13. NAME Capt. Henry Long
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER
15. MAIDEN NAME Sue M. Dix
16. BIRTHPLACE (city or town) (State or country) St Joseph. Mo.

17. INFORMANT Mrs Kate Long
(Address) Fredericksburg Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Fredericksburg Md. Date May 19 1936

19. UNDERTAKER J. T. Trampton & Son
(Address) Fredericksburg Md.

20. FILED ... 19... Registrar

MAY 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/17/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/17, 1936, to 5/17, 1936
I last saw him alive on 5/17, 1936 Death is said to have occurred on the date stated above, at 8.25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis with Cholelithiasis	
Acute appendicitis	
Gastric Ulcer	

Other contributory causes of importance:

Pulmonary Tuberculosis	
Bronchial Asthma, Arteriosclerosis	

Was an operation performed? yes Date of 5/8/36
For what disease or injury? Cholecystitis, Appendicitis
Name of operation Laparotomy Date of 5/8/36
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. H. Robinson Jr. M. D.
(Address) University Hospital

Vs 3

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 24067 ✓ F 24067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 N bastle St., 6-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Kaptain

(a) Residence: No. 20 N bastle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Kaptain

6. DATE OF BIRTH (month, day, year) March 4 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Antone Kaptain

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rose Lucas

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frances Eckert

(Address) 510 S Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 18. 1936

19. UNDERTAKER Martin W. E. Appel

(Address) 37 E Lanvale St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance: Pulmonary Embolism

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Chenkes M. D.
Coroner

(Address) 1912 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

MAY 11

F 24068

F 24068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 S Wolfe St., 20th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen L Murphy

If U. S. Veteran specify WAR .....

(a) Residence: No. 128 S Wolfe St Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. If single, married, widowed, or divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND (or) WIFE of Clarence W Murphy

6. DATE OF BIRTH (month, day, year): July 18 1907

7. AGE: Years 28 | Months 9 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: John Walmsley

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Nettie E Eman

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Clarence W Murphy

(Address) 128 S Wolfe St

18. BURIAL, CREMATION, OR REMOVAL: Mt Olivet Cem 5/18/36

19. UNDERTAKER: Geo A Farley

(Address) Fulton & Fayette

(Date received) MAY 17 1936, 19 ..... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1936, to May 10, 1936

I last saw her alive on May 10, 1936. Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance: none

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Nathan Racusin, M. D.

(Address) 206 S. Gilmor St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24069 ✓ F 24069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14115 349-95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 6-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1915 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ethel Langfield

(a) Residence: No. 2103 Moyer St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert

6. DATE OF BIRTH (month, day, year) 8-1-1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Hanson Johnson (D)

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Henriette

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Jewish M E Cemetery Date May 18 1936

19. UNDERTAKER John Uelrich

(Address) 2005 Gilliam St

FILED 19 Registrar

MAY 17 1936 Arlington Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/12, 1936 to 5/15, 1936

I last saw her alive on 5/15, 1936. Death is said to have occurred on the date stated above, at 4 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Disease	?
Other contributory causes of importance:	over

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitter M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

F 24070 ✓ F 24070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-w

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1536 Boyle St. 24th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Alice Smithman

If U. S. Veteran specify WAR .....

(a) Residence: No. 1536 Boyle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Charles A. Smithman

6. DATE OF BIRTH (month, day, year) June 24, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pleasant Hill Md

FATHER

13. NAME George Smithman Sr.

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Susan Brown

16. BIRTHPLACE (city or town) (State or country) Pleasant Hill Md

17. INFORMANT Mrs Blanche B. Kent

(Address) Owings Mills Md

18. BURIAL, CREMATION, OR REMOVAL

Place Stone Chapel Date May 16, 1936

19. UNDERTAKER A. E. Lynch & Sons

(Address) 1430-32 E. Baltimore St.

20. FILED MAY 16 1936 [illegible] Registrar

MAY 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1936 to May 15, 1936

I last saw her alive on May 15, 1936. Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
Endyl.	

Other contributory causes of importance:

Acute dilatation of Heart.

Was an operation performed? No Date of —

For what disease or injury?

Name of operation none Date of —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

Signed) K. B. Campbell M.D.

5/15/36 (Address) 1644 Hanover St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 24071 ✓ F 24071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — Registered No. ____

CITY OF BALTIMORE: (No. 434 E. Fort Ave St. 24-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Ida Buckborn — If U. S. Veteran specify WAR ____

(a) Residence: No. 434 E. Fort Ave St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Buckborn

6. DATE OF BIRTH (month, day, year) Nov. 16 1866

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
69 yrs.	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Gelnhausen Germany

FATHER

13. NAME Julius Schwartz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs R. Pratt
(Address) 434 E Fort Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date May 18, 1936

19. UNDERTAKER Edward W. Conklin
(Address) 924 E. Eager St

20. FILED 19 ____ [illegible]

MAY 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1936 to May 16, 1936

I last saw her alive on May 6, 1936 Death is said to have occurred on the date stated above, at 1105 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	5 yrs
Uremia	

Other contributory causes of importance:

Was an operation performed? no Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? clinical + Lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) J. H. Barranco, M. D.
(Address) 436 E Fort Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1264-9

F 24072

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24072

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH Pronounced dead

CITY OF BALTIMORE: (No. St Agnes Hosp. St. 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William J. Smith

(a) Residence: No. 1033 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a. If married, widowed, or divorced (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) Apr 6th 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John J. Smith

14. BIRTHPLACE (city or town) (State or country) Mass

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Mass

17. INFORMANT Mrs Elizabeth Smith

(Address) 1033 W. Lombard St—

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date 5/18/ 1936

19. UNDERTAKER John J. Cowan & Son

(Address) 901 W. Fallsway

20. FILED ... 12m. ... Registrar

MAY 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/15/ 1936

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw him alive on ... 19... Death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fire Arrest	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/15/ 1936

Where did injury occur? Old York Road - near Eldridge
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home or in public place Highway

How injury occurred Struck by automobile while crossing York Road

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Harlow (Auto) M. D.
Coroner

(Address) 907 N. Charles

OCCUPATION is very important. See instructions on back of certificate.

F 24073 HEALTH DEPARTMENT—CITY OF BALTIMORE F 24073

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 40 S. Carlton St., 18-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. 10 mos. 21 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna M. Hudgins

(a) Residence: No. 40 S. Carlton St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Hudgins

6. DATE OF BIRTH (month, day, year) June 24 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Mr. George Hudgins

(Address) 40 S. Carlton Street.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 5/19/ . 1936

19. UNDERTAKER John J. Cowan & Son

(Address) 901 Hollins Street

20. FILED 19 ... Registrar

MAY 17 1936 ... Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/15/ 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936 to May 16, 1936

I last saw h[illegible] alive on May 15 1936 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Uremia Poisoning.	5/1/36
	about

Other contributory causes of importance:

None

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation no Date of —

What test confirmed diagnosis? Urine Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. Hartogensis, M. D.

(Address) 888 W. Lombard St.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 24074

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24074

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 Hollins St., 18-3 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anthony P. Constant

(a) Residence: No. 816 Hollins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine A Constant

6. DATE OF BIRTH (month, day, year) Aug 29 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectionery Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1914

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Demetrios Constant

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Helen Mouchteros

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Mr Nicholas Constant
(Address) 816 Hollins St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 5/18/ 1936

19. UNDERTAKER John F Cowan & Son
(Address) 901 Madison Ave

MAY 17 1936 Filed Huntington Williams MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/14/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1936 to May 14 1936

I last saw him alive on May 14 1936 Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis	6 Mo

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Chas Norton, M. D.

(Address) 886 N Longwood St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24075

F 24075 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 54-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Cross

(a) Residence: No. Westminster Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 17. 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House servant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) 6 mo

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Carroll Co. Md.

FATHER

13. NAME Luther C. Cross.

14. BIRTHPLACE (city or town) (State or country) Westminster Carroll Co. Md.

MOTHER

15. MAIDEN NAME Ella Myers

16. BIRTHPLACE (city or town) (State or country) Wakefieldsburg Carroll Co. Md.

17. INFORMANT Luther C. Cross.

(Address) Westminster, Md.

18. BURIAL, [illegible] Place Western Chapel Date May 20. 19 36

19. UNDERTAKER John E. Myers Jr.

(Address) Westminster, Md.

MAY 17 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from MAY 11, 1936, to MAY 17, 1936

I last saw h[illegible] alive on MAY 17, 1936. Death is said to have occurred on the date stated above, at 9:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PULMONARY AND CEREBRAL EMBOLISM	5-17-36
FOLLOWING OPERATION (7th DAY)	
FOR UTERINE FIBROIDS	
Other contributory causes of importance: UTERINE FIBROIDS	

Was an operation performed? YES Date of 5-12-36

For what disease or injury? UTERINE FIBROID (2 LBS)

Name of operation SUPRAVAGINAL HYSTERECTOMY BILATERAL SALPINGECTOMY Date of 5-12-36

What test confirmed diagnosis? — Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. D. Reinhardt Jr. M. D.

(Address) .....

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24078 ✓ F 24076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 145-a-107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos. 3 ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Mrs Dorothy ~~Seiler~~ Seiler

If U. S. Veteran specify WAR.....

(a) Residence: No. Abbotson MD St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Seiler

6. DATE OF BIRTH (month, day, year) Feb 28 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MD

FATHER

13. NAME Ernest Forman

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Flora Gallup

16. BIRTHPLACE (city or town) (State or country) MD

17. INFORMANT Mrs O L Jacobs
(Address) Aberdeen md

18. BURIAL, CREMATION, OR REMOVAL
Place Presqu'ile Cem Date May 19 36

19. UNDERTAKER Henry Taring & Son
(Address) Aberdeen md

FILED MAY 17 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17 36

22. I HEREBY CERTIFY, That I attended deceased from MAY 15, 1936, to MAY 17, 1936

I last saw her alive on MAY 17, 1936. Death is said to have occurred on the date stated above, at 6:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PELVICAL ABSCESS	5-1-36
SEPTICEMIA	
BRONCHO PNEUMONIA	
ABSC.	

Other contributory causes of importance:

ABSCESS LEFT SIDE FOR SEVERE CYSTITIS

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so specify .....

(Signed) E. D. Bamberger Jr. M. D.

(Address) Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 24077

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24077

CERTIFICATE OF DEATH

K47-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 7-d Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Edward Karins — If U. S. Veteran specify WAR .....

(a) Residence: No. 107 Belmont Ave St., Ward Margate N.J.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Catherine

6. DATE OF BIRTH (month, day, year) Oct 4 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gas inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. J.

FATHER

13. NAME Patrick Karins

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Golden

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Harwood Mem. Park Date May 18 1936

19. UNDERTAKER John C. Whitehill & Son
(Address) 1605 Eutaw Place

20. FILED MAY 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17 1936

22. I HEREBY CERTIFY, That I attended deceased from May 16 1936 to May 17 1936

I last saw him alive on May 17 1936. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Bronchogenic carcinoma — Date of onset Jan 1936 — Poor

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edw B Trossman M. D.

(Address) The Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

MAY 18 1936

F 24078

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24078

122-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 N. Calhoun St., 19-2 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR Civil

2. FULL NAME Mary E. Warfield

(a) Residence: No. 9 N. Calhoun St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late James R. Warfield

6. DATE OF BIRTH (month, day, year) Mar. 2-1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henry Stuart

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Edith Shaffer.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Mr. Wm. Selby
(Address) 9 N Calhoun St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date May 19 36

19. UNDERTAKER Geo. L. Beyer Jr.
(Address) 512 Hollins St.

20. FILED May 19 1936 Ft. Eng. Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16 1936

22. I HEREBY CERTIFY, That I attended deceased from May 12 1936 to May 16 1936.

I last saw her alive on May 16 1936 Death is said to have occurred on the date stated above, at 10.25 A m.

The principal cause of death and related causes of importance were as follows:

Complete obstruction of the bowel — Date of onset May 12/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Austin F. Robinson M. D.

(Address) Medical Arts Bldg.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24079

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24079

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1106 Leadenhall St. 23-1 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kenneth Linwood Mossell

If U. S. Veteran specify WAR

(a) Residence: No. 1106 Leadenhall St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 19th 1928

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Daniel Mossell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Viola Harris

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Daniel Mossell
(Address) 1106 Leadenhall St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 5/16 1936

19. UNDERTAKER Walter R. Smith
(Address) 1219 W. Lanvale St

Registrar.

MAY 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14 1936

22. I HEREBY CERTIFY, That I attended deceased from May 12 1936 to May 14 1936

I last saw him alive on May 14 1936 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5/11/36

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? no

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) D. H. Campbell M. D.

(Address) 109 W. Fayette St

OCCUPATION is very important. See instructions on back of certificate.

13835 F 24080

24080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-1-95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 14 Ward 2)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eli Clark

(a) Residence: No. 545 W. Mosher St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 5- -1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Shede

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Charlotte Urquhart

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvery Date May 18 1936

19. UNDERTAKER Elmer G Wilson
(Address) 1000 Druid Hill Ave

20. FILED MAY 18 1936 1936 Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/14/1936

22. I HEREBY CERTIFY, That I attended deceased from 4/28/1936 to 5/14/1936

I last saw him alive on 5/14/1936 Death is said to have occurred on the date stated above, at 11:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular disease	5 wks.

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 24081

F 24081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 126

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St. 4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S Veteran specify WAR .....

2. FULL NAME Mary Easton

(a) Residence: No. Hillsboro Easton Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Easton

6. DATE OF BIRTH (month, day, year) March 23 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George E Brown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ellen S. Poulson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT George Easton

(Address) Easton Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Hillsboro Cemetery Date May 20 1936

Hillsboro Md

19. UNDERTAKER John F Denny

(Address) 715 Light St

20. FILED MAY 19 1936 Arlington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/18 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1936 to May 18 1936

I last saw him alive on May 18 1936. Death is said to have occurred on the date stated above, at 2:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	5/12/36
Generalized arteriosclerosis	Unknown

Other contributory causes of importance:

Chronic Cholecystitis and Cholelithiasis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles L. Lockhardt M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 24082

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24082

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2068 Rockrose av St. 13-8 Ward)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jeremiah J Ruby

If U. S Veteran specify WAR .....

(a) Residence: No. 2068 Rockrose av St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Ruby

6. DATE OF BIRTH (month, day, year) May 4, 1864.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Textile Worker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henry Ruby

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Olivia ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Josephine Ruby

(Address) 2068 Rockrose Ave

18. BURIAL, CREMATION, OR REMOVAL

St. Mary's Cemetery Date May 18, 1936

19. UNDERTAKER Chenow Undertaking Co

(Address) 3615-17 Eastern Ave

MAY 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15th, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	5/15/36
Arteriosclerosis	1931

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Edward Duffy Lowe, M. D.

Coroner

(Address) Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 24083

F 24083 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 Whatcoat St. 15-1 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Catherine Clark

(a) Residence: No. 1319 Whatcoat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Clark

6. DATE OF BIRTH (month, day, year) April 18, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	—	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Servant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) November, 1935

11. Total time (years) spent in this occupation 45 yrs.

12. BIRTHPLACE (city or town) (State or country) Essex County Virginia

FATHER

13. NAME James H. Webb

14. BIRTHPLACE (city or town) (State or country) Essex County Virginia

MOTHER

15. MAIDEN NAME Eliza Adams

16. BIRTHPLACE (city or town) (State or country) Essex County Virginia

17. INFORMANT James H. Webb
(Address) 1005 Linden ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date May 18, 1936

19. UNDERTAKER Samuel R. Chase & Son
(Address) 638 N. Gilmor St

20. FILED MAY 18 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5.16.36. 19

22. I HEREBY CERTIFY, That I attended deceased from December 26. 1935. to May 16. 1936

I last saw her alive on May 16. 1936 Death is said to have occurred on the date stated above, at 4:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5.16.36
myocarditis	December 1935

Other contributory causes of importance:

acute Bronchitis	December 1935

Name of operation none Date of .....

What test confirmed diagnosis? Phy. Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James M. Fair M. D.

(Address) 865 W. Lexington St

OCCUPATION is very important. See instructions on back of certificate.

F 24084

F 24084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 54-D

Registered No.

1. PLACE OF DEATH: Smith Baltimore Gen. Hosp.

CITY OF BALTIMORE: (No.) 7 W. Barney St., 23 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME: Jacob B. Schneider

(a) Residence: No. 104 W. Cromwell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Oct. 7-1926

7. AGE: Years 9 | Months 7 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Charles H. Schneider

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Mary Manion

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Chas. H. Schneider 104 W. Cromwell

18. BURIAL, CREMATION, OR REMOVAL: Place Cedar Hill Date 5/19, 1936

19. UNDERTAKER (Address): L. Lee McCully 130 E. Fort Ave

Registered

MAY 18 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1936, to May 15, 1936

I last saw h alive on May 15, 1936 Death is said to have occurred on the date stated above, at 10:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor	?
Other contributory causes of importance:	acute

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William Dorsey M. D.

(Address) Smith Baltimore Gen. Hosp.

M. D. F 1268 F 24085 F 24085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bay City Hospital St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Jones

(a) Residence: No. None St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 45-50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junkster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fruit repairs &c

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Jones

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Priscilla Simms

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Henrietta Jones

(Address) 613 W. Lemmon St

18. BURIAL, REMOVAL OR CREMATION

Place Druid Ridge Cem Date May 19th 1936

19. UNDERTAKER Bernard P. Hennelly

(Address) 28 Druid Hill Ave

Huntington Station, Md

Registrar

MAY 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. C. Wright Coroner M. D.

(Address) 1010 S. Ellwood Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 24086

F 24086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4202 Roland Ave. St., 27-14 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edna K. Spurr

(a) Residence: No. 4202 Roland Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John P. Spurr

6. DATE OF BIRTH (month, day, year) July 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NO

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stevensville Md.

FATHER

13. NAME Edward C. Legg

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Katherine Bennett

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Edward B. Kean

(Address) 624 H. St., N. W., Wash., DC

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Cem., Va. Date May 19 1936

19. UNDERTAKER John C. Mitchell & Son Inc.

(Address) 1900 Eutaw Place

20. FILED ..... 19.....

MAY 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-16-1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to May 16, 1936

I last saw her alive on May 16, 1936. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Lateral sclerosis	
Bulbar Paralysis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? NO (Specify)

(Signed) H. E. Frantz, M. D.

(Address) 1123 St. Paul St.

OCCUPATION is very important. See instructions on back of certificate.

V 9 3

F 24087

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24087

CERTIFICATE OF DEATH

14057 V 9

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Green

(a) Residence: No. 133 W. Hoffman St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-16-35

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Samuel Green

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Margarette Wall

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date May 18 1936

19. UNDERTAKER Jesse M. Tedder
(Address) 1436 N. Biddle St

May 18 1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/9, 1936, to 5/15, 1936.

I last saw her alive on 5/15, 1936. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis ?	5/6/36
Bronchopneumania.	5/6/36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Blood count Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Rosenbaum Jr. M. D.

(Address) Balto City Hospitals.

OCCUPATION is very important. See instructions on back of certificate.

F 24088

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24088

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hosp. Registered No. .....
CITY OF BALTIMORE: (No. 1509 Light St., St., 14th Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annette alford If U. S. Veteran specify WAR .....
(a) Residence: No. 1508 Light St., Ward. Same Virginia
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None.

6. DATE OF BIRTH (month, day, year) April 21, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Seneca Virginia

FATHER
13. NAME John Alford
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Ruth Lewis
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT John H. Alford
(Address) Seneca Rout Virginia

18. BURIAL, CREMATION, OR REMOVAL
Place Ottoman Va. Date May 20. 1936

19. UNDERTAKER Wm Goode
(Address) 1217 St Paul St

REGISTERED ..... 19 .....

MAY 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18. 1936

22. I HEREBY CERTIFY, That I attended deceased from May 10. 1936 to May 18. 1936
I last saw h alive on May 17. 1936 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5/8/36
Other contributory causes of importance:	
Whooping cough.	4/36

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William Durgee M. D.
(Address) South Baltimore Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 24089

24089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital — Registered No. 72-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1206 St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Mrs John Kelley (Ida)

(a) Residence: No. 3304 Elm Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs John Kelley (separated)

6. DATE OF BIRTH (month, day, year) 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife - No

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William J. Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Co.

MOTHER

15. MAIDEN NAME Laura V. Nace

16. BIRTHPLACE (city or town) (State or country) Baltimore Co.

17. INFORMANT Mrs Lillian H. Nace
(Address) 3304 Elm Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn - Date 5-18-36

19. UNDERTAKER Wendell & Humphreys
(Address) 1001 N. Broadway

20. FILED ... Custom Williams, Md.

MAY 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-17-36

22. I HEREBY CERTIFY, That I attended deceased from May 9 1936 to May 17 1936

I last saw her alive on May 14, 1936 Death is said to have occurred on the date stated above, at 3:35 pm.

The principal cause of death and related causes of importance were as follows:

Acute lymphoid leukemia — Date of onset 5-8-36

Other contributory causes of importance:

None

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Blood study Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If specify ...

(Signed) H. Leslie Fleming M.D., M. D.

(Address) Union Mem. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 24090

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24090

CERTIFICATE OF DEATH

✓50.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 3888 2-2-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Madelene Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. 828 S. Sharp St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) 2-14-1899/901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Jessie Bradley

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Maddie Gunner

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Auburn Ct Date 5/19/36 19

19. UNDERTAKER Isaiah Brown & Son (Address) 108 W Montgomery St

20. FILED 19 Funeral Director or Undertaker

MAY 19 '36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-14 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-6 . 1936 to 5-14 . 1936

I last saw h[illegible] alive on 5-14 . 1936 Death is said to have occurred on the date stated above, at 4:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast, Rt.	?
Other contributory causes of importance: Terminal Bronchopneumonia	5-12-36

Was an operation performed? no Date of —

For what disease or injury? none

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 24091 HEALTH DEPARTMENT—CITY OF BALTIMORE F 24091

CERTIFICATE OF DEATH

106-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 E. Fairmount Ave St., 6-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Simon Jeffein

(a) Residence: No. 1921 E. Fairmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Jeffein

6. DATE OF BIRTH (month, day, year) Dec. 15, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	5 6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store Prop. 6034

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Gershon Jeffein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr. Ralph Jeffein (Son)
(Address) 3513 Holmes Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Heb. Friendship Cem May 18, 1936

19. UNDERTAKER David Sondheimer & Son
(Address) 1902 Eutaw Place.

20. FILED MAY 19 1936, [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 1936 to May 16, 1936

I last saw h in alive on May 16, 1936 Death is said to have occurred on the date stated above, at [illegible] P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency 12 hr	1 day
Other contributory causes of importance:	
Arteriosclerosis 97	
Carcinoma Bronchus 1062	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? V Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Sondheimer & Son, M. D.

(Address) 2324 Eutaw Place.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Cylburne Court Apts ✓

F 24092 HEALTH DEPARTMENT—CITY OF BALTIMORE F 24092

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH Cylburn Court Apts. Registered No. .....

CITY OF BALTIMORE: (No. Entrance Pl. or Hospital) 12-K Ward Lane (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Milton L. Lowenthal

(a) Residence: No. Cylburn Apts. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy B. Lowenthal

6. DATE OF BIRTH (month, day, year) Sept. 8, 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ladies To Wear
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Daniel Lowenthal
14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Rebecca Goldsmith
16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. M. L. Lowenthal (Address) Cylburn Apts.

18. BURIAL, CREMATION, OR REMOVAL Place Heb. Friendship Date May 19 1936

19. UNDERTAKER Harid Landheim & Son (Address) 1902 Eutaw Place

18 1936 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17 1936

22. I HEREBY CERTIFY, That I attended deceased from July ... 1929 to May 17 1936
Last saw him alive on May 16 1936 Death is said to have occurred on the date stated above, at 1.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	(Final) May 17
Cardiac Hypertrophy	12 yrs
Myocardial Degeneration	2 yrs

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Milton Sinai, M. D.
(Address) The Medical Arts Bldg

OCCUPATION is very important. See instructions on back of certificate.

24018 ✓ F 24093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. 526-11

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3312 Hudson St. St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME John P. Vontran

(a) Residence: No. 3312 Hudson St. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Vitoria Vontran.

6. DATE OF BIRTH (month, day, year) Jan 1st 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stable Boss 074

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A. A. Co. Balto.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John Vontran

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Vontran
(Address) 3312 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date May 19 1936

19. UNDERTAKER Talbert Funeral Home
(Address) 703 S Woodyear

MAY 18 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6 . 1936 to May 15 . 1936

I last saw him alive on May 15 . 1936 Death is said to have occurred on the date stated above, at 11/30 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolus	Feb. 6

Other contributory causes of importance: ✓

Was an operation performed? No Date of ✓

For what disease or injury?

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. Keller, M. D.

(Address) 1957 Gough St

OCCUPATION is very important. See instructions on back of certificate.

(Fahey)

21084 HEALTH DEPARTMENT—CITY OF BALTIMORE 21084

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 724 N. Kenwood Ave St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael J. Fahey

If U. S. Veteran specify WAR .....

(a) Residence: No. 724 N Kenwood St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Widower

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Fahey

6. DATE OF BIRTH (month, day, year) May 1 - 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edward Fahey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Anna Mason

(Address) 724 N Kenwood

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn. Date May 17 1936

19. UNDERTAKER Lilly & Zeiler

(Address) 3 or 3 28 W Oliver

18 1936 Huntington Avenue, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1 1936 to May 16 1936

I last saw him alive on May 15 1936 Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema - Senility	1 yr
Other contributory causes of importance: Cerebral Hemorrhage	2 days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward J. Wood M. D.

(Address) 413 N Washington

OCCUPATION is very important. See instructions on back of certificate.

24095 F 24095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 N Collington Ave St., 7 Ward) 7-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna M Gunzelmann

If U. S. Veteran specify WAR

(a) Residence: No. 618 N Collington Ave St., 7 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Casper Gunzelmann

6. DATE OF BIRTH (month, day, year) Dec, 16 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66 67	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Gunzelmann (Son)

(Address) 618 N Collington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 19 19 36

19. UNDERTAKER Lilly & Eyler Inc

(Address) 408 N Howard St

20. FILED MAY 19 1936 By ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16 36

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 36 to May 16 36

last saw h... alive on May 13 36 Death is said to have occurred on the date stated above, at 12 30 m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus Duration Abt Jan 1-24

Other contributory causes of importance:

Diabetic Gang

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

24096

F 24096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3703 Springdale Ave Ward 5-8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur David Rivers

(a) Residence: No. 3703 Springdale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Janet Cross

6. DATE OF BIRTH (month, day, year) April 14, 1855

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
81	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Factory

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Charleston, S.C.
(State or country)

FATHER

13. NAME William James Rivers

14. BIRTHPLACE (city or town) Charleston,
(State or country) S.C.

MOTHER

15. MAIDEN NAME Maria Bancroft

16. BIRTHPLACE (city or town) Charleston,
(State or country) S.C.

17. INFORMANT Miss Lily L. Rivers
(Address) 3703 Springdale Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Columbia, S.C. Date May 18, 1936

19. UNDERTAKER George F. Smith
(Address) 1900 Eutaw Place, City

Filed ... 19... Registrar.

MAY 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-17-36

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936 to May 17, 1936
I last saw him alive on May 12, 1936 Death is said to have occurred on the date stated above, at 9P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	3 mo.
Other contributory causes of importance:	
old age.	1 yr.

None

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Thos Lee C. Blake M. D.

(Address) Med. Arts Bldg.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

24097 ✓ F 24097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 8-7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth 34 yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Goldie Dubovsky

(a) Residence: No. 1109 N. Broadway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Max Dubovsky

6. DATE OF BIRTH (month, day, year) 244

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Benjamin Sykes

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fennie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Max Dubovsky

(Address) 1109 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date 5/18/36

19. UNDERTAKER Jos. Levin Sons

(Address) 1939 E. Baltimore st

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1918 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

F 24088

F 24088

U 5213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals. TB Div. Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 18-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Ortelle Mason If U. S. Veteran specify WAR .....

(a) Residence: No. 520 N. Stockton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Separated

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Della Mason

6. DATE OF BIRTH (month, day, year) May 22, 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Unkown

11. Total time (years) spent in this occupation Unkown

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Severn Mason

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Cordelia Moses

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date May 22 1936

19. UNDERTAKER Joseph A Lively
(Address) 409 N Mount St

20. FILED ..... 19 .....
Registrar.

MAY 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1935 to May 16, 1936

I last saw h.. im alive on May 16, 1936 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Oct. 1934

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Arthur Karfgin, M. D.
(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 24099

24099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home or Infirmary Ward) 12-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Alice Coyle (Mrs. John W.)

(a) Residence: No. 2725 St Paul St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of John W. Coyle

6. DATE OF BIRTH (month, day, year) Feb 16, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home

10. Date deceased last worked at this occupation (month and year) May, 1936

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Marcellus Segenfritz

14. BIRTHPLACE (city or town) (State or country) York Pa.

MOTHER

15. MAIDEN NAME Elizabeth Chamberlain

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) Hospital records

18. BURIAL, CREMATION, OR REMOVAL Pikesville Park Date 6-19-36 19

19. UNDERTAKER Henry W. Jenkins Son Co (Address) Orleans & Ellwood

DR 18 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1936 to May 16, 1936

I last saw h[illegible] alive on May 16, 1936 Death is said to have occurred on the date stated above, at 8:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	?
Other contributory causes of importance: Intestinal Obstruction due to local extension and metastases	

Name of operation ——— Date of

What test confirmed diagnosis? Exam, Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carlton M Adams M. D.

(Address) Church Home - Bty.

OCCUPATION is very important. See instructions on back of certificate.

F 24100 ✓ F 24100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Jo Batto Gen Hosp 20-4 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Josephine Schuster

If U. S. Veteran specify WAR .....

(a) Residence: No. 2247 W Balto St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 31/09

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2 6	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Buttonhole Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Schneider + Stahl

10. Date deceased last worked at this occupation (month and year) 5 wks ago

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Schuster

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Barbara Schadt

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Mother 2247 W Balto St.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date May 19, 1936

19. UNDERTAKER Harry H. Wattle

(Address) 4101 Edmondson Ave

20. FILED MAY 18 1936 Registrar, Baltimore, Md.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1936 to May 15, 1936

I last saw her alive on May 15, 1936 Death is said to have occurred on the date stated above, at 10:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Marasmus + Dehydration	
	2 wks

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury .....

Name of operation .....

What test confirmed diagnosis? Was there Appendicitis

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M. Adams M. D.

(Address) Jo Batto Gen Hosp.

F 24101

24101 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1245 N. Bentalou St., 6 Ward)

Registered No. 650

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine R. Wingate

If U. S. Veteran specify WAR

(a) Residence: No. 1245 N. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph H Wingate

6. DATE OF BIRTH (month, day, year) Feb. 28, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Wingate

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Robinson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT F. S. Welker
(Address) 1245 N. Bentalou

18. BURIAL, CREMATION, OR REMOVAL
Place Wingate Md Date May 19, 1936

19. UNDERTAKER Wm J Tichnor & Sons
(Address) City

MAY 18 1936 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 1936, to May 16, 1936

I last saw her alive on May 17, 1936. Death is said to have occurred on the date stated above, at 3P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast	Apr. 1936

Other contributory causes of importance:

Bronchial Pneumonia	May 1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation Physical Findings Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wade E Grempler M. D.

(Address) 817 Medical Arts

24102 F 24102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Collins

If U. S. Veteran specify WAR

(a) Residence: No. 255 S. Highland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-19-1924

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~10~~ 11	~~4~~ 5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Anthony

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Leopolda Guistina

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 19. 1936

19. UNDERTAKER William Gladfelter's
(Address) 1618 Eastern Ave

18 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 5-16 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-14 . 1936 to 5-16 . 1936

I last saw h~~im~~ alive on 5-16 . 1936 Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis	1932
Other contributory causes of importance:	
Vincents Angina	5-10-36

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C B Jones M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

F 24103

24103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9-4-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4714 Park Heights Ave. St., 27-16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph H. McCann, U.S. Navy World War.

(a) Residence: No. 4714 Park Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Amos McCann

6. DATE OF BIRTH (month, day, year) March 27, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plumbing

10. Date deceased last worked at this occupation (month and year) May 16, 1936

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Mich.

FATHER

13. NAME James McCann

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Jane Smith

16. BIRTHPLACE (city or town) (State or country) Mich.

17. INFORMANT Mrs. Edith McCann,
(Address) 4714 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 5/20/36 19

19. UNDERTAKER C. Vernon Lemmon.
(Address) 4611 Park Heights Ave.

Huntington Williams, Asst. Registrar.

MAY 18 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/18/1936 . 19

22. I HEREBY CERTIFY, That I attended deceased from Sat May 16 . 1936 to May 18 . 1936

I last saw h[illegible] alive on May 18 . 1936 Death is said to have occurred on the date stated above, at 2.30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5/16/36
Other contributory causes of importance: Angina Pectoris	5/14/36

Name of operation No Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Meyer Miller . M. D.

(Address) 4431 Park Heights Ave

M. D. B. 1268-9

F 24104

24104 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Strott

(a) Residence: No. Baltimore & Payson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 6, 1857

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	79	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME William Roehle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Hufeisen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Ann Poercher

(Address) Baltimore & Payson Sts.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date May 19 , 19 36

19. UNDERTAKER Chas. M. Cook

(Address) 1007 W. Baltimore St.

20. FILED 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1936, to May 17, 1936.

I last saw her alive on May 17, 1936. Death is said to have occurred on the date stated above, at 12.5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine carcinoma	

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. Theodore Boss, M. D.

(Address) Franklin Square Hosp.

V 54 3 OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

24105

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24105

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 336 Rossiter Ave. St., 27-11 Ward)

Length of residence in city or town where death occurred all lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace W. Boyden

(a) Residence: No. 336 Rossiter Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
fem.	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of wife of B. Frank Boyden

6. DATE OF BIRTH (month, day, year) [illegible] 7, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. music teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) July, 1934

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME W. W. Wattman

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Benenia A. Lockhard

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Grace R. Brown, niece

(Address) 336 Rossiter Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date May 20, 1936

19. UNDERTAKER Albert M Gorsuch

1406 E North Ave

Baltimore, Md.

18 1936

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1934 to May 17, 1936

I last saw h alive on May 17, 1936 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia — Cerebral haemorrhage	July 26, 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? signs and symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. F. Shemwell, M. D.

(Address) 3310 Tioga Parkway

OCCUPATION is very important. See instructions on back of certificate.

F 24106 F 24106-24106

F 24106 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 131

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 408 S. Ann St. St., 2-7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth 55 yrs. mos. ds.

2. FULL NAME Michael Wolter — If U. S. Veteran specify WAR

(a) Residence: No. 408 S. Ann St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Wolter (deceased)

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cannery

10. Date deceased last worked at this occupation (month and year) August 1930

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Posen, Poland.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Posen, Poland.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Posen, Poland.

17. INFORMANT Mr. John Wolter,
(Address) 406 S. Ann St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date May 20, 1936

19. UNDERTAKER M. F. Sadowski & Sons
(Address) 1804 Eastern Ave.

MAY 19 1936 Huntington Ave. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 25, 33 to May 17, 1936

I last saw him alive on May 17, 1936 Death is said to have occurred on the date stated above, at 3:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Jan 25 1933
Chronic Cystitis	4-17
Terminal Broncho-Pneumonia	
Other contributory causes of importance:	
Chronic Pyelitis (Jan 25, 1933)	
Prostatic Hypertrophy (Aug. 1930)	

Was an operation performed? Yes Date of Aug 1930

For what disease or injury? Prostatic Hypertrophy

Name of operation? Prostatectomy Date of 1930

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph F. Urenga M. D.

(Address) 209 S. Chester St

M. D. B. 1268-9

F 24107

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24107

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 St James St., 10-2 Ward)

Length of residence in rity or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Sabloffero

(a) Residence: No. 1221 St James St., ... Ward.
(Usual place of abode) (If non-resident give rity or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Carrie Sabloffero

6. DATE OF BIRTH (month, day, year) Oct 11-1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Leather Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tanning

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Smithfield Va

FATHER

13. NAME John Sabloffero

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Buck

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Carrie Sabloffero
(Address) 1221 St James

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 4/18/36 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED ... 19 ...
Registrar.

MAY 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15 1936

22. I HEREBY CERTIFY, That I attended deceased from May 10 1936 to May 15 1936.

I last saw him alive on May 15 1936. Death is said to have occurred on the date stated above at 4:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	May 9 1936

Other contributory causes of importanre:

Name of operation ... Date of ...

What test confirmed diagnosis Nothing Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suiride, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

M. D. (Signed) George P. Adley M. D.
(Address) 507 Cathedral St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

11 8pmc.—1-30—M. & T.—250 Bks.

F 24108

F 24108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 82-a

1-PLACE OF DEATH Hooabird Q.M. Depot, Md.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Holabird Q.M. Depot, Md. ST., 26-b WARD)

2-FULL NAME Robert Sedgwick R- 166851

(a) RESIDENCE No. Holabird Q.M. Depot, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 30, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
✓	59	5 4	17 20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) U.S. Army

(c) Name of employer U.S. Army

9 BIRTHPLACE (city or town) New York City, N.Y.
(State or country)

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

14 Informant Service Record U.S. Army.
(Address) Holabird Q.M. Depot, Md.

15 Filed 19 Registrar

MAY 13 1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17, 1936

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1936, to May 17, 1936, that I last saw him alive on May 5, 1936, and that death occurred, on the date stated above, at about 2:29 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) 0 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Partial (opened skull)

What test confirmed diagnosis? Exposed hemorrhage of cerebrum.

(Signed) Robert C. Mealey Major, M. D. M. C.

5/17/36 (Address) Holabird Q.M. Depot, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL 5/19 1936

20 UNDERTAKER Sol Levenson & Bros.

ADDRESS 112 Butler St. Balto, Md.

FROM very important. See instructions on back of certificate.

W. Hamm, 1215 Hanover St.

F 24109

M. D. B 1268-9

F 24109 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-c

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. B. H. Hosp. St., 15-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME FRANK D. COHEN

(a) Residence: No. 2806 Violet Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) 12-7-72

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired, 1080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. mens tailor

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Levine Cohen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fannie —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. M. Levenchal (daughter)

(Address) 2806 Violet Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rosedale Date 5-19-, 1930

19. UNDERTAKER Jack Levine Inc

(Address) 1734 E. Baltimore St

MAY 19 1930 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-18-, 1930

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ... death on the day stated above. 3-4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia,	

Other contributory causes of importance:

Carcinoma Oesophagus,

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. Hamm, M. D.
Coroner

(Address) 1215 Hanover

F 24110

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24110

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Home — Levindale 27-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? 75 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jennette Waldman

(a) Residence: No. Aged Home St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jerome

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Aged Home

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Mt. Carmel Date 5/19/36

19. UNDERTAKER Jack L. Levin Inc. 1439 E. Balto. St.

(Address)

20. FILED MAY 19 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-19 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-5 1934 to 5-19 1936

I last saw h[illegible] alive on 5-18 1936. Death is said to have occurred on the date stated above, at 6.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
arteriosclerosis	
Hemiplegia, left.	
Other contributory causes of importance:	Over

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Edmund Levin M. D.

(Address) Levindale

OCCUPATION is very important. See instructions on back of certificate.

F 24111

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24111

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2208 E. Fairmount St.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registered No. .....

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Jena Bernstein

(a) Residence: No. 2208 E. Fairmount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Bernstein

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 20 37

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Adolph Bernstein
(Address)

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery 5/19/36

19. UNDERTAKER Jack Levin Inc
(Address) 1439 E. Baltimore St.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/18/36. 19

22. I HEREBY CERTIFY, That I attended deceased from May 12 1936 to May 18 1936

I last saw h[er] alive on May 18 1936 at 8 15 p. m. Death is said to have occurred on the date stated above, at 8 15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion 940	1 day
Myocardial Degeneration 930	years
Other contributory causes of importance:	
Chronic Bronchitis 560	several years

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 ....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) A. Fox Rees, M. D.

(Address) 24 E. Mount

M. D. F. 1268-9

F 24112 HEALTH DEPARTMENT—CITY OF BALTIMORE F 24112

CERTIFICATE OF DEATH ✓ 131

1. PLACE OF DEATH West Baltimore General Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 19 Ward 2

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Brown

(a) Residence: No. 1408 W. Lexington St St., Ward.
(Usual place of abode) (aged Home) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 17, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
✓ 75	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas Brown

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Miller

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary E Forestal
(Address) 1400 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Brownsville Md Date May 19 1936

19. UNDERTAKER F Kernon Kechner
(Address) 231 E Edmondson Ave

20. FILED ..... 19 ..... Registrar

Y 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17 1936

22. I HEREBY CERTIFY, That I attended deceased from April 30 1936 to May 17 1936
I last saw him alive on May 17 1936. Death is said to have occurred on the date stated above, at 10 50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arteriosclerotic C-V-R Disease	
" "	

Other contributory causes of importance:

2. Stricture of Posterior Urethra	

Name of operation ..... Date of .....

What test confirmed diagnosis? From. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) S Allen M. D.

(Address) West Balto Gen Hosp

OCCUPATION is very important. See instructions on back of certificate.

F 24113

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24113

CERTIFICATE OF DEATH

✓ X 121

1. PLACE OF DEATH St Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 25-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Kinnear

If U. S. Veteran specify WAR .....

(a) Residence: No. 609 Plymouth Rd St., Ward. Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William Kinnear

6. DATE OF BIRTH (month, day, year) April 17 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
✓	44	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Ferdinand M. Rebbert.

14. BIRTHPLACE (city or town) (State or country) Baltimore.

MOTHER

15. MAIDEN NAME Mary Ann Mc Namara

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr. William S. Kinnear (Address) 609 Plymouth Road.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cathedral Date 5/22/ 1936

19. UNDERTAKER John J. Cowan & Son (Address) 1901 Eutaw Place

Registrar.

19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1936 to May 18, 1936

I last saw her alive on May 18, 1936 Death is said to have occurred on the date stated above, at 7⁰⁰ p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Suppurative Appendicitis	5-9-36
Other contributory causes of importance:	
Coronary Embolism	5-18-36

Was an operation performed? yes Date of 5-9-36

For what disease or injury? Acute Appendicitis

Name of operation Appendectomy drainage Date of 5-9-36

What test confirmed diagnosis? path. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robt. F. Healy M. D.

(Address) St. Agnes' Hospital

M. D. F. 1268-9

24114 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 24114

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 18-3 Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. 24 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ethel Evans

(a) Residence: No. 906 Lemmon St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of late Edward A Evans

6. DATE OF BIRTH (month, day, year) Apr 24th 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	—	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Albert Clawson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Virginia Williams

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mr John B. Towse

(Address) 906 Lemmon St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date 5/20/ 1936

19. UNDERTAKER John F Cowan & Son

(Address) 901 W Lafayette Ave

Huntington Williams, Registrar.

20. FILED ..... 19 .....

MAY 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/18/ 1936

22. I HEREBY CERTIFY, That I attended deceased from to the date of the above. 19..... I last saw ..... 19..... Death is said to have occurred on the date stated above, at 4:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. M. Wright M. D.
Coroner

(Address) 1010 S. Ellwood Ave

F 24115

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24115

CERTIFICATE OF DEATH

V 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 21-K Ward)

Length of residence in city or town where death occurred 7 yrs. 1 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Doris Hall

(a) Residence: No. 1253 Washington Blvd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 27 1934.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
2.	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry J Hall

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Catherine Curran

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Henry J. Hall
(Address) 1253 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date 5/20/ 1936

19. UNDERTAKER John J Cowan & Son
(Address) 501 Washington Blvd

[illegible] 19 ..... Registrar

MAY 19 1936

MEDICAL CERTIFICATE OF DEATH

X

21. DATE OF DEATH (month, day, year) 5/18/ 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1 1936 to May 18 1936

I last saw her alive on May 18 1936. Death is said to have occurred on the date stated above, at 3:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar	4/30
Otitis media	5/3
Strept. septicemia	5/16
Strept. meningitis	5/16

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Charles L. Frothingham, M. D.
(Address) University Hospital

M. D. B 1268-9

24316 HEALTH DEPARTMENT—CITY OF BALTIMORE 24316

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Baltimore General Hospital Ward) 25-4 210-M

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME William John Young

(a) Residence: No. 806 Pontiac Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ------

6. DATE OF BIRTH (month, day, year) July 5, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John Knox

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Thomas Young

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Evelyn Rea

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thomas Young
(Address) 806 Pontiac Ave. Brooklyn

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date May 20. 1936

19. UNDERTAKER John F. Denny
(Address) 715 Light St

20. FILED ... 19 ... Registrar.

MAY 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
" of Femur	
" " Tibia & fibula (Compd)	

Other contributory causes of importance:

Was an operation performed? ... Date of

For what disease or injury?

Name of operation ... Date of

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or homicide? Accident Date of injury 5/17, 1936

Where did injury occur? Patapsco & 6th Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Highway

How injury occurred Struck by auto while crossing the street

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert Bayley Carlin M. D.
Coroner

(Address) 209 N. Calvert St.

M. D. P. 1268-9

F 24117

F 24117 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. 8-6 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Zetta Jeakin

(a) Residence: No. 1514 N Chapel St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Jeakin

6. DATE OF BIRTH (month, day, year) October 2 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Leo Ullmeyer

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Miss Newalker

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT John Jeakin (Address) 1514 N Chapel St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Cemetery. May 20, 36

19. UNDERTAKER Geo. M. Fink & Son (Address) 811 N. Wolfe St

19 Registrar

MAY 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17 1936

22. I HEREBY CERTIFY, That I attended deceased from May 12 1936 to May 17 1936

I last saw her alive on May 17 1936 Death is said to have occurred on the date stated above, at 1.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism, left	
Right hemiplegia	May 3

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A Myers M. D.

(Address) Church Home & Inf.

F 24118 24118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1317

1. PLACE OF DEATH St. Agnes' Hospital
CITY OF BALTIMORE: (No. Wilkens + Caton Aves. St., 6-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Owen J. Roberts

(a) Residence: No. 2903 Jefferson St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE ~~of~~ Mae Roberts

6. DATE OF BIRTH (month, day, year) June 25th 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Said maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Asa Roberts

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Bell McFarland

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Bell Roberts
(Address) 2903 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 22nd 19 36

19. UNDERTAKER Geo. M. Fink & Son.
(Address) 811 N. Wolfe St.

(Filed) MAY 19 1936 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18 1936

22. I HEREBY CERTIFY, That I attended deceased from May 12 1936 to May 18 1936.
I last saw him alive on May 18 1936. Death is said to have occurred on the date stated above, at 3:45 P.m.

The principal cause of death and related causes of importance were as follows:

1 Hypertension C.V. Disease
2 Uremia

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation Surgical Date of .....
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Peter E Rauch M. D.
(Address) St Agnes Hosp Balto. Md

AACo. 5-31 250B

F 24119 HEALTH DEPARTMENT—CITY OF BALTIMORE F 24119

CERTIFICATE OF DEATH

✓ 59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 E. Monument St., 11-2 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cornelius Staley Gambrill

(a) Residence: No. 12 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary S. McKinsey

6. DATE OF BIRTH (month, day, year) 5/3/63

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	73	--	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. grain merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fred. Co. (State or country) Md.

FATHER

13. NAME James H. Gambrill

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Antionette F. Staley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Cyrus Gambrill
(Address) Frederick, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Frederick, Md Date 5/20/36

19. UNDERTAKER Geo. C. Whitefield's Sons
(Address) 1900 Eutaw Place

20. FILED 5-19-1936, 19.. A. Singleton Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1936, to May 17th, 1936

I last saw him alive on May 17, 1936, death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Terminal Uremia	
Arterial Sclerosis	1930
Enlarged Prostate	1930
Coronary Thrombosis	March 1936

Other contributory causes of importance:

Diabetes Mellitus	20Y
Prostatic Hypertrophy	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. H. Culver M. D.

(Address) 5611 Pimlico Rd.

F 24120 F 24120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X ✓ 45-F

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 Union Ave St. 13-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles E. Farmer. If U. S. Veteran specify WAR .....

(a) Residence: No. 601 DeBaugh Ave St. Towson Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Martha E. Farmer.

6. DATE OF BIRTH (month, day, year) Dec 28 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66.	4.	20.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Patrolman of.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Road Comm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 22 yrs

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John. Farmer.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emily Collett.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Martha E. Farmer
(Address) 601 DeBaugh ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Pine Grove Cem Md. Date May 21 1936

19. UNDERTAKER Walter Davis
(Address) 3418 Huntingdon Ave.

20. FILED ... 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1936 to May 18 1936

I last saw him alive on May 18 1936. Death is said to have occurred on the date stated above, at 4.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma -	6 mo
Chest + thyroid	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Wm H. Peters M. D.

(Address) 2020 N. Charles

M. D. F. 1965-9

F 24221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3902 Gresmay St., 12-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Dorothea Pfaff

(a) Residence: No. 3902 Gresmay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Frederick Pfaff

6. DATE OF BIRTH (month, day, year) March 21 - 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired H&W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Weygand

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Clara Maria Römer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Clara Haas

(Address) 3902 Gresmay Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date May 20, 1936

19. UNDERTAKER Josiah Eyfel

(Address) 1600 E. Baltimore St.

FILED MAY 19 1936 E. Eugene Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/17/1936

22. I HEREBY CERTIFY, That I attended deceased from 2/1/1934 to 5/17/1936

I last saw her alive on 5/17/1936. Death is said to have occurred on the date stated above, at 6.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	1930
Cerebral arteriosclerosis	
(cerebral hemorrhage)	2/1/1934
Other contributory causes of importance:	
Cerebral hemorrhage	5/17/1934

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) George A. Barde M. D.

(Address) 1517 E. Fort Ave.

M. D. B 1268-9

✓ F 24122

24122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

175 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE. Bayview City Hospitals 6-A Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Blumenstock
If U. S. Veteran specify WAR

(a) Residence: No. 228 N. Chuffle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year) June 21 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	62	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.W.A. Project

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Near Gettysburg Pennsylvania

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Hanover Germany

MOTHER

15. MAIDEN NAME Katie Ann Steiner

16. BIRTHPLACE (city or town) (State or country) Gettysburg Pa.

17. INFORMANT Mrs. Frances Robinson daughter
(Address) 228 N. Chuffle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 20 19 36

19. UNDERTAKER Tully - Zeller
(Address) 1033 Edmondson Ave.

MAY 19 1936 C. E. Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Haemorrhage at base of brain	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? homicide Date of injury May 16 1936

Where did injury occur? Brets Md. 4002 Eastern Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Tavern. 4002 Eastern Ave. Public

Manner of injury pushed & fell to floor while intoxicated

Nature of injury head injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. M. Wright Coroner M. D.

(Address) 1010 S. Belnord Ave.

F24123

[redacted] HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F [redacted]

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. [redacted] St. 1226 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lybern T. Dize

If U. S. Veteran specify WAR --

(a) Residence: No. Tangier, Va. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie Parks

6. DATE OF BIRTH (month, day, year) March 18, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	2	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Seaman

10. Date deceased last worked at this occupation (month and year) 3-26-36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tangier Virginia

FATHER

13. NAME Thomas Dize

14. BIRTHPLACE (city or town) (State or country) Tangier Va.

MOTHER

15. MAIDEN NAME Fluny Burrows

16. BIRTHPLACE (city or town) (State or country) Smith Point Va.

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Tangier Va. Date May 20 1936

19. UNDERTAKER S. S. Lawson (Address) Crisfield Md.

20. FILED [redacted] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1936, to May 18, 1936

I last saw him alive on May 18, 1936. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, interstitial, chronic	Unknown
Myocarditis, chronic	"
Arteriosclerosis	"

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. find. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) T. M. Anderson M. D.

(Address) U. S. Marine Hospital, Balto.

24124

F 24124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 13949 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 27-18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Haines

If U. S. Veteran specify WAR

(a) Residence: No. 3417 Paton Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	29	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer-Owens Mills

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Spencer

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date May 19 19 3[illegible]

19. UNDERTAKER Commissioner Health
(Address)

[illegible] 19 Registrar

MAY 19 1936

2324 Huntington Ave, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/7/1936

22. I HEREBY CERTIFY, That I attended deceased from 5/4/1936 to 5/7/1936

I last saw him alive on 5/7/1936 Death is said to have occurred on the date stated above, at 6.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	5 days

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp.

14145 — ✓ F 24125

24125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St., 9-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John Wind

(a) Residence: No. 814 Cator Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓ 81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md. Date May 19 . 1936

19. UNDERTAKER
(Address)

MAY 19 1936 ... Baltimore, Md.

2320

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/15 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/13 . 1936 to 5/15 . 1936
I last saw ~~him~~ alive on 5/15 . 1936 Death is said to have occurred on the date stated above, at 11 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular-renal disease	?

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Roland A Reed M. D.

(Address) Balto City Hosp.

Spec.—1-10-21—M&T—1500 Blks.

F 24126 ✓ F 24126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 45-B

1-PLACE OF DEATH Hoeven a Keely Hospital REGISTERED NO.

CITY OF BALTIMORE: (No.) 1418 Eutaw Place ST., 14 WARD 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Sh- Winn

(a) RESIDENCE NO. Swainsboro ST. Ga WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie E Winn

6 DATE OF BIRTH (month, day, and year): Feb 17 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): own farm

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Wheaten Georgia

PARENTS

10 NAME OF FATHER: William Winn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Georgia

12 MAIDEN NAME OF MOTHER: Mary Middleton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Athlin Ga Georgia

14 Informant: Mrs Annie E. Winn

(Address) Swainsboro Ga.

Filed 19 1936, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 19 1936

17 I HEREBY CERTIFY, That I attended deceased from May 9, 1936, to May 19, 1936, that I last saw h- alive on May 19, 1936, and that death occurred, on the date stated above, at 11:30 am. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the tongue

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Syphilis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Blood & tissues

(Signed) Huckeam Steed, Jr. M. D.

5-19, 1936 (Address) 1418 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Swainsboro Georgia DATE OF BURIAL: May 21 1936

20 UNDERTAKER: Chas S. Black ADDRESS: 142 W Northam

Y 19 1936

THION is very important See instructions on back of certificates.

14091

24127 ✓ If 24127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-9-108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Miller

If U. S. Veteran specify WAR

(a) Residence: No. 114 S. Stockton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucille

6. DATE OF BIRTH (month, day, year) 5-25-1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓ 35		11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O.K.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Ben

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date May 20, 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 E Lanvale St.

19 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/11, 1936 to 5/16, 1936

I last saw h[illegible] alive on 5/16, 1936 Death is said to have occurred on the date stated above, at 10:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	5/7/36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp

13394

✓ F 24128

24128

HEALTH DEPARTMENT—CITY OF BALTIMORE

53-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 19-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Julia Dennis

(a) Residence: No. 1507 W. Saratoga St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) 6-14-~~1884~~ 1883

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~54~~ 52	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Bleech Oliver (Dead)

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eliz. Cook (Dead)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 21, 36

19. UNDERTAKER Mrs Katie R. Williams

(Address) 332 E. Lanvale St.

Huntington Williams, Reg.

~~1936~~ 1937 Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/17/1936

22. I HEREBY CERTIFY, That I attended deceased from 4/31/1936 to 5/17/1936

I last saw her alive on 5/17/1936 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast (Left) (?)	4 mo.
Other contributory causes of importance: own	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A. Reiter M. D.

(Address) Bald. City Hosp.

24129 ✓ F 24129

312920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 18-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Alethea Brinkley

(a) Residence: No. 311 N. Schroeder St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black.	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elijah

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Bishop

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sara Greene

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date May 21, 1936

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N. Schroeder St.

1936 Huntington W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1936, to May 17, 1936.

I last saw her alive on May 17, 1936. Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

Uremia, due to nephritis — Date of onset April, 1936
Arteriosclerosis — 1925

Other contributory causes of importance:
arteriosclerotic & Hypertensive Heart Disease

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Joseph F. Packard, Jr. M. D.

(Address) Johns Hopkins Hospital

4573

F 24130

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24130

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas ~~McCausland~~ McCausland If U. S. Veteran specify WAR .....

(a) Residence: No. 614 Hanover St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth (Dead)

6. DATE OF BIRTH (month, day, year) 12-25-~~1855~~ 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Wilson (Dead)

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Mary Bailey (Dead)

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT B. C. H. Records Thomas McCausland
(Address) 1836 W Collington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date May 20 1936

19. UNDERTAKER John F Dennis
(Address) 915 Lisbon St

Eugene Williams, M.D.
Registrar.

MAY 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/30, 1936 to 5/17, 1936

I last saw him alive on 5/17, 1936 Death is said to have occurred on the date stated above, at 9:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular disease	6wk.
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.
(Address) Balto City Hosp.

24131 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH F 24131

1. PLACE OF DEATH Lyndenham Hospital — Registered No. ....

CITY OF BALTIMORE: (No. .... St., 9-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .... yrs. .... mos. 1 ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds. If U. S. Veteran specify WAR ....

2. FULL NAME Alice Jean Howe

(a) Residence: No. Harwood & Elrodge Rd. Md St., ... Ward. .... (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 13 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
3	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

FATHER

13. NAME John Howe

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Viola Wilkey

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Father

(Address) Harwood & Elrodge Rd

18. BURIAL, CREMATION, REMOVAL Meadow Memorial Date May 20 1936

19. UNDERTAKER Easton Sons

(Address) Ellicott City

20. FILED MAY 19 1936 Eugene Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1936 to May 18, 1936.

I last saw h.. alive on May 18, 1936. Death is said to have occurred on the date stated above, at 2.55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet fever	5-14-36

Other contributory causes of importance:

Was an operation performed? No Date of ....

For what disease or injury? ....

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury .... 19..

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Wm. O. Stifler Jr. M. D.

(Address) Lyndenham Hospital

24132

✓ F 24132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 Rogers Ave St., 17 Ward)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry Thos Mauchey

(a) Residence: No. 3209 Rogers Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha E Mauchey

6. DATE OF BIRTH (month, day, year) June 29 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gardening

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME Valentine Mauchey

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER

15. MAIDEN NAME Henrietta Crumine

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT Ethel Dowling

(Address) 1119 Pine St Balto

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 5-20 1936

19. UNDERTAKER Fdr-Mrs N S Finks

(Address) 2512 Wilkins Ave

Huntington Williams MD

19 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	5/17/36
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edward Dixon Lowe M. D.

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-41 2500

24133

HEALTH DEPARTMENT—CITY OF BALTIMORE

24133

CERTIFICATE OF DEATH

51-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 S Hanover St. 23-1 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME George Watkins

(a) Residence: No. 1110 S Hanover St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Anna Meedler

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About 72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Mfd
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) White Baltimore

MOTHER FATHER

13. NAME Noble Duvall Rice
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME A. C. Logan
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Mrs John Wagner 709 Bartlett Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date May 20 1936

19. UNDERTAKER Odell & Langley Sons 2180 Gilmor St

91536 Filed May 20 1936 E. Lyon Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-17-1936

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1936 to May 17, 1936

I last saw him alive on May 17, 1936 death is said to have occurred on the date stated above, at 4.58 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder (Transitional Cell)	?
Chronic Nephritis	
Uremia	
Cachexia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Vincent M Mecaina, M. D.

(Address) 1411 S. Charles St

24134 ✓ F 24134

24134 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-W

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Maryland General Hospital (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Lt. Martin W. Rudel — If U. S. Veteran specify WAR .....

(a) Residence: No. 715 Woodington Rd. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Husband of Josie Rudel

6. DATE OF BIRTH (month, day, year) July 9 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63 yrs	9 Mo. 10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman (ret)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Police Force

10. Date deceased last worked at this occupation (month and year) 2 years

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John Rudel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Charles J. Rudel
(Address) Charleston W. Va

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 20 1936

19. UNDERTAKER Harry H. Whitelo
(Address) 1101 Edmondson Ave

20. MAY 19 1936 Huntington W. Va. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-16 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-8 1936 to 5-16 1936

I last saw him alive on 5-16- 1936 Death is said to have occurred on the date stated above, at 9:40 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Arteriosclerosis	3 mo.
Bronchopneumonia	10 days
Asthma	3 yrs.

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John H. Bernatz M. D.

(Address) Maryland General Hospital

✓ F 24185

24185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

463

1. PLACE OF DEATH South Baltimore General Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 Light St. St., 7th Ward)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry T. Wolfe

(a) Residence: No. 403 E. Clement St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Wolf

6. DATE OF BIRTH (month, day, year) Jan. 5-1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipwright

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Arundel Corp.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Wolf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Stockett

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Florence Wolf (Wife)
(Address) 403 E. Clement St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date 5- 21- 1936

19. UNDERTAKER Margaret G. Flynn
(Address) 2107 N. Hilton St.

20. FILED 19 1936 Huntington Fitzgerald Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1936 to May 18, 1936

I last saw him alive on May 18, 1936 Death is said to have occurred on the date stated above, at 8 15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) James S. Webb M. D.

(Address) 1213 Light St.

F 24136

M. D. B. 1965-9

F 24136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 9-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 Aisquith Street St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Barnett

(a) Residence: No. 1509 Aisquith Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elma Barnett

6. DATE OF BIRTH (month, day, year) September 30, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Barnett

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Sanders

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Elizabeth Brown (Sister)
(Address) 1714 Regester Street

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date May 21st 1936

19. UNDERTAKER George C. Ruth, Inc.
(Address) 1735 Harford Avenue

20. FILED MAY 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, A Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schwartz M. D.
Coroner

(Address) 1918 E. Pratt Ave

OCCUPATION is very important. See instructions on back of certificate.

24137

F 24137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Mercy Hospital St. 10-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael Wall

If U. S. Veteran specify WAR No Record

(a) Residence: No. 817 N Mount St St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Emma Wall

6. DATE OF BIRTH (month, day, year) March 20 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Wall

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Carroll

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Wife

(Address) 817 Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 22nd 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED ... 19... Registrar

201936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17 1936

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1936, to May 17, 1936

I last saw him alive on May 15 1936. Death is said to have occurred on the date stated above, at 8 ½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Jan 1936
Terminal Pneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Milton S. Sacks M. D.

(Address) Mercy Hospital.

F 24138

F 24138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3946 Hickory Ave St. 13-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Elizabeth S. Shillenn

(a) Residence: No. 3946 Hickory Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of George L. Shillenn

6. DATE OF BIRTH (month, day, year) Aug 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) April 1936

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) York Co Pa

FATHER

13. NAME William Mc Clain

14. BIRTHPLACE (city or town) (State or country) Adams Co Pa

MOTHER

15. MAIDEN NAME Catherine Noil

16. BIRTHPLACE (city or town) (State or country) York Co Pa

17. INFORMANT Mary Shillenn
(Address) 3946 Hickory Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date May 21st 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

MAY 20 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1- 1936 to May 18 1936

I last saw h alive on May 18 1936 Death is said to have occurred on the date stated above, at 8:- P.m.

The principal cause of death and related causes of importance were as follows:

Cardiac decompensation
Hypertension

Date of onset 4/36

Other contributory causes of importance:

Hydramnios

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas A Carp M. D.

(Address) 2145 N Balto St

F 24439 F 24439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ x 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Helen Wiley

If U. S. Veteran specify WAR No Record

(a) Residence: No. Pasadena Mt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, ~~widowed or divorced~~ ~~HUSBAND~~ of (or) WIFE of Harry F. Wiley

6. DATE OF BIRTH (month, day, year) June 2. 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	11	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) x

11. Total time (years) spent in this occupation x

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Louis Tolenson

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Helena Leonard

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Robt E. Kindred (atty)
(Address) Glenburnie Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date May 20 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED MAY 20 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18. 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1. 1936 to May 18. 1936

I last saw HER alive on May 18. 1936 Death is said to have occurred on the date stated above, at 3.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia of Cervix.	?

Other contributory causes of importance:

Inanition

Was an operation performed? No. Date of –

For what disease or injury? –

Name of operation – Date of

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward. Cotter M. D.

(Address) University Hospital.

MAY 20 1936

F 24140

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24140

CERTIFICATE OF DEATH

54

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2609 Eastern ave St. 1-3 Ward)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Marie Rentschler

(a) Residence: No. 2609 Eastern ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: W
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Adam Rentschler

6. DATE OF BIRTH (month, day, year): May 30-1857

7. AGE: Years 78 | Months 11 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Aug Grossmann
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Louisa Hoeck
(Address) 2609 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hammond Date May 21, 1936

19. UNDERTAKER: John Ulbrich
(Address) 2001 Eastern Ave

20. FILED ... 19... Huntington, Williams, Nov

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 18, 36

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1936 to May 18, 1936. I last saw her alive on May 18, 1936. Death is said to have occurred on the date stated above, at 3 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	May 18, 36
Chronic Myocarditis	
Other contributory causes of importance: Diabetes Mellitus	1928

Was an operation performed? no Date of —

For what disease or injury?

Name of operation — P.S.95 Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) John J. Kroger, M. D.

(Address) 2611 Eastern Ave

F 24141

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24141

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1144 W Mosby, St. 22-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Staten

(a) Residence: No. 1144 W Mosby, St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Staten

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mason

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Daniel F Staten

(Address) 124 W Montgomery St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 5/21/36 19

19. UNDERTAKER Daniel L Purnell & Son

(Address) 108 W Montgomery St

20 1936 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18 1936

22. I HEREBY CERTIFY, That I attended deceased from May 9 1936 to May 18 1936

I last saw h alive on May 17 1936 Death is said to have occurred on the date stated above, at 1155 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lob	May 1936
Other contributory causes of importance:	
Bronchitis	" "

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 710 [illegible]

M. D. B 1268-9

F 24142

24142 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 Leadenhall St. St. 22-1 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Effie Robinson. (C)

(a) Residence: No. 825 Leadenhall St. St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Alexander Robinson. (c)

6. DATE OF BIRTH (month, day, year) Do not know

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	46	-----	-----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Kane. (c)

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Maggie --------(c)

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Alexander Robinson. (c)

(Address) husband. 825 Leadenhall St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Ct Date 5/21 1936

19. UNDERTAKER Isaac L Bowen & Son

(Address) 1050 Madison Ave

20. FILED MAY 20 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M Rinehart M. D.
Coroner

5/19/36 (Address) 1017 S. Charles St.

F 24143

F 24143

HEALTH DEPARTMENT—CITY OF BALTIMORE

35

CERTIFICATE OF DEATH

14021

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. 17-W Ward)

Length of residence in city or town where death occurred 1906 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Ogle

(a) Residence: No. 900 Argyle Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-?-1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 5/22/ 1936

19. UNDERTAKER Frances A. Hemsley
(Address) 572 W. Biddle St.

20. FILED MAY 20 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-18 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-7 1936 to 5-18 1936

I last saw him alive on 5-18 1936 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Urinary Retention due to Urethral Structures	5-7-36
Peri Urethral abscess	5-7-36
Other contributory causes of importance: Terminal Bronchopneumonia	5-17-36

Was an operation performed? yes Date of 5-7-36

For what disease or injury? Peri Urethral abscess

Name of operation Incision & drainage Date of 5-7-36

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank Wilson M. D.

(Address) Balto. City Hosp.

24144 F 24144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 Brune St. St., 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Bowen

If U. S. Veteran specify WAR .....

(a) Residence: No. 708 Brune St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced

6. DATE OF BIRTH (month, day, year) March 16, 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME William H. Bowen

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Bettie F. Kemp.

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Bettie Bowen

(Address) 708 Brune St.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem Date 5/20/ , 1936

19. UNDERTAKER Francis A. Stemsley

(Address) 578 W. Biddle St.

MAY 20 1936 Huntington Rittenhouse, M.D.

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/11, 1936 to 5/17, 1936

I last saw him alive on 3/17, 1936. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B. Burt Ruth, M. D.

(Address) 1134 Eutaw Pl.

F 24145

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24145

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1745 Carey St., 15-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma V. Wood

If U. S. Veteran specify WAR .....

(a) Residence: No. 1745 Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. T. Woods

6. DATE OF BIRTH (month, day, year) Nov 15 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	5 6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Isaac Taylor

14. BIRTHPLACE (city or town) (State or country) Bal to Md.

MOTHER

15. MAIDEN NAME Ellen E. Fawcett

16. BIRTHPLACE (city or town) (State or country) Bal to Md.

17. INFORMANT Mrs. Nellie Mason
(Address) 557 Bloom St

18. BURIAL, CREMATION, OR REMOVAL
Place Zion Cathedral Date 5/22/36 19

19. UNDERTAKER Mrs. Geo H. Holland
(Address) 1631 David Hill Ave
Huntington Williams, Registrar.

. 19

20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/16 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/11/2 . 19 36 to 5/16 . 1936

I last saw ~~her~~ alive on 5/16 . 19 36 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... . 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) B. H. Kelly M. D.

(Address) 1 E. Lexington St

F 24146

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24146

CERTIFICATE OF DEATH

X ✓ 47-B

Registered No. .....

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR W. W.

2. FULL NAME James LaBelle

(a) Residence: No. Parkville, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Burns

6. DATE OF BIRTH (month, day, year) February 7, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boarding house

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carbon Co., Pa.

FATHER

13. NAME Louis LaBelle

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME ??

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date 5/21, 1936

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins Sts.

....., 19..... Registrar Huntington Williams, MD

201936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1936, to May 18, 1936

I last saw h... in alive on May 18, 1936. Death is said to have occurred on the date stated above, at 12 M. p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left lung, broncho-genic	Dec. 1935
Carcinoma, metastatic, of pleura and lymph nodes	Dec. 1935

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) K. K. Bryant, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

24147 T 24147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH South Baltimore Gen. Hosp. Registered No. 16

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Madgwick (MADGWICK) If U. S. Veteran specify WAR .....

(a) Residence: No. 315 Dorsch Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Emma Madgwick

6. DATE OF BIRTH (month, day, year) April 18-1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wick burner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nat. Enam. & Stamping Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Madgwick.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Ann E. Lawton.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Roland Hurst (Address) 2033 Abell Ave.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date May 20 1936

19. UNDERTAKER Wm. Rockwell Sons (Address) Mount Washington

[illegible] 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1936 to May 17, 1936

I last saw him alive on May 17 1936 Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
Carcinomatosis - liver	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify, ...

(Signed) William Dorsey M. D.

(Address) South Baltimore Hosp.

20 1936

F 24148

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24148

CERTIFICATE OF DEATH

V 82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2637 Bernard St. 12-7 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George H. Quiggle

(a) Residence: No. 2637 Bernard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Quiggle

6. DATE OF BIRTH (month, day, year) May 20 1857.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
78.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Quiggle

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Matilda ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Mollie M. McCann

(Address) 2413 Maryland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Name Greenmount Date May 20. 1936

19. UNDERTAKER Chesnow & Son

(Address) 36 S. Eutaw St.

[illegible] Registrar.

MAY 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	5-18-36
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edw. Dickenson M. D.
Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

F 24149 F 24149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. ..... St., 13-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Foreman

If U. S. Veteran specify WAR .....

(a) Residence: No. 800 Darby St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 2-6-1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Mary Jane

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

St Mary's Hampden Date May 22, 1936

19. UNDERTAKER E. Brown & Son

(Address) 3615-17 Eastern Ave

MAY 20 1936 , 19 Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/18, 1936 to 5/20, 1936

I last saw him alive on 5/20, 1936 Death is said to have occurred on the date stated above, at 3 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	2 mo
Hypertension	?
Other contributory causes of importance:	
Arteriosclerosis	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp.

F 24150 F 24150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2223 Druid Hill Ave Ward 4-3)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Fannie Lawson

(a) Residence: No. 2223 Druid Hill Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced (or) WIFE of Blake Lawson

6. DATE OF BIRTH (month, day, year) — — 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME George Marshall

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Fannie Marshall

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Blake Lawson
(Address) 2223 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date May 21, 1936

19. UNDERTAKER Architect & Co. Garfield
(Address) 2141 W. Baltimore, Washington, D.C.

20. FILED ..... 19..... Registrar.

201936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1936, to May 18, 1936.

I last saw her alive on May 18, 1936. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Heart trouble

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Lee Smith, M. D.

(Address) 924 Madison Ave

M. D. B. 1268-9

24151

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24151

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 402 Pearl St.

CITY OF BALTIMORE: (No. ..... St. 17-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Hunter

(a) Residence: No. 402 Pearl St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katie Hunter

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Katie Hunter
(Address) 402 Pearl St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date May 20, 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 S Schroeder St.

20. FILED MAY 20 1936 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from November, 1935, to May 17, 1936

I last saw h alive on May 17, 1936. Death is said to have occurred on the date stated above, at 11 Sep. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 5-13-36

Other contributory causes of importance:

Arteriosclerotic Cardiovascular Renal disease — 6 mos.

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E. Plassmeyer, M. D.

(Address) 1904 W Baltimore St.

F 24152

F 24152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James A Bailey

If U. S. Veteran specify WAR

(a) Residence: No. 768 W Franklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not None

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pennsylvania R.R. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Hampton V.A.

FATHER

13. NAME Abraham Stevens

14. BIRTHPLACE (city or town) (State or country) North Hampton V.A.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Bailey

(Address) 768 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date May 36

19. UNDERTAKER Elroy E Wilson

(Address) 1702 Brantley ave

MAY 20 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-18 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-20-36 19 to 5-18-36 19

I last saw h alive on 5-18 19 36 Death is said to have occurred on the date stated above, at 6:4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	?

Other contributory causes of importance:

No

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Bernard Harris M. D.

(Address) 1201 N Caroline St

M. D. F. 1208-9

F 24153 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 24153

CERTIFICATE OF DEATH

Registered No. 168

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) West Balto Emergency St., (or) Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town) where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? 17 yrs. mos. ds.

2. FULL NAME Mr Isreal Block
(a) Residence: No. 1772 Linden Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Kate

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Abraham Block
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Fannie
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Southern Ave Date 5/20/36 19

19. UNDERTAKER Jule Levy Son
(Address) 1437 E. Baltimore St.

MAY 20 1936 Entered Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19 1936

22. I HEREBY CERTIFY, That I attended deceased from May 13 1936 to May 19 1936
I last saw him alive on May 19 1936 Death is said to have occurred on the date stated above, at 6:56 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5/11/36

Other contributory causes of importance:

Chronic Myocarditis

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Milton Levin, M. D.
(Address) W.B.G.H.

M. D. H. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B F 24154

F 24154

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 129 S. Curley St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME EMMA M. COLE

(a) Residence: No. 129 S. Curley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Michael Cole

6. DATE OF BIRTH (month, day, year) Sept. 12. 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Burns

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary A. Larkins

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Janette Amberg (Daughter)
(Address) 129 S. Curley St.

18. BURIAL, CREMATION, OR REMOVAL
Mt. Carmel Cemetery Date May 20. 1936
Place

19. UNDERTAKER HENRY SANDER & SONS, INC. Per L. Sander
(Address) Baltimore & Broadway.

MAY 20 1936 Christopher Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16. 1936

22. I HEREBY CERTIFY, That I attended deceased from July 29th, 1926, to May 16th, 1936. I last saw her alive on May 16th, 1936. Death is said to have occurred on the date stated above, at 8.22 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1926
Hypertension	1926
Cardiac Hypertrophy	1930
Cerebral Hemorrhage	May 13th 36

Other contributory causes of importance:

Coma. May 15th 36

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. ✓

(Signed) Robert L. Kirk M. D.

(Address) 3126 Harford Rd.

F 24155

24155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. 16-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James P. Boardley

If U. S. Veteran specify WAR

(a) Residence: No. 2508 Raynor Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen

6. DATE OF BIRTH (month, day, year) July 3, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (work)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. general gardening

10. Date deceased last worked at this occupation (month and year) Fall 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard County Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Rebecca Simms

(Address) 2504 Raynor Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Catonsville Date May 21st 1936

19. UNDERTAKER Joseph A Lively

(Address) 4030 Monument St

20. FILED ... 19... Registrar

MAY 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
hypostatic pneumonia	

Other contributory causes of importance:

fracture rt. femur

Was an operation performed? ... Date of

For what disease or injury?

Name of operation ... Date of

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Dec 24, 1935

Where did injury occur? Balto Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place fall on ice on Pentalon Sq Elm Ave

Manner of injury

Nature of injury Fractured rt femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

Coroner

(Address) 1010 S. Edmondson Ave

F 24156 ✓ F 24156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-B

1. PLACE OF DEATH — Registered No. 13684

CITY OF BALTIMORE: (No. Balto. City Hospts. St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1876 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Brown

(a) Residence: No. 1740 Ashland Ave., E. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William (D)

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Brown (D)

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pt. Lookout Cem. Date May 23 1936

19. UNDERTAKER Mrs Rose A. Elliott daughter
(Address) 1129 Goodwin Ave. Huntington Postmaster

20. FILED MAY 22 1936 Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-20-36, 19, to 5-19-36, 19

I last saw h[illegible] alive on 5-19-36, 19. Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of tongue	?
Other contributory causes of importance: Broncho-pneumonia	?

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Frank Wilson Jr. M. D.
(Address) Balto-City Hosp.

24157 F 24157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4802 Frankford Ave. St., 26-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary C. Myers Caswell (Mollie Wagner)

If U. S. Veteran specify WAR

(a) Residence: No. 4802 Frankford Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.M.	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Caswell

6. DATE OF BIRTH (month, day, year) 2-14-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Michael Wagner

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Anna Schutte

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT W. M. Caswell
(Address) 4802 Frankford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 5/22 19 36

19. UNDERTAKER Leonard Bleck
(Address) 5305 Harford Road.

20 1936 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/19/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1936, to May 19, 1936

I last saw her alive on May 19, 1936. Death is said to have occurred on the date stated above, at 2:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chr. interstitial nephritis	
Arthritis	
Myocarditis	
Other contributory causes of importance:	
Uremia	5-16-36
Bronchial Pneumonia	5-18-36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Richard Bronfield, M. D.

(Address) 5401 Belair Rd

F 24158

24158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 Mura St., 8-4 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No

2. FULL NAME John H. Dieter

(a) Residence: No. 2106 Mura St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna K. Dieter

6. DATE OF BIRTH (month, day, year) Aug. 12, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinner Apprt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B.C.S.&R.Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Dieter

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Snyder

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT John H. Dieter
(Address) 2106 Mura St.

18. BURIAL, CREMATION, OR REMOVAL
Place 1st Evang. Cemetery Date May 23, 1936

19. UNDERTAKER George W. Zickler
(Address) 1737 E. Eager St

20. FILED MAY 23 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1936 to May 19, 1936

I last saw h. alive on May 19, 1936. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Harry E. Nelson M. D.

(Address) 310 W. Biddle St.

F 24159

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24159

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3304 Harford Road St., 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 4 mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Katie Mary Koller

(a) Residence: No. 3304 Harford Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel L. Koller

6. DATE OF BIRTH (month, day, year) Feb. 4, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Loos

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Fleshharr

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Daniel L. Koller

(Address) 3304 Harford Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Mar 21, 1936

19. UNDERTAKER John Uelrich

(Address) 2008 Orleans St

Mar 20 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1936 to May 18 1936

I last saw her alive on May 18 1936 Death is said to have occurred on the date stated above, at 5-40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1/5/36
Other contributory causes of importance: Edema of Lungs	5/17/36

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) E. Gill Hall M. D.

(Address) 1631 E North Ave

5010 Laverdale

F 24160

M. D. H. 1368-9

24160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital (St.) 27-68 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ferdinand A. Gusriel

(a) Residence: No. 3315 Spalding Av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Catherine Gusriel

6. DATE OF BIRTH (month, day, year) Dec 29 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired ~~Bookkeeper~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jacob Gusriel

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Sarah Berger

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mary C. Gusriel
(Address) 3315 Spalding Av

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Cathedral Cem. Date May 22 1936

19. UNDERTAKER Henry Disciples, Inc.
(Address) 501 E. Fayette St.

20. FILED 1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by ... Inquest (Autopsy or Inquiry) find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1931
	May 9-36

Other contributory causes of importance: Fractured 7th & 8th rib.

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ... 19...

Where did injury occur? At St Agnes Hospital
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home kitchen floor

Manner of injury Slipped & fell

Nature of injury Fractured 7th & 8th Rib

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Thos. A. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave.

24161 ✓ F 24161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2603 Lisk Ave St. 27-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel H. Anderson

If U. S. Veteran specify WAR .....

(a) Residence: No. 2603 Lisk Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) February 17 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Maryland

FATHER

13. NAME Anthony H. Anderson

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

MOTHER

15. MAIDEN NAME Sarah E. Scrivener

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Anderson

(Address) 2603 Lisk Ave

18. BURIAL, CREMATION, OR REMOVAL M. E. Church

Place Baldwin Memorial Cemetery Date May 21, 1936

19. UNDERTAKER Henry Hauck Sons, Inc.

(Address) 1301 E. Baltimore St.

DATE RECEIVED 20 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1932 to May 19th, 1936

I last saw him alive on May 18th, 1936. Death is said to have occurred on the date stated above, at 12:00 M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset 1932.

Other contributory causes of importance: .....

Was an operation performed? No. Date of .....

For what disease or injury? None

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury ....., 19..

Where did injury occur? None.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury None.

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) L. L. Eordy M. D.

(Address) 5106 Harford Road

24162 F 24162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 N. Montford Ave. St. 9-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William I. Cleary

(a) Residence: No. 528 N. Montford Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Cleary

6. DATE OF BIRTH (month, day, year) Dec. 31-1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80 79	4	19 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Cleary

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT James Cleary

(Address) 528 N. Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date May 22/36 19

19. UNDERTAKER C. Miller & Son

(Address) 2334 Jefferson St.

20. FILED MAY 20 1936 19 Registrar Huntington Wilhelm, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-18-36

I HEREBY CERTIFY, That I attended deceased from 5-1-36 to 5-18-36

I last saw him alive on 5-16-36 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

I (a) Myocarditis Chronic Nephritis — Date of onset 5-1-36

Other contributory causes of importance: (b) Acute Cardiac Dilatation — Date of onset 5-14-36

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Howard Rugg, M.D.

(Address) 88 W. Baltimore St.

M. D. B. 1268-9

24163

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24163

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 N. Fulton Ave. St., 15-2 Ward) 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hiram Airey

(a) Residence: No. 1513 N. Fulton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced, HUSBAND of (or) ~~WIFE~~ of Elizabeth Airey

6. DATE OF BIRTH (month, day, year) Sept 15, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year) 7/35

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George W. Airey

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Kate Kirkemeyer

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Elizabeth Airey.
(Address) 1513 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date May 22/36 19

19. UNDERTAKER F. Miller & Son
(Address) 2334 Gilmor St.

20. FILED MAY 22 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 10 1936 to May 18 1936
I last saw him alive on May 18 1936 Death is said to have occurred on the date stated above, at 6.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial	12/1/35
Nephritis	12/35
Other contributory causes of importance:	
None	

Name of operation — Date of —

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19 .....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John D. Quinn, M. D.
(Address) 1507 N. Fulton Ave.

M. D. B. 1268-9

F 24164

24164 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby girl Benny

(a) Residence: No. 608 N. Montford Lane Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-18-36

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Arthur Benny

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Madeline Sunderland

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Madeline Benny

(Address) 608 N Montford Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cem. Date May 20/36 19

19. UNDERTAKER E. M. Miller & Co.

(Address) 324 Lafayette Ave

Signature of undertaker or licensed agent

Signature of local registrar.

8 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-19 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-18 . 1936 to 5-19 . 1936.

I last saw her alive on 5-19 . 1936. Death is said to have occurred on the date stated above, at 6:5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Kempher, M. D.

(Address) Sinai Hospital

~~23464~~ 24165 ✓ F 24165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 124-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.) St., 720 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Jamie Ruth Roughridge

If U. S. Veteran specify WAR

(a) Residence: No. 208 N. Morris St. Ward. Gastonia N. C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Roughridge

6. DATE OF BIRTH (month, day, year) 7/17/93

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
42	43	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~None~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-Wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME William Eller

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Thos Miller

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Gastonia, S. C. Date May 20, 1936

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place, City

20. FILED JUN 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1936, to May 20, 1936.

I last saw her alive on May 20, 1936. Death is said to have occurred on the date stated above, at 2:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	1931

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autop. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert Eckert M. D.

(Address) John Hopkins Hospital

24166 F 24166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH — Registered No. 12697

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 21-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Albert Smith

(a) Residence: No. 1245 Cleveland St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 8-14-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. stonecutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0075

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago Ill.

FATHER

13. NAME Albert

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Hannah ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place M. I. Cem Date 5/22/36

19. UNDERTAKER Thos. J. Kenny
(Address) 1660 Bolton St

Huntington Pittsburgh Pa

MAY 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/29, 1933 to 5/19, 1936.

I last saw him alive on 5/19, 1936. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8 days
Arteriosclerosis	?
Hypertension	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

M. D. B 1268-9

✓ F 24167

HEALTH DEPARTMENT—CITY OF BALTIMORE

24167

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Balto Gen Hosp

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 5 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Robert Sprinkle

If U. S. Veteran specify War .....

(a) Residence: No. Upperco Md Balto Co Dist #1

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 8 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Balto Co Md

FATHER

13. NAME Joseph E Sprinkle

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Evelyn E Hirts

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Joseph E Sprinkle

(Address) Upperco Md

18. BURIAL, CREMATION, REMOVAL Place St Pauls Balto Co Md Date May 22 1936

19. UNDERTAKER Edw L Tipton

(Address) Hampstead Md

20. DATE RECEIVED May 20 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/19/36 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Interest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Kidney	

Other contributory causes of importance:

Was an operation performed? Yes Date of 5/19/36

For what disease or injury? Ruptured Kidney

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 5/18 1936

Where did injury occur? Mt Carmel Pa

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Hubert Gurley Gale M. D.

(Address) 907 N Charles Coroner

F 24168

24168 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2502 Whitney Ave St. 27-19 (Ward)

Length of residence in city or town where death occurred 69 yrs. 9 mos. 10 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Agnes H. Peregoy

(a) Residence: No. 2502 Whitney Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John M. Peregoy

6. DATE OF BIRTH (month, day, year): Aug. 8-1866

7. AGE: Years 69 | Months 9 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: John Brooks
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Emily Bloope
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Lawrence A. Peregoy Son 3051 Spaulding Ave

18. BURIAL, CREMATION, REMOVAL Place: Druid Ridge May 21- 1936

19. UNDERTAKER (Address): Horace H. Burgee 3631 Falls Road Huntington Williams, Inc.

Registrar

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 18- 1936

22. I HEREBY CERTIFY, That I attended deceased from May 11 1936 to May 18 1936

I last saw her alive on May 15 1936 Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

Arterio-Sclerosis Jan. 1935

Other contributory causes of importance: Apoplexy May 18/1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Sherman K. Hartz M. D.

(Address) 2601 Manhattan Ave

EMORY F. ARMIGER

H. D. B. 1268-4

24169

HEALTH DEPARTMENT—CITY OF BALTIMORE

24169

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3216 Hamilton Rd St. 13-5 Ward) ; Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emory F Armiger If U. S. Veteran specify WAR

(a) Residence: No. 3216 Hamilton Rd St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ORA Ora G. Armiger

6. DATE OF BIRTH (month, day, year) Sept 5-1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machine Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30 47

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jno H Armiger

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah E Bull

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Ora G Armiger

(Address) 3216 Hamilton Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date May 22- 1936

19. UNDERTAKER Horace G Burgee

(Address) 3631 Falls Road

20. [illegible] 1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1936

22. I HEREBY CERTIFY, That I was in charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration (acute) Dilatation	May 36
Other contributory causes of importance: Arteriosclerosis (from History)	Feb 36

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edw Dieudonne Coroner. M. D.

(Address) Coroner's

24170 F 24170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3717 Greenmount St., 9-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Francis K. Foster
If U. S. Veteran specify WAR
(a) Residence: No. 3719 Greenmount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mattie L. Foster

6. DATE OF BIRTH (month, day, year): Jan. 28, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	3	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 60
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gas & Electric Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER
13. NAME: David Foster
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER
15. MAIDEN NAME: Elizabeth Frace
16. BIRTHPLACE (city or town) (State or country): Maryland.

17. INFORMANT: Mrs Mattie L. Foster
(Address) 3717 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date May 20, 1936

19. UNDERTAKER: E. Leroy Staffler, Inc.
(Address) 125 E. North Ave.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1936 to May 18, 1936
I last saw him alive on May 18, 1936. Death is said to have occurred on the date stated above, at 11:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	May 16 1936
Other contributory causes of importance:	
Chronic Nephritis	1934
Arteriosclerosis	1934

Was an operation performed? No Date of
For what disease or injury?
Name of operation ------- Date of
What test confirmed diagnosis: Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Geo. W. Magruder M.D.
(Address) 401 East 25th Street

24171

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ Buzicka

F 24171

CERTIFICATE OF DEATH

92-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 Chilton St., 9-6 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Ferdinand Miller

If U. S. Veteran specify WAR

(a) Residence: No. 1813 Chilton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ ~~WIFE of~~ Lena Schuck

6. DATE OF BIRTH (month, day, year) Nov. 26th 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tobacconist (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 40 45

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

MOTHER FATHER

13. NAME Geo. Miller

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Lena Miller
(Address) 1813 Chilton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balt. Cemetery Date 5/21 1936

19. UNDERTAKER E. J. Fanning & Son
1938 E. Lafayette Ave

0 1936

Huntington West Virginia

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1 1936 to May 18 1936

I last saw h... alive on May 17 1936 Death is said to have occurred on the date stated above, at 3:30 PM

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation — Date of onset Feb 1 36

Chronic Myocarditis

Hypostatic Pneumonia

Other contributory causes of importance:

Acute Cardiac Dilatation Leg

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) ... M. D.

(Address) ... 19 36

F 24172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 24172

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 Carroll St., 24th Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Frederick Weber

(a) Residence: No. 1111 Carroll St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of E. Gertrude Weber

6. DATE OF BIRTH (month, day, year) July 6 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper Wood & Saw

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. H. Braun

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frederick Weber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Stamm

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. E. Gertrude Weber
(Address) 1111 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date May 21 1936

19. UNDERTAKER F. B. Shepherd & Son
(Address) 1001 Eutaw Place

20. FILED ..... 19 ..... Registrar.

MAY 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18 1936

22. I HEREBY CERTIFY, That I attended deceased from May 16 1936 to May 18 1936

I last saw him alive on May 18 1936. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with decompensation	June 1935
Other contributory causes of importance: Chronic Interstitial Nephritis	Sept. 1935

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys. exam. & Urinary Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. W. Billups, M. D.

(Address) 2224 W. Mount St.

F 24173

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24173

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5309 Dipple ave St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Melissa Davies If U. S. Veteran specify WAR

(a) Residence: No. 5309 Dipple ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Davies

6. DATE OF BIRTH (month, day, year) 2/24/1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Nathan Maynard

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eleanor Werner

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Earl M Davies

(Address) 5309 Dipple ave

18. BURIAL, CREMATION, OR REMOVAL

Place Dennison Ohio May 21 1936

19. UNDERTAKER John Ulrich's

(Address) 2008 Auburn

20. FILED 19 Registrar.

21 1033

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1 1936 to May 20 1936

I last saw her alive on May 20 1936 Death is said to have occurred on the date stated above, at 6 48 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	God.
Other contributory causes of importance:	
Acute Myocarditis	5/19/36

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Horace B. Tillow M. D.

(Address) 315 S. Highland

M. D. B 1268-3

F 24174

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24174

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2631 Hudson St., 1-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Infant Meyer

If U. S. Veteran specify WAR .....

(a) Residence: No. 2631 Hudson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 20/1936

7. AGE	Years	Months	Days	If ~~LESS than~~ 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) Balto
(State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Kodnoske

16. BIRTHPLACE (city or town) Balto
(State or country) Md

17. INFORMANT Henry Meyer
(Address) 2631 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date May 5/21 36 19

19. UNDERTAKER John Fuda
(Address) 2511 Hudson St

20. FILED Huntington Ave. Station, Md. Mar. 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
about 8th month of pregnancy	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) N. V. Wright, M. D.
Coroner

(Address) 1010 S. Eutaw St.

21 1936

F 24175 F 24175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2605 N. Calvert St. 17-4 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clara B. Kremer

(a) Residence: No. 2605 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 9, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	86	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James C. Kremer

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Eleanor Bogle

16. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

17. INFORMANT Luther H. Gwaltney
(Address) 2605 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date May 21, 1936

19. UNDERTAKER John O. Mitchell & Son
(Address) 1900 Eutaw Place

MAY 21 1936, 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1936 to May 18, 1936

I last saw h[illegible] alive on May 18, 1936 Death is said to have occurred on the date stated above, at 4 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	May 27/36
Other contributory causes of importance: Bronchio-pneumonia -	May 9/36
Chronic endocarditis since June 1932	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Curtis F. Robinson M.D.
(Address) Medical Arts Bldg.

F 24176 F 24176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X✓154-P

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Cornelia Kane Brocklebank

If U. S. Veteran specify WAR .....

(a) Residence: No. EASTON, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 13, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md. Easton, Md.

FATHER

13. NAME C. A. Brocklebank

14. BIRTHPLACE (city or town) (State or country) Toledo, Ohio

MOTHER

15. MAIDEN NAME Sophie McLane

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. C. A. Brocklebank
(Address) Easton, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 21 1936

19. UNDERTAKER John O. Mitchell & Son
(Address) 1900 Eutaw Place

MAY 21 1936 . 19 Huntington Williams, M.D.
FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-20 . 1936

22. I HEREBY CERTIFY, That I attended deceased from May 13 . 1936, to May 20 . 1936

I last saw her alive on May 20 . 1936 Death is said to have occurred on the date stated above, at 12 05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from hemangioma	5-19-36

Other contributory causes of importance:

Multiple hemangiomata (congenital)

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) M. McLane Lane M. D.

(Address) Union Memorial Hosp.

F 24177

E 24177

3/33

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46-C

Registered No.....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 1 ..... Ward) 1-2

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Leon Rooney

(a) Residence: No. 187 N. E. 23rd St. St., ... Ward. Miami Fla.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Delia

6. DATE OF BIRTH (month, day, year) Aug 10, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Fireman 10 yrs

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Fla.

MOTHER FATHER

13. NAME James Rooney

14. BIRTHPLACE (city or town) (State or country) Ga.

15. MAIDEN NAME Missie Dyal

16. BIRTHPLACE (city or town) (State or country) Fla

17. INFORMANT Friends.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Miami Fla. Date May 23 1936

19. UNDERTAKER H. C. Mitchell Sons
(Address) 1900 Eutaw Place

Filed May 23 1936 Huntington Pittman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 1936

22. I HEREBY CERTIFY, That I attended deceased from May 6 1936 to May 20 1936

I last saw him alive on May 20th 1936. Death is said to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Duodenum & generalized Metastases.	March 1936
Other contributory causes of importance: Bronco-pneumonia	1 Day.

Was an operation performed? Yes Date of 5-11-36

For what disease or injury? Perforation Duodenum

Name of operation Resection & anastomosis Date of 5-11-36

What test confirmed diagnosis Clin-lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wesley J. Rak, M. D.

(Address) Johns Hopkins Hosp.

Spec.—1-10-21—MAT—1500 Blks.

F 24178 HEALTH DEPARTMENT—CITY OF BALTIMORE F 24178

CERTIFICATE OF DEATH.

186-a

REGISTERED NO. 5

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5622 Mattfeldt ST. (or) WARD) 27 15

2-FULL NAME Rochelone Powell

(a) RESIDENCE NO. 5622 Mattfeldt ST. 27 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David Powell

6 DATE OF BIRTH (month, day, and year) Nov. 11, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	81	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore County

PARENTS

10 NAME OF FATHER Abraham Wilhelm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore County

12 MAIDEN NAME OF MOTHER Wisner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore County

14 Informant Mrs. E. L. Powell

(Address) 5622 Mattfeldt Avenue, Huntington Terrace,

15 Filed MAY 21 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1936

17 I HEREBY CERTIFY, That I attended deceased from April 17, 1936 to May 19, 1936.

that I last saw her alive on May 14, 1936.

and that death occurred, on the date stated above, at 9:50 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis (Chronic)

Arteriosclerosis (Cong.)

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture Thigh

(duration) yrs. 1 mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Usual routine

(Signed) S. Herman A. R. Wantz, M. D.

5/20, 1936 (Address) 2601 Manhattan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary Cemetery Baltimore	May 22 1936
UNDERTAKER	ADDRESS
E. S. Marshall	3515 Falls Rd

F 24179

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24179

CERTIFICATE OF DEATH

x 157-B

Registered No. .....

1. PLACE OF DEATH Bon Secours Hosp.
CITY OF BALTIMORE: (No. 1 Baltimore Ind St. 70-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hamilton Lee Smith
If U. S. Veteran specify WAR .....

(a) Residence: No. Bon Secours Hosp. St., ... Ward. Severn Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) May 14 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
/		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Rupert N. Smith
14. BIRTHPLACE (city or town) (State or country) A. A. Co Md
15. MAIDEN NAME Ethel Brinks
16. BIRTHPLACE (city or town) (State or country) A. A. Co Md

17. INFORMANT H. N. Smith
(Address) Severn, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Home Cemetery Date May 21. 1936
Severn Md
19. UNDERTAKER John F. Deaver
(Address) 715 Light St

May 21 1936 . 19 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 . 1936

22. I HEREBY CERTIFY, That I attended deceased from May 17 . 1936 to May 20 . 1936
I last saw him alive on May 20 1936 Death is said to have occurred on the date stated above, at 4¾ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spina Bifida.	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Benson A Kemp M. D.
(Address) Bon Secours Hosp.

F 24180

24180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 84-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balt Eye, Ear Throat Hosp. 9-1 Ward)

CITY OF BALTIMORE: (No. 1214 Eutaw Pl St.,

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mildred Davies

(a) Residence: No. 614 Dunbarton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 17 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. Co.

10. Date deceased last worked at this occupation (month and year) March 1936

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Morgan Davies

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Mary Jane Price

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Baltimore Eye Ear & Throat Hosp.
(Address) 1214 Eutaw Pl.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem. Date May 22 1936

19. UNDERTAKER Chas. H. Davis & Son
(Address) 115 N. Mt. Royal Ave.

Huntington Williams, M.D.
Registrar.

MAY 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 1936

22. I HEREBY CERTIFY, That I attended deceased from April 20 1936 to May 20 1936

I last saw her alive on May 20th 1936 Death is said to have occurred on the date stated above, at 5 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulm. Acute Dilatation Mastoiditis Chronic	4/20/36
Other contributory causes of importance: Brain Abscess.	5/4/36
Name of operation Bilateral Simple Mastoid Date of Zephrine 5/14/36	5/3/36

What test confirmed diagnosis? Clinically Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

Signed) Joseph V. Ellis M. D.

(Address) 1214 Eutaw Pl.

F 24181

F 24181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. 12-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2828 Huntingdon Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Della A. Brown

If U. S. Veteran specify WAR

(a) Residence: No. 2828 Huntingdon Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar Brown.

6. DATE OF BIRTH (month, day, year) May 2, 1876.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0057

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Samuel Chaney

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Lankam

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Viola Brown.

(Address) 2828 Huntingdon Ave

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Date May 22, 1936

19. UNDERTAKER E. Reinwald & Son

(Address) 3015 Eastern Ave Huntington Mathews, M.D.

Registrar.

21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to May 19, 1936

I last saw h alive on May 19, 1936. Death is said to have occurred on the date stated above, at 5.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	
Metastasis to Pleura + Lung	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Charles J. Mees, M. D.

(Address) 2276 Park Ave

24782 F 24782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 107-a

1. PLACE OF DEATH Good Shepard Hospital
CITY OF BALTIMORE: (No. 1512 N. Gilmor St. 15-1 Ward)
Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 24 yrs. ____ mos. 4 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME John Henry Smith
If U. S. Veteran specify WAR ____
(a) Residence: No. Stemmers Run, Md St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Separated.

6. DATE OF BIRTH (month, day, year) 12-24-1885

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
50 51	5	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer + Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stemmers Run Md.

MOTHER FATHER
13. NAME John Henry Smith
14. BIRTHPLACE (city or town) (State or country) Stemmers Run Md.
15. MAIDEN NAME Mary Ann Russell
16. BIRTHPLACE (city or town) (State or country) Stemmers Run Md.

17. INFORMANT Mrs. Garland.
(Address) 1034 Strieker st.

18. BURIAL, CREMATION, OR REMOVAL
Place Stemmers Run Md. Date May 21st 1936

19. UNDERTAKER Mrs. Robert A Elliott Daughter
(Address) 1129 Carlisle st.

20. FILED May 22 1936 Huntington Nathaniel, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 14 - 1936 to May 18, 1936
I last saw him alive on May 18, 1936 Death is said to have occurred on the date stated above, at 3.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	5-8-36

Other contributory causes of importance:
Toxemia
Pulmonary edema

Was an operation performed? No Date of ____
For what disease or injury? ____
Name of operation ____ Date of ____
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify G. Payne
(Signed) Louis E. Hamm, M. D.
(Address) 2340 Nelson Ave.

24183 F 24183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 45-D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 603 S. Streeper St. 1-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Doris E. Lisiecki (Gardner) If U. S. Veteran specify WAR

(a) Residence: No. 603 S. Streeper St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug. 30 1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19	8	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soda Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md.

13. NAME Thomas Lisiecki

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mable Mayne

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Thomas Lisiecki

(Address) 603 S Streeper St

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Md Date 5/23/36

19. UNDERTAKER E. S. Haycomb.

(Address) Cambridge Md.

21 1936 Registered Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-12, 1935 to 5-20, 1936

I last saw her alive on " " , 19 . Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma, involving right antrum, maxilla & right side of face	10-12-35

Other contributory causes of importance:

Was an operation performed? yes Date of 10-14-35

For what disease or injury? Sarcoma

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward A. Looper, M. D.

(Address) 104 N. Madison St.

F 24184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 S Central Ave. St. 3-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Moranski

(a) Residence: No. 415 S Central Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Sophie Moranski

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Sophie Moranski

(Address) 415 Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date May 22 1936

19. UNDERTAKER William J. Lawlis

(Address) 1618 Eastern Ave

May 21 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19th 1936

22. I HEREBY CERTIFY, That I attended deceased from April 7th 1936 to May 19th 1936

I last saw h.im alive on May 17th 1936. Death is said to have occurred on the date stated above, at 9a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	1 yr
Pulmonary edema	1 day

Other contributory causes of importance:

Arthritis of spine, Prostatis, abdominal adhesions, dental caries	Unknown

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. F. Lis, M. D.

(Address) 245 Bradley

F 24185

F 24185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1348 Washington Blvd St., 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rose Lewis Raymond

(a) Residence: No. 1348 Washington Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	DIVORCED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tony Raymond

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash. D. C.

FATHER

13. NAME Hyman Lewis

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Mrs. James Mayhew 1348 Wash. Blvd.

18. BURIAL, CREMATION, OR REMOVAL Place Bth. Mark. Rd Date 5/21, 19 36

19. UNDERTAKER (Address) Jos. Lewis Sons 1439 E. Balto St.

Huntington Williams, W. Va.

FILED 21 1936, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-20-36, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 05, 19 to May 20, 19 36

I last saw her alive on May 18, 19 36 Death is said to have occurred on the date stated above, at 10:07 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Dec 05
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) I. S. Silverhouse M. D.

(Address) 1901 Eutaw Place

F 24186

F 24186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 12 E. Mt Vernon Pl. (St.) (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Julius Reinberg
(a) Residence: No. 12 E. Mt Vernon Pl. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Reinberg

6. DATE OF BIRTH (month, day, year) 3-9-1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	2	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor shop
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Chaim Hershon Reinberg
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Vatkin
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mary Reinberg
(Address) 12 E. Mt Vernon Place

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 5/24/36 19

19. UNDERTAKER Jos. Louis Sons
(Address) 1017 E. Baltimore St.

Filed 19 Huntington Williams, M.D. Registrar.

MAY 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/21, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
myocarditis	1932
Arteriosclerosis	1932
Other contributory causes of importance:	
Cardio. Vas. Renal D.	1932

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

Signed Erwin F. Wallace M. D.
Coroner
(Address) 1031 N. Paul St

F 24187 # 14047 F 24187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 72-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 6-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Marjorie Schapiro

If U. S. Veteran specify WAR .....

(a) Residence: No. 2330 E. Baltimore St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-2-1919

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	16	10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Simon

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sara Schwartz

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Federal Wash. Blvd. Cem. Date 5/21/36 19

19. UNDERTAKER Jack Lewis Funeral Home
(Address) 1487 E. Balto. St.

FILED MAY 21 1936 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/8, 1936 to 5/20, 1936

I last saw her alive on 5/20, 1936 Death is said to have occurred on the date stated above, at 7:50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkin's disease	2½ yr.
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp

F 24188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 24188

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 N. Dallas St., 8-6 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charlie Barnes

(a) Residence: No. 1625 N. Dallas St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	married

5a. If married, widowed, or divorced HUSBAND of (~~WIFE of~~) unknown

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer. ptd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Barnes

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Serena Johnson

16. BIRTHPLACE (city or town) (State or country) Anthony. Anne Arundel Co. Md.

17. INFORMANT Mrs Serena Johnson

(Address) 1625 N. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 5/24 19 36

19. UNDERTAKER Wm H. Thompson

(Address) 716 Penna Ave

Huntington Williams MD

20. FILED 19 Registrar

211936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/21 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/9 1936 to 5/21 1936

I last saw him alive on 5/19 1936 Death is said to have occurred on the date stated above, at 5.02 m. a.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Feb. '36

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? sputum Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) Wagner Thomas M.D.

(Address) 1500 E. Monument St

M. 24189

F 24189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Sec City Hospital St., 16-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Barnett Garnett If U. S. Veteran specify WAR .....

(a) Residence: No. 816 N. Woodyear St., St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Jan 1 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	4 5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Barnett

14. BIRTHPLACE (city or town) (State or country) Middlesex Co. Virginia

MOTHER

15. MAIDEN NAME Willie Alberta Lisby

16. BIRTHPLACE (city or town) (State or country) Morris North Carolina

17. INFORMANT Mrs B. Garnett

(Address) 816 N. Woodyear St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 5/21 1936

19. UNDERTAKER Thomas E. Kelson

(Address) 1203 Argonne Dr.

20. FILED ..... 19 ..... Huntington Williams, M.D. Registrar.

21 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) May 19, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance: Possible Miliary Tuberculosis (Staphylococcus Aureus Infection)

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. R. Wright M. D.

Coroner

(Address) 1015 S. Edward St.

M. D. B 1268-9

24190

F 24190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospital St., 1510 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Myrtle Pogue

(a) Residence: No. 4102 Maine Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert E.

6. DATE OF BIRTH (month, day, year) Aug 12, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shippensburg Pennsylvania

FATHER

13. NAME David C.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Queen

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Pauline D. Schuster

(Address) 4102 Maine Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cemetery Date May 22, 1936

19. UNDERTAKER Mary F. Armistead Son

(Address) 1221 Pitcairn Ave.

20. FILED 1936 Lington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Arteriosclerosis	

Other contributory causes of importance: Myocardial failure and insufficiency

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. W. Wright M. D. Coroner

(Address) 1010 S. Ellwood Ave

✓ F 24191

24191 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4829 Keswick Rd. St. 27-14 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 9 mos. 21 ds. How long in U. S. If of foreign birth 62 yrs. 9 mos. 21 ds.

2. FULL NAME Mattie Drusilla Stolston

If U. S. Veteran specify WAR NONE.

(a) Residence: No. 4829 Keswick Rd St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Aug-1-1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none (added)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore. Maryland.

FATHER

13. NAME Mr John J. Stolston

14. BIRTHPLACE (city or town) (State or country) Norfolk Va.

MOTHER

15. MAIDEN NAME Mary J. Blakeney

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Jos. M. Meikle (sister)

(Address) 4829 Keswick Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore County Date May 23/36 19

19. UNDERTAKER Stewart Morris Co.

(Address) 108 W North Ave.

21 1936 Huntington Woollcombe, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1936 to May 21, 1936

last saw h.e.r alive on May 16, 1936. Death is said to have occurred on the date stated above, at 7 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Left Breast with Metastases To Spine (about 1½ yrs ago)

Date of onset 5 yrs. ago

Other contributory causes of importance:

Metastases set in)

Was an operation performed? Yes Date of .....

For what disease or injury? Carcinoma of Breast

Name of operation Radical Amputation Date of March 39.

What test confirmed diagnosis? Microscopic exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Theodore H. Morrison M. D.

(Address) 1013 N. Charles St

F 24192

F 24192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

63

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 400 South Calhoon St. (Ward) 19-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary F. Stewart

If U. S. Veteran specify WAR .....

(a) Residence: No. 400 South Calhoon St, St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 7th, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md,

FATHER

13. NAME George Stewart

14. BIRTHPLACE (city or town) (State or country) Baltimore Md,

MOTHER

15. MAIDEN NAME Kostka Young Stewart

16. BIRTHPLACE (city or town) (State or country) Baltimoe Md,

17. INFORMANT Kostka Young Stewart

(Address) 400 S. Calhoon St,

18. BURIAL, CREMATION, OR REMOVAL

Place St Augustas Uhrige's Jr. 1936

19. UNDERTAKER Frederick A Cole

(Address) 1200 W Lombard st

21 1936 Huntington Williamsport, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19-36, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above. 8.15.A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions	Sudden

Other contributory causes of importance: Chronic Ricketts

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos. H. Pheltes M. D.
Coroner

(Address) 1939 Edmondson Ave,

24193 **STATE OF MARYLAND—CERTIFICATE OF DEATH** F 24193

1. PLACE OF DEATH Registration Dist. No. 107-a

~~County~~ Baltimore

Village or City Baltimore No. 3215 McCulloh St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Jane Gaither 20-C

(a) Residence: No. 3215 McCulloh St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	C	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Edward Gaither

No record as she was a slave

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co - Md

FATHER

13. NAME Thos Matthews

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Thos Gaither (Address) Catonsville

18. BURIAL, CREMATION, OR REMOVAL Place Western Star Date May 24, 1936

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 E Lanvale St Huntington Williams, Inc.

20. FILED ..... 19 ..... Registrar.

1 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 19 (Day) 1936 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1936 to May 19, 1936

I last saw her alive on May 19, 1936 death is said to have occurred on the date stated above, at 4.50 A. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	6 days
Other Contributory Causes of importance:	
Arterio Sclerosis	15 yrs

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) James Howell, M. D.

(Address) Catonsville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

24194 F 24194

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 W. North Ave. St. 13-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 90 yrs. 11 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth L. Krieger

If U. S. Veteran specify WAR .....

(a) Residence: No. 608 W. North Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Anton Krieger

7. DATE OF BIRTH (month, day, year) June 17, 1845

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
90	11	1	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Henry Kurtz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rose Batz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Rose Curry

(Address) 608 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 22 1936

19. UNDERTAKER Martin Fahey & Sons

(Address) 1827 W. North Ave.

20. FILED 1936 ~~Huntington Wilkinson~~ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18 1936

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1936 to May 18 1936

I last saw ~~him~~ alive on May 18, 1936 Death is said to have occurred on the date stated above, at 8:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7 days

Other contributory causes of importance:

Senility	5
Arterio Sclerosis	1

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. S. Love, M. D.

(Address) 600 W. North Ave

24195 F 24195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital — Registered No. 131

CITY OF BALTIMORE: (No. Wilkens & Caton Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Jane Veagey — If U. S. Veteran specify WAR ...

(a) Residence: No. 723 E Chase St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Veagey

6. DATE OF BIRTH (month, day, year) Dec 31, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77 yrs	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Malachi Manning

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Nat Kinnan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. James Manning (Address) 1109 Forest Pk

18. BURIAL, CREMATION OR REMOVAL Place St Peters Cem Date May 22, 1936

19. UNDERTAKER Elmer V. Carlin (Address) 924 E. Eager St.

20. FILED 1936 Starting for Williamsport, Md. 11 ?

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1936 to May 18, 1936

I last saw her alive on May 18, 1936 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerotic cardio-vascular renal Disease	?

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical & Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Louis L. Llewellyn M. D.

(Address) St. Agnes Hospital.

F 24196

24196 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

176

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 E. Chase St. 10-1 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine J. Finnigan

(a) Residence: No. 605 E. Chase St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Finnigan

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38 yrs	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER'S FATHER'S

13. NAME Patrick Walsh

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mr. Mc Glone

(Address) 605 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cemy Date May 23 1936

19. UNDERTAKER Edwin W. Coughlin

(Address) 924 E. Eager St

20. Filed MAY 1936 Registrar. Washington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936 to May 20, 1936

I last saw her alive on May 19, 1936 Death is said to have occurred on the date stated above, at 6.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	5/20/36

Other contributory causes of importance:

Gall-bladder Operation

Was an operation performed? Yes Date of May 7, 1936

For what disease or injury? Gall Stones

Name of operation Cholecystectomy Date of 5/7/36

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Eugene L. Cassard M. D.

(Address) 514 Drury Lane

M. D. B. 1208-9

Ricketson ✓ F 24197

24197 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1925 Linden Ave St., 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Ricketson

(a) Residence: No. 1925 Linden Ave, St., Ward. Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 1862?

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
(About)	74			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) Jan. 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kenvile, N. Y.

13. NAME Abednego Richetson

14. BIRTHPLACE (city or town) (State or country) New York State

15. MAIDEN NAME Rachael

16. BIRTHPLACE (city or town) (State or country) New York State

17. INFORMANT Mrs Olef Ralfsnes
(Address) 1424 N. Royal Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place London PK Date May 22 1936

19. UNDERTAKER Edward Foliesgo
(Address) 2357 Wash Blvd

20. FILED 21 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20th 1936

22. I HEREBY CERTIFY, That I attended deceased from January 1936 to May 1936

I last saw her alive on May 23rd 1936. Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	May 15th 1936

Other contributory causes of importance:
Chronic Myocarditis, Generalized Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lauriston L. Keyser M. D.

(Address) 1938 Linden Ave,

24198 ✓ F 24198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-B

1. PLACE OF DEATH — Registered No. 9441

CITY OF BALTIMORE: (No. Baltimore City Hospt. St. 2-2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Gadles

(a) Residence: No. 230 W. Hughes St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-2-1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Bechoel

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Baltimore City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date May 21, 1936

19. UNDERTAKER Commissioner Health.
(Address)

20. FILED Huntington Williams, M.D. Registrar.
JUN 1 1936

2350

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/20, 1935 to 5/19, 1936

I last saw him alive on 5/19, 1936 Death is said to have occurred on the date stated above, at 1 15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of tongue	?
& pharynx	?
Arteriosclerosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reiter, M. D.

(Address) Baltimore, Md.

✓ F 24199

24199 HEALTH DEPARTMENT—CITY OF BALTIMORE

7127 137

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Johnson

(a) Residence: No. 331 N. Gilmor St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel

7. DATE OF BIRTH (month, day, year) ? ~~1900~~ 1891

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~96~~ 45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Daniel

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date May 21 1936
Place

19. UNDERTAKER J. J. Brown 168 N. Montgomery St.
(Address)

Huntington Williams M.D.
Registrar.

21 1936

2501

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-20, 1935 to 5-18, 1936

I last saw him alive on 5-18, 1936 Death is said to have occurred on the date stated above, at 12:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophy of Prostate Gland	?
Other contributory causes of importance: Myocardial Insufficiency	?

Was an operation performed? Yes Date of 5-2-36

For what disease or injury? Benign Hypertrophy Prostate

Name of operation Transurethral Prostatectomy Date of 5-2-36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson M. D.

(Address) Balto. City Hosp.

F 24200 ✓ F 24200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Life 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Wilson

(a) Residence: No. 2322 Division St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 5-13-1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓				15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME James Briscoe

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Evelyn Wilson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date May 21, 1936

19. UNDERTAKER Geo. Pfeiffer Realty Co.
(Address)

FILED 21 1936 Huntington Williams, Registrar

2352

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-13, 1936 to 5-14, 1936

I last saw him alive on 5-14, 1936. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Intra-cranial Hemmhage — Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Dwayne Sterling, M. D.

(Address) Balto. City Hospital

M. D. B 1268-9

24201

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24201

CERTIFICATE OF DEATH

46-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2434 E. Balto St. 46-E Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carne Hess

(a) Residence: No. 2434 E. Balto St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Isaac Hess

6. DATE OF BIRTH (month, day, year): July 5 1876

7. AGE: Years 59 | Months 10 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto - Md

FATHER

13. NAME: Jacob Levy

14. BIRTHPLACE (city or town) (State or country): France

MOTHER

15. MAIDEN NAME: Babette Fleschner

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Melon Hess
(Address) 2413 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Mayr. 1936

19. UNDERTAKER: J. Ahrens & Co
(Address) 740 Reisterstown Road

FILED 21 1936 Washington Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/20th 1936

22. I HEREBY CERTIFY, That I attended deceased from March 12th 1936 to May 20th 1936

I last saw h[illegible] alive on May 20th 1936. Death is said to have occurred on the date stated above, at 1050 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Cancer involving the liver and Intestines	?

Other contributory causes of importance:

Name of operation Exploratory Date of 7th/36

What test confirmed diagnosis? ? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — . 19 ...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. J. Lankin M. D.

(Address) 119 N. Milton Av

24202 STATE OF MARYLAND—CERTIFICATE OF DEATH F 24202

1. PLACE OF DEATH

County ..... Registration Dist. No. .....

Village or City Baltimore No. 3039 Fawcett St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Elizabeth King If U. S. Veteran, specify WAR .....

(a) Residence: No. N. South St., Ward. If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oscar B. King

6. DATE OF BIRTH (month, day, and year) May 16 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired 0037

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Housekeeper

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 38 yrs

12. BIRTHPLACE (city or town) Broadneck
(State or country) Md.

FATHER

13. NAME Jacob Gibbons

14. BIRTHPLACE (city or town) Broadneck Md
(State or country)

MOTHER

15. MAIDEN NAME Mary E. Stottlemyer

16. BIRTHPLACE (city or town) Myersville
(State or country) Md

17. INFORMANT Edw. L. King
(Address) Balto Md

18. BURIAL, CREMATION, OR REMOVAL
Place Frederick Md Date May 25, 1936

19. UNDERTAKER C. E. Colvin & Son
(Address) Frederick Md

Huntington Williams, M.D.
Registrar.

20. FILED ....., 19

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 21st 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1936, to May 21st, 1936

I last saw h.. alive on May 20th, 1936; death is said to have occurred on the date stated above, at 10.30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Intestinal Carcinoma — Date of onset Oct 35

Other Contributory Causes of importance: Cancer

Name of operation None — Date of

What test confirmed diagnosis? Clinical findings & Lysteal — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. L. Leach M. D.

(Address) 36 1/2 Court St. Cumberland Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

M. D. B 1268-9

✓ F 24203

24203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3021 Walbrook Ave (Ward) 15-7

Length of residence in city or town where death occurred 6a yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Pauline Kanwischer

(a) Residence: No. 3021 Walbrook Ave St.; ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced HUSBAND (or) WIFE of: Alexander Kanwischer

6. DATE OF BIRTH (month, day, year): Jan. 15, 1865

7. AGE: Years 71 | Months 4 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Washington D.C.

FATHER

13. NAME: Charles Wetzel

14. BIRTHPLACE (city or town) (State or country): Washington

MOTHER

15. MAIDEN NAME: Henrietta Huebler

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Meta Bayman

(Address) 3021 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: May 22 1936

19. UNDERTAKER: Comstock Lever Sons

(Address) North & Eutaw

1936 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry) to ... death on the day stated above. 5:15 pm

The principal cause of death and related causes of importance were as follows:

Virginia Pectoris

Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. Nann, Coroner, M. D.

(Address) 1215 Hanover

M. D. B. 1268-b

24204 HEALTH DEPARTMENT—CITY OF BALTIMORE

P 24204

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hosp? St., ... Ward)

Length of residence in city or town where death occurred 83 yrs. 5 mos. 3 dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Elizabeth Norris (Elizabeth Lee Norris)

(a) Residence: No. 3207 Belmont Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dr. Worthington Norris

6. DATE OF BIRTH (month, day, year) Dec, 14, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~Dec 84 yrs~~	83	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----

10. Date deceased last worked at this occupation (month and year) ----

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Carmichael

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Eugenia Zachary

16. BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

17. INFORMANT Mr. C. W. Carmichael

(Address) 3207 Belmont Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 22nd 19 36

19. UNDERTAKER Fred'k Sutro & Sons

(Address) Howard & Lexington

21 1936 Huntington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 36

22. I HEREBY CERTIFY, That I attended deceased from May 8 1936 to May 20 1936

I last saw her alive on May 20 1936 Death is said to have occurred on the date stated above, at 4:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5/18

Other contributory causes of importance:

[redacted]

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. Alessi, M. D.

(Address) West Balto Gen'l Hosp

M. D. H 1268-9

24205

F 24205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Virgie Marie Donnery

(a) Residence: No. 3317 Mueller St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
female	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — X

6. DATE OF BIRTH (month, day, year) Nov 25 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
18	19	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Emory Donnery

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary Donnelay

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. Mary Donnery

(Address) 3317 Mueller

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May 22 1936

19. UNDERTAKER John C. Mueller

(Address) 2433 E. Baltimore St. Delivered to

20. FILED ... 1936 for Wilmington for Filing ... Registrar

1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) May 17, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by autopsy find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis	

Other contributory causes of importance:

Mercurial poisoning

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? suicide Date of injury ..., 1936.

Where did injury occur? Baltimore Md.
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place at Friend's home 42 S. Mare St.

Manner of injury swallowed 3 Bichloride Tablets, while intoxicated from alcohol

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) W. W. Wright Coroner, M. D.

(Address) 1012 S. Fellwood Ave.

F 24206

F 24206 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Hyderdam Hospital

CITY OF BALTIMORE: (No. ..... St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Madeline Myers

(a) Residence: No. Emmitsburg, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 16 1925

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waynesboro, Pa.

MOTHER FATHER

13. NAME Edward Myers

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Ada Ashbaugh

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records at St Agnes Hosp.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Emmitsburg Md Date 5/23 1936

19. UNDERTAKER Wm. F. Eberly Sons Emmitsburg Md

(Address) Emmitsburg for Williamsport Md

(Signed) ..... Registrar.

MAY 22

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1936 to May 21, 1936

I last saw her alive on May 21, 1936. Death is said to have occurred on the date stated above, at 2:40 P.M.

The principal cause of death and related causes of importance were as follows:

Streptococcus meningitis — Date of onset 5-20-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Wm. C. Hyde Jr M. D.

(Address) Hyderdam Hospital

F 24207

24207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 122-a

1. PLACE OF DEATH University Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Mary McCafferty If U. S. Veteran specify WAR .....

(a) Residence: No. Edmondson Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John McCafferty

6b. DATE OF BIRTH (month, day, year) 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	1	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. (Dead)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

13. NAME Joshua Flowers

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Celia Scott.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Hosp Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Johns Cem. Date May. 25 1936

19. UNDERTAKER Easton Sons
(Address) Edmondson Ave

20. FILED MAY 26 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/22 1936

22. I HEREBY CERTIFY. That I attended deceased from 5/17 1936 to 5/22 1936

I last saw h[illegible] alive on 5/22 1936. Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	5/17/36
Other contributory causes of importance: Incarcerated Ventral Hernia	

Was an operation performed? Yes Date of 5/19/36

For what disease or injury? Ventral Hernia incarcerated

Name of operation Mayo herniorrhaphy Date of 5/19/36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. H. Keen M. D.

(Address) University Hosp.

M. D. H. 1268-9

F 24208

24208 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Spring Gardens,

CITY OF BALTIMORE: (No. off Ferry Bar. St. 23-3 Ward)

Length of residence in city or town where death occurred 18 yrs. 7 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Henry M. Bell.

(a) Residence: No. 1813 Hanover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced
HUSBAND of Pauline Bell.

6. DATE OF BIRTH (month, day, year) September 29, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph H. Bell.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Emma J. Sadler.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Joseph H. Bell. (father)
(Address) 1813 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date May 22nd 1936

19. UNDERTAKER Wm Cook
(Address) 1217 E Pratt St

20. FILED 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Drowned May 11, 1936 Found May 21, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning,	
Sinking of a boat.	

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt M. D.
Coroner

5/21/36 (Address) 1017 S. Charles St.

Spec. 2-29-28 1 F S. 500 Bks.

F 24209

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-aF 24209

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1941 Harlem Ave ST. 16-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Dell

(a) RESIDENCE NO. 1941 Harlem Ave ST.

(Usual place of abode)

WARD No War Record

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word)
Male	White	Married

6 If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Kate Dell

DATE OF BIRTH (month, day, and year) July 14th 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	10 9	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Furniture Finisher

(b) General nature of industry, business, or establishment in which employed (or employer) Matthews Furniture Co.

(c) Name af employer

BIRTHPLACE (city or town) (State or country) Washington D. C.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Sadie Spangler

(Address) 1941 Harlem Ave

Filed ... 19 ... Registrar

MAY 22 1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20, 1936

17 I HEREBY CERTIFY, That I attended deceased from May 19, 1936, to May 20, 1936

that I last saw h ... alive on May 20, 1936

and that death occurred, on the date stated above, at 11:45 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Senile arteris-sclerosis over one year

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical test

(Signed) A. Benjamin White M. D.

5-21, 1936 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto

DATE OF BURIAL May 23rd 1936

20 UNDERTAKER Wm Cook

ADDRESS 1217 E Baltimore St

F 24210 ✓ F 24210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (St.) 10-6 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George E Sanders

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3002 Stafford St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

6. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE of~~ Jeanette E. Sanders

7. DATE OF BIRTH (month, day, year) Sept 3rd 1880

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	8	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blue Ridge Coal Co

10. Date deceased last worked this occupation (month and year) May 1936

11. Total time (years) spent in this occupation 4yrs

12. BIRTHPLACE (city or town) (State or country) Delaware

13. NAME George Sanders

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Lottie (Unknown)

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary E. Bengel

(Address) 3002 Stafford St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date May 25th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAY 22 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2d 1936

22. I HEREBY CERTIFY, That I attended deceased from May 19 1936 to May 21, 1936

I last saw him alive on May 21, 1936 Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of lip C metastases to jaw + glands of neck — Date of onset 1934

Other contributory causes of importance

Rectal anesthesia

Was an operation performed? yes Date of May 6th 1936

For what disease or injury? Carcinoma of lips

Name of operation Excision Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Warren Albuttagi M. D.

(Address) University Hospital

24211 ✓ F 24211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1639 Carswell St., 9-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dominic Sorrentino

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1639 Carswell St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Grace Sorrentino

6. DATE OF BIRTH (month, day, year) Oct 2 1879

7. AGE: Years 56 | Months 7 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0057

10. Date deceased last worked at this occupation (month and year) April 1936

11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Pasquale Sorrentino

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary G. Chicarlangeo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Grace Sorrentino

(Address) 1639 Carswell St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 23rd 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED

[illegible] Registrar

MAY 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/15/36, 19..., to 5/20/36, 19...

I last saw him alive on 5/19/36, 19... Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bright Disease	
Other contributory causes of importance:	
Uremia	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Alex I Segal, M. D.

(Address) 709 E Broadway

✓ F 24212

24212 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 Poplar Grove St. 16-7 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Slaughter Adams

(a) Residence: No. 1602 Poplar Grove St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Adams

6. DATE OF BIRTH (month, day, year) Nov. 29, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	5	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Solomon W. Slaughter

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Harriet Marvel

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Miss Venetta Gray Adams

(Address) 1602 Poplar Grove St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Denton, Md. Date May 23, 1936

19. UNDERTAKER John F. Denny

(Address) 715 Light St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1936 to May 20th, 1936

I last saw h[illegible] alive on May 19th 20, 1936. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1928
Other contributory causes of importance: Cardiac Asthenia	May 1936

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Herbert E. Zepp, M. D.

(Address) 8048 N. North Av.

F 24213

24213 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F. 82-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Sinai Hospital St. 15-11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Abraham Landy

(a) Residence: No. 3504 Rosedale Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fixtures

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Harry Landy

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Bessie Brandon

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Bessie Landy
(Address) 3504 Rosedale Road

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Herring Run Date May 22 1936
Place

19. UNDERTAKER Sol Levinson Bros
(Address) 1127 E Balto st

FILED ... 19... Registrar.

May 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21 1936

22. I HEREBY CERTIFY, That I attended deceased from May 19 1936 to May 21 1936

I last saw him alive on May 21 1936 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 19 1936
Hypertension	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Joseph B Grove M. D.
(Address) Sinai Hospital

F 21214

B 21214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-25 St., [illegible] Ward)

Registered No. 128

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Reginald Barthes

(a) Residence: No. Western Ave. Suffolk St. Ward. Virginia

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/18/35

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	2	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Reginald Barthes

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Lucy Luttrell

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Reeds

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION OR REMOVAL

Place Suffolk, Virginia Date 5/22/36 19

19. UNDERTAKER John B. McCoffee Son

(Address) 1900 Eastern Ave

City 22 1936 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1936 to May 21, 1936

I last saw him alive on May 21, 1936 Death is said to have occurred on the date stated above, at 6:25 a.m.

The principal cause of death and related causes of importance were as follows:

Adrenal Apoplexy — Date of onset 5-21-36

Other contributory causes of importance:

Pancreatitis, chronic — ?

Was an operation performed? Yes Date of May 18, 1936

For what disease or injury? Retained piercing shot L. hypochondrium

Name of operation Exploratory laparotomy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Martha A. Reese, M. D.

(Address) [illegible]

F 24215

F 24215 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) University Hospital (Ward) 14-1
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert J Newberry

(a) Residence: No. 1940 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Nellie M Newberry

7. DATE OF BIRTH (month, day, year) June 9th, 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	54	10	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ticket Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bus Terminal

10. Date deceased last worked at this occupation (month and year) 5/16/36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md

13. NAME Alfred Smith Newberry

14. BIRTHPLACE (city or town) (State or country) Plymouth N. C.

15. MAIDEN NAME Prudence Eliz. Hunt

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hosp. Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date May 23 1936
Place Woodlawn Cem.

19. UNDERTAKER Wm J Rehrig & Sons
(Address) North & Pa Ave

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/17, 1936 to 5/21, 1936

I last saw h/m alive on 5/21, 1936 Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Duodenal ulcer	5/16/36
Peritonitis (Suppurative)	

Other contributory causes of importance:

Was an operation performed? Yes Date of 5/17/36

For what disease or injury? Ruptured duodenal ulcer

Name of operation Duodenorrhaphy Date of 5/17/36

What test confirmed diagnosis? Op Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Henry Gerwig Jr. M. D.

(Address) University Hosp.

M. D. F. 1268-9

Dr Howell
1929 W. North Ave

F 24216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a F 24216

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Belair Rd St., 8-1 (Ward)

Length of residence in city or town where death occurred yrs. mos.. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Thomas Cooper

(a) Residence: No. 2211 Belair Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Kaelin

6. DATE OF BIRTH (month, day, year) Dec 12th 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police (ret)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Thomas Cooper

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Katherine Turner

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs Laura Cooper
(Address) 2211 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Date 5 | 23 | 36

19. UNDERTAKER Geo. Weber & Son
(Address) 2503 Edmondson Ave

20. FILED 19 Huntington Williams, MD

MAY 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 | 20 | 36 19

22. I HEREBY CERTIFY That I attended deceased from July 31 35 to May 20 36
I last saw him alive on May 19 36. Death is said to have occurred on the date stated above, at 6.45 a. m.

The principal cause of death and related causes of importance were as follows:

(a) Hemiplegia 2 yrs

(b) Cerebral Thrombosis 1 yr

(c)

Other contributory causes of importance: Cystitis Catheterism

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

I hereby certify that I attended the deceased from to

I last saw him alive on and he died on the date stated above, at m.

(Signed) H. C. Howell M. D.

(Address) 1924 Linwood

M. D. B 1268-9

24217 HEALTH DEPARTMENT—CITY OF BALTIMORE 24217

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2413 Maryland Ave. St., 12-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Augustus Charles Woods. If U. S. Veteran specify WAR Spanish War

(a) Residence: No. 2413 Maryland Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) May 7, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	0	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. War veteran

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Albany, N.Y.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Matilda McCann.

(Address) 2413 Maryland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date 5/29, 1936

19. UNDERTAKER Robert. Brooks & Son

(Address) Calhoun & Hollins St.

20. FILED MAY 22 1936 Eugene Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and (from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	
Myocardial Insufficiency.	
Other contributory causes of importance:	

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M. Reinhardt, M. D. Coroner

5/20/36 (Address) 1017 S. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

24218

CERTIFICATE OF DEATH

24218

Registered No. 10 7a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St.) (12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

If U. S. Veteran specify WAR

2. FULL NAME Daniel R. Scully

(a) Residence: No. 2806 Guilford Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) ---

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
80	---	---	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Daniel Scully

14. BIRTHPLACE (city or town) (State or country) --- Ireland

15. MAIDEN NAME Frances Byrne

16. BIRTHPLACE (city or town) (State or country) Newfoundland U. S.

17. INFORMANT Mrs. Mary F. Elliott

(Address) 2313 Maryland Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 5/23 19 36

19. UNDERTAKER Henry H. Meares & Son

(Address) 802 N. Calvert St.

FILED 19 Registrar

MAY 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-20 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-14 1936 to 5-20 1936

I last saw him alive on 5-20 1936 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia Bilateral	?

Other contributory causes of importance

arteriosclerosis, anasarca, pulmonary congestion & mild congestive heart failure

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Albert W. Tarr M.D.

(Address) University Hospital

24219 HEALTH DEPARTMENT—CITY OF BALTIMORE 24219

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 204 E. 39th St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 5 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Hebner

If U. S. Veteran specify WAR

(a) Residence: No. 204 E. 39th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna J. Coleman

DATE OF BIRTH (month, day, year) Nov. 27, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	5	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. D. Kenny Coffee Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John Hebner

14. BIRTHPLACE (city or town) (State or country) ------- Germany

15. MAIDEN NAME Mary Miller

16. BIRTHPLACE (city or town) (State or country) ------- Germany

17. INFORMANT Mrs. Anna C. Hebner

(Address) 204 E. 39th Street

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 5/23, 1936

19. UNDERTAKER Henry H. Mears & Son

(Address) 605 N. Eutaw St.

Filed Washington Williams, Registrar.

MAY 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1936, to May 21, 1936

I last saw h. in alive on May 21, 1936. Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date at onset
Chronic Myocarditis.	10/35

Other contributory causes of importance:

Edema of lungs

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. J. Schnert, M. D.

(Address) 701 N. Eastwood Ave.

M. D. P. 1248-9

F 24220

F 24220

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen'l Hosp St., 25-3 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Max Rosenberg

(a) Residence: No. 2222 Washington Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Rosenberg

6. DATE OF BIRTH (month, day, year)

7. AGE Years 68 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 60

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob Rosenberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fanny

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Kate Smith (Daughter)

(Address) 2222 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Nursing Home Date 5-22- 1936

19. UNDERTAKER Jack Keyser Inc

(Address) 1429 E. Balto. St.

FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/21/36 19

22. I HEREBY CERTIFY, That I attended deceased from May 15 1936 to May 21 1936

I last saw h in alive on 4-21-36 Death is said to have occurred on the date stated above, at 4:15 P m.

The principal cause of death and related causes of importance were as follows: Fibrillation Auricular decompensated. Arteriosclerosis cardiovascular renal disease — Date of onset 4/25/36

Other contributory causes of importance: Emphysema hypertrophic Post Encephalitis Parkinsonism

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) G. Alexi M. D.

(Address) West Balto Gen'l Hosp.

M. D. 1289

24221

F 24221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2427 E. Federal St. St., 9-3 Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 2427 E. Federal St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Rachel I. Smith

6. DATE OF BIRTH (month, day, year) July 27, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Detective

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Wayne Smith

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Rachel Smith

(Address) 2427 E. Federal St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date May 23rd 1936

19. UNDERTAKER Lee G. Gilcoath

(Address) 1703 Park Park ave

20. FILED ..... 19 ..... Wm. Easter Williams, Registrar.

MAY 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lower Lip.	

Other contributory causes of importance:

—

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber, M. D.

Coroner

(Address) 1919 E. North Ave.

F 24222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 24222

123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto General Hospital St. ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 6 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Henry Thompson

(a) Residence: No. 618 Winans Way St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

7. DATE OF BIRTH (month, day, year): Nov. 12 1882

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	53	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Prudential Life Insurance

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

13. NAME: John T. Thompson

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Allison D Dolphis

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: J. Gerhard Lampe
(Address): 618 Winans Way

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Pk Date: May 23. 1936

19. UNDERTAKER: A. Howard Edes
(Address): 1405-22 St Paul St

23 MAY 1936 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/20/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 5/5/36, 19.. to 5/20/36, 19..

I last saw h.. alive on 5/20/36, 19.. Death is said to have occurred on the date stated above, at 7:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerations diverticulitis of Sigmoid Colon	5/5/36
Other contributory causes of importance:	
Intestinal Obstruction	5/12/36
Peforation of Intestine	5/12/36
Pulmonary Embolism	5/16/36

Was an operation performed? ... Date of 5/16/36

For what disease or injury? Diverticulum of Sigmoid

Name of operation: Resection of Colon Date of 5/16/36

What test confirmed diagnosis? Microscopic section Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

Signed Isaac Kuller, M. D.

(Address) 1225 St. Charles St.

M. D. R. 1361

24223

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24223

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 S.Woodyear St St., 14-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? 49 yrs. mos. ds.

2. FULL NAME Catherine M.Hoban

(a) Residence: No. 316 S.Woodyear St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Patrick J. Hoban

6. DATE OF BIRTH (month, day, year) March 17, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	2	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C 297

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Michael Finnerty

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Fitzmaurice

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Mary C. Hoban

(Address) 316 S. Woodyear ST

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May 23 1936

19. UNDERTAKER Rolle & B.M. Walters

(Address) N.E. Cor. Pratt & Stricker Sts

20. FILED MAY 22 1936 Herrington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1936 to May 20, 1936

I last saw h.. alive on May 21, 1936 Death is said to have occurred on the date stated above, at 5:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension & Arteriosclerosis. Left side	1933
Chronic Intestinal Nephritis.	1935
Other contributory causes of importance:	
Hypostatic Pneumonia	5/17/36
Chronic Passive Congestion	5/17/36

Name of operation ..... Date of .....

What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. L. Bonello M. D.

(Address) 413 Frederick Ave

24224 F 24224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals U-14109 Registered No.
CITY OF BALTIMORE: (No. Tuberculosis Division St. 14-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME William Ennels

(a) Residence: No. 1405 Bond Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Born Court.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 16, 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Acid maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chemical

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date May 22 19 36

19. UNDERTAKER
(Address)

20. FILED MAY 23 1936

2383

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1936 to May 13, 1936

I last saw him alive on May 13, 1936 Death is said to have occurred on the date stated above, at 1.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Sept. 1935
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Arthur Karlgin M. D.
(Address) Baltimore City Hospitals

F 24225 ✓ F 24225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 15-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred N.B. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Tillett

(a) Residence: No. 1338 N. Mount St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-5-36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	44	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Hosp.

13. NAME Wm. Humphries

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Eleanor Tillett

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date May 22, 19 36

19. UNDERTAKER
(Address)

20. FILED 19 Registrar

MAY 22 1936 2364

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19 36

22. I HEREBY CERTIFY, That I attended deceased from 4-5 36 to 5-19 36

I last saw her alive on 5-19 36 Death is said to have occurred on the date stated above, at 11:50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Imogene Sterling M. D.

(Address) Balto. City Hospitals

24226 ✓ F 24226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH — Registered No. 12135

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 17 Ward 3)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Josephine Hill

(a) Residence: No. 1226 Argyle Ave.. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas (D)

7. DATE OF BIRTH (month, day, year) 1-3-1868

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	4	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. F-33

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Date 5/25, 1936

19. UNDERTAKER P. C. Richardson & Co
(Address) 120 E Lund Street

21. FILED 1936 Huntington Pittsburgh, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-13, 1935 to 5-21, 1936.

I last saw her alive on 5-21, 1936 Death is said to have occurred on the date stated above, at 7:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	?
Other contributory causes of importance: Senile Psychoses	?

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Frank Wilson M. D.

(Address) Balto. City Hosp

14101

F 24227

24227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Regina Watts

(a) Residence: No. 2419 Francis St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-22-1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~3~~ 2	10	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Richard Watts

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Richardson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 5-23-1936

19. UNDERTAKER Chas. H. Holland

(Address) 1701 Druid Hill Ave

20. FILED Huntington Pittman, Registrar

L 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/11, 1936, to 5/19, 1936.

I last saw her alive on 5/19, 1936. Death is said to have occurred on the date stated above, at 11:35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	Apr. 1936
Miliary tuberculosis	5/14/36
Tuberculous pneumonia	5/16/36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Spinal puncture X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irving Pearlman M. D.

(Address) Balto. City Hospital

24228 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24228

CERTIFICATE OF DEATH

+ 157-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. [illegible] Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Hunter

(a) Residence: No. Marine Barracks Quantico, Va. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Baby

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Baby

7. DATE OF BIRTH (month, day, year) Oct - 21 - 36

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME of D. T. Hunter

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME of Teresa Virginia

16. BIRTHPLACE (city or town) (State or country) Wash. Va

17. INFORMANT Record Card
(Address) U. S. Naval Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Cremation Date May 22, 1936

19. UNDERTAKER John D. Lovenston
(Address) 901 Hollins St

[illegible] Washington Williamson Funeral Home

2. 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/22/36 19

22. I HEREBY CERTIFY, That I attended deceased from 4/21/36, 19 to 5/22/36, 19
I last saw her alive on 5/22/36, 19. Death is said to have occurred on the date stated above, at 6:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	

Other contributory causes of importance:
Prematurity

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh B. McNally M. D.
(Address) University Hosp.

M. D. H. 1268-9

24229

F 24229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William C Williams

If U. S. Veteran specify WAR .....

(a) Residence: No. 1835 Pennsylvania Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Alice Williams

6. DATE OF BIRTH (month, day, year) Dec 28 - 1909

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
26	4	23 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pvt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert County Md

FATHER

13. NAME Louis Williams

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Charlotte Talbott

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Ethel Williams

(Address) 1835 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lincoln Md County May 22 1936

19. UNDERTAKER Capitol City Funeral Home

(Address) 101 McCulloh St.

FILED May 22 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held inquiry (Inquest, Autopsy, or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy, or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	May 20 1936

Other contributory causes of importance:

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Wasserman Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George L. Allen Coroner M. D.

(Address) 509 Eutaw St.

M. D. B. 12684

24230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 24230

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1007 Providence St St., 27-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marie Clara Harris

(a) Residence: No. 1007 Providence St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

6a. If married, widowed, or divorced HUSBAND (or) WIFE of Marcus Harris

6b. DATE OF BIRTH (month, day, year) April 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0020

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home maid

10. Date deceased last worked at this occupation (month and year) Dec 1935

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) Georges Mills
(State or country) Balto Co Md

13. NAME William Smith

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary J. Miller

16. BIRTHPLACE (city or town) Balto Co
(State or country) Maryland

17. INFORMANT Marcus Harris

(Address) 1007 Providence St

18. BURIAL, CREMATION, OR REMOVAL

Place Pine Grove Date May 25 1936

19. UNDERTAKER P. Madeline Long

(Address) White Hall Md

20. FILED 3 1936 Huntington Pittsburgh, Pa. 19 ... N Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1936 to May 22, 1936

I last saw her alive on May 16, 1936. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial Nephritis

Date of onset 2 mo

Other contributory causes of importance:

none

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

No

(Signed) H. K. Pelter M. D.

(Address) 817 Hamilton Ave

M. D. B 1268-9

F 24231

24231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alberta Dorsey

(a) Residence: No. 915 Shields Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 21

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Richard Brooks

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Louise Wright

(Address) 1038 Perkins Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 5/25 19 36

19. UNDERTAKER Edgar H. Nelson

(Address) 46 Vienna

Huntington Pittsburgh, Pa.

Registrar

3 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held a Autopsy thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Autopsy find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Septicemia	

Other contributory causes of importance: Knife wound of scalp and right arm

Was an operation performed? none Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Homicide Date of injury 5-16 1936

Where did injury occur? 915 Shields Place Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Incised wound of scalp & arm

Nature of injury Knife wound

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo L Allen M. D.

Coroner

(Address) 850 Aisquith St

F 24232

24232 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 14154 V 45-B

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 27-3 Ward)

Length of residence in city or town where death occurred 1895 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Harchenhorn

If U. S. Veteran specify WAR No Record

(a) Residence: No. 4905 Arabia Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
M	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~last~~ WIFE of Agnes R. Harchenhorn

DATE OF BIRTH (month, day, year) 8-16-1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	9	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~None~~ Cooper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wm Graham Co

10. Date deceased last worked at this occupation (month and year) ~~Jan~~ 1936

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Martin (D) Harchenhorn

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Sevilla Fridinger

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Maryland Park Date May 25 - 36

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED 25 1936 Huntington Williams
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-14, 1936 to 5-21, 1936

I last saw him alive on 5-21, 1936 Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Tongue	?

Other contributory causes of importance:

—

over

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

M. D. B 1268-9

F 24233

24233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-B

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Balto City Hospitals St., E-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amanda C. Farsh

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1634 N. Wolfe St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leonard E. Farsh

6. DATE OF BIRTH (month, day, year) Oct 10 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc housewife

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME John Nagusen

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Leonard E. Farsh

(Address) 1634 N. Wolfe

18. BURIAL, CREMATION, OR REMOVAL

Place Morland Park Date May 23rd 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul st.

23 1936 Huntington Hillcoat, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by the autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	
Other contributory causes of importance: Cerebr vascular sclerosis	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Wright M. D. Coroner

(Address) 1010 S. Ellwood Ave.

F 24234

24234 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-A #14218

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4-5 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Ellen Leonard

(a) Residence: No. 1425 Carswell St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Enoch Leonard

7. DATE OF BIRTH (month, day, year) 4-2-62

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	1	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) May 1936

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Robert Felton

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Mary Fitt

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 25-A 1936

19. UNDERTAKER Wm Cook
(Address) 127 St Paul St

[illegible] 3 1936 Huntington Williams & Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/18, 1936 to 5/21, 1936

I last saw her alive on 5/21, 1936 Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 days
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

Spec.—6-9-19—H. P. Co.—1000 Blks.

24235 F 24235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 50

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No 626 Linnard St. 16-S WARD)

2-FULL NAME Florence Matilda Block

(a) RESIDENCE NO 626 Linnard ST. WARD

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 10 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Raymond Block

6 DATE OF BIRTH (month, day, and year) July-2-1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	10	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerical

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Yale Laundry

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Philip Crook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prince George Co.

12 MAIDEN NAME OF MOTHER Florence Yeatman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond, Va

14 Informant Mrs Ethel Ashley

(Address) 626 Linnard St

15 APR 3 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1936

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1936 to May 21, 1936

that I last saw her alive on May 20, 1936

and that death occurred, on the date stated above, at 3.15 9 m.

The CAUSE OF DEATH* was as follows:

Carcinoma - Medullary - Right Breast - metastases To Both lungs and uterus

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Xray-chest

(Signed) Charles L Warner M. D.

5/24/36 (Address) 3312 Edgerton Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 5/23/36

20 UNDERTAKER Harry H. Wirtz — ADDRESS 4131 Edmondson Ave

Washington Hospital, D. C.

F D. 24236 F 24236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3517 Chestnut Ave 13-6 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas B. Yeager If U. S. Veteran specify WAR World War

(a) Residence: No. 720 Singer Ave St.; Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~) Bertha A. Yeager.

6. DATE OF BIRTH (month, day, year) June 1894.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42.	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Peter Yeager

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah V. Zepp.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Bertha A. Yeager (Wife)
(Address) 720 Singer Ave.

18. BURIAL, CREMATION, OR REMOVAL
Druid Ridge Cem. Date 5/23/36

19. UNDERTAKER Walter Davis
(Address) 3418 Gwynns Falls Pkwy.

FILED MAY 23 1936, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1936

22. I HEREBY CERTIFY, That I ~~was in charge of~~ the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Insufficiency	5/21/36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward Schneidereit M. D.
Coroner

(Address) Coroner

M. D. B 1268-9

F 24237 HEALTH DEPARTMENT—CITY OF BALTIMORE 24237

CERTIFICATE OF DEATH

✓ 183

1. PLACE OF DEATH Spring Gardens, Registered No. .....

CITY OF BALTIMORE: (No. off Ferry Bar. St. 23 Ward 3) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. 10 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert M. Walters. If U. S. Veteran specify WAR .....

(a) Residence: No. 1841 Hanover St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) June 21, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frank Walters.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Adelia Airey.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Frank Walters. (father)
(Address) 1841 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL A Co
Place Holy Cross Cemetery Date May 23 1936

19. UNDERTAKER Elmer W. Conklin
(Address) 924 E. Eager St.

5 1936 ... Registrar.

(GHS)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Drowned May 14, 1936 Found May 22, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	
Sinking of a boat.	

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Otto M. Reinhardt, M. D.

5/22/1936 (Address) 1017 S. Charles St. Coroner

M. D. B. 1265-9

F 24238

24238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2135 No. Fulton St. 20-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Yerkes (Yerkes) If U. S. Veteran specify WAR .....

(a) Residence: No. 2135 No. Fulton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle Yerkes

6. DATE OF BIRTH (month, day, year) Sept 13 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME William Yerkes

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Emma Rich
(Address) 1819 West Saratoga

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 1-22-36

19. UNDERTAKER Wendell E Humphreys
(Address) 1401 N. Broadway

20. FILED 1-23-1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22-20 . 19 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of Liver & Lungs	Two years

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos H Phillips M. D.
Coroner

(Address) 1939 Eutaw Place

M. D. B. 1268-9

24239

F 24239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 16-8 Ward)

Length of residence in city or town where death occurred 30 yrs. – mos. – ds. How long in U. S. If of foreign birth? – yrs. – mos. – ds.

2. FULL NAME William Muir (WILLIAM L. MUIR) If U. S. Veteran specify WAR .....

(a) Residence: No. 714 Edgewood St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adeline Margaret Muir

6. DATE OF BIRTH (month, day, year) Jan. 25. 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Sommerset Co. Maryland

FATHER

13. NAME William Lambert Muir

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Nancy Heath

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. H. L. Langrall (Daughter) (Address) 3406 Wabash Ave.

18. BURIAL, CREMATION, OR REMOVAL Western Cemetery Date May 25. 1936 19

19. UNDERTAKER HENRY SANDER & SONS. INC. (Address) Baltimore & Broadway.

20. FILED – Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21. 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis following May	19-36
Shock & coma	

Other contributory causes of importance: Fractured rib May 10-1936

Was an operation performed? no Date of .....

For what disease or injury? –

Name of operation – Date of .....

What test confirmed diagnosis Fractured Rib Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury ..... 19.....

Where did injury occur? At his home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of injury Chair fell backward with him

Nature of injury Fractured rib left side

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos. H. Chilcoat M. D. Coroner

(Address) 1939 Edmondson Ave.

F 24240

24240 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Mercy Hosp. St. ..... Ward) 27-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Dasey (JAMES DASEY) If U. S. Veteran specify WAR .....

(a) Residence: No. 2816 Pinewood Ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Mrs. Annie Dasey

7. DATE OF BIRTH (month, day, year) May 31 1858

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	11	20 19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Joseph Dasey

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Anne Waters

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Bertha M. Atkinson (Daughter)

(Address) 2816 Pinewood Ave.

18. BURIAL, CREMATION, OR REMOVAL Cedar Hill Cem. May 23. 1936

Place Date 19

19. UNDERTAKER HENRY SANDER & SONS, INC. Henry J. Sander

(Address) Baltimore & Broadway.

20. DATE RECEIVED 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 14th 1936 to May 20th 1936

I last saw him alive on May 20th 1936. Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of oesophagus	?
Arteriosclerotic Cardio-Vascular disease	?
Other contributory causes of importance: Chronic bronchitis and emphysema	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Daniel A. Robinson, M. D.

(Address) Mercy Hosp

F 24241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 Maryland Ave St., 12-5 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hilary Young

(a) Residence: No. 1808 Maryland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Color	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa.

6. DATE OF BIRTH (month, day, year) May 4 - 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57		16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Henry Young

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Rosa Young
(Address) 1808 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date May 24 1936

19. UNDERTAKER Wm. F. Peter & Elliott Daughter
(Address) 1129 Eutaw Pl.

MAY 23 1936 Huntington Wellawa, MD 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1936 to May 20 1936

I last saw h alive on May 20 1936 Death is said to have occurred on the date stated above, at 4:50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Jan 1935

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) L. G. Johnson M. D.

(Address) 2549 Greenmount Ave.

F 24242 ✓ F 24242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 439 E 23rd St. St., 17-4 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Allen Goodman

(a) Residence: No. 439 E 23rd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lena Goodman

DATE OF BIRTH (month, day, year) Aug 26 1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43yrs	42	8	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NAD

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Timmonsville S.C.

13. NAME Henry Goodman

14. BIRTHPLACE (city or town) (State or country) Timmonsville SC

15. MAIDEN NAME Epsy (?)

16. BIRTHPLACE (city or town) (State or country) SC

17. INFORMANT Lena Goodman

(Address) 439 E 23rd St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date May 22 1936

19. UNDERTAKER Mrs Blanche Elliott-Saunders

(Address) 1127 Pennsylvania Ave

Huntington Williams

19 Registrar.

23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/21 1936

22. I HEREBY CERTIFY, That I attended deceased from April 20 1936 to May 21 1936

I last saw him alive on May 20 1936 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	4/24/36
Bronchiectasis	5/13/36
Acute Myocarditis	5/18/36

Other contributory causes of importance:

~~Senile~~ NAD

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jas. L. Julian M. D.

(Address) 434 E 23rd St.

M. D. F 1265-9

✓F 24243

24243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2212 E. Biddle St., 8-t Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Maacks

(a) Residence: No. 2212 E Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles F Maacks

6. DATE OF BIRTH (month, day, year): May 27th 1854

7. AGE: Years 81 | Months 11 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Caspar Behring

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Minnie Maacks

(Address) 2212 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 25th 1936

19. UNDERTAKER: Leg G Cook

(Address) 1703 Patterson Park Ave

Huntington Williams, Registrar.

20. FILED 3 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from September 7, 1934 to May 20, 1936. 19

I last saw her alive on May 20, 1936 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset 1930

Chronic Myocarditis — " "

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert G Singewald, M. D.

(Address) 1613 E Monument Ave.

24244 ✓ F 24244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-a

Registered No. .....

1. PLACE OF DEATH Lyndenham Hospital

CITY OF BALTIMORE: (No. ..... St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. 10 mos. 23 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Gloria Irene Henson

(a) Residence: No. 435 N. Calhoun St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) June 29, 1922

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
13	10	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Girl

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Daniel Henson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Irene Howard

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Father (Daniel Henson)

(Address) 435 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date May 25, 1936

19. UNDERTAKER Samuel H. Drake & Son

(Address) 638 N. Gilmor St.

Huntington Williams, Reg.

Registrar. 19

231936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1936, to May 21, 1936

I last saw her alive on May 20, 1936 Death is said to have occurred on the date stated above, at 2:40P m.

The principal cause of death and related causes of importance were as follows:

Pneumococcus meningitis. — Date of onset 5-14-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was There an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. C. Klipfel Jr. M. D.

(Address) Lyndenham Hospital

M. D. B. 1268-9

24245

HEALTH DEPARTMENT—CITY OF BALTIMORE

24245

CERTIFICATE OF DEATH

1936

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 7-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles K. Barnes

(a) Residence: No. 924 N. Collington ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 19, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Barnes

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Augusta Woelte

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Charles Barnes

(Address) 924 N. Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cem Date May 25 1936

19. UNDERTAKER Philip Herring Sons

(Address) 508 Gilmor St

23 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy, or Inquiry) thereon, did from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
First Second & Third degree burns of body.	

Other contributory causes of importance:

shock & toxemia

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/21 1936

Where did injury occur? Edison Highway - Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Under north a bridge at Olive Street.

Manner of injury Fell on high tension wires (Electric)

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenten M. D.

Coroner.

(Address) 1912 E. North Ave.

24246 HEALTH DEPARTMENT—CITY OF BALTIMORE 24246

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens and Caton Sts.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Robert Jamison

(a) Residence: No. 432 Edmondson (St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (~~or WIFE of~~): Robert Jamison

7. DATE OF BIRTH (month, day, year): Aug 31 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	9	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bottle washing
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tumbo
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Robert A. Jamison
14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Frances R — —
16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mrs. Frances Borrini
(Address) 631 N. Duncan St

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: 5/26/36

19. UNDERTAKER: Philip Henrig Sons
(Address) 2016 Eastern Ave

MAY 31 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 22. 1936

22. I HEREBY CERTIFY, That I attended deceased from May 6. 1936. to May 22. 1936.
I last saw h[illegible] alive on May 22. 1936. Death is said to have occurred on the date stated above, at 8:48 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio vascular disease with congestive failure	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Karl F. Meeh M. D.
(Address) St. Agnes Hospital

T 24247 HEALTH DEPARTMENT—CITY OF BALTIMORE T 24247

CERTIFICATE OF DEATH

92-A

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 N. Linwood Ave St. ..... Ward) 6-1

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Josephine Bellis

(a) Residence: No. 727 N. Linwood Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Wm E. Bellis

6. DATE OF BIRTH (month, day, year) April 7-1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	1	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME — Bellis

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Gutierrez

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Frank Branch

(Address) 727 N. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date May 26 1936

19. UNDERTAKER Andrew Bernd & Sons

(Address) 240 Orleans St

(Date filed) MAY 23 1936 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1926 to May 22 1936

I last saw h[illegible] alive on 5/21/36 1936. Death is said to have occurred on the date stated above, at 12 20 m.

The principal cause of death and related causes of importance were as follows:

Heart disease — Date of onset .....

Other contributory causes of importance:

Exhaustion

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

5/20/36 (Signed) Alfred Gage M. D.

(Address) 727 N Broadway

F 24248

F 24248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13-E-22 St., 12-6 Ward)

Length of residence in city or town where death occurred 57 yrs. 9 mos. 6 ds. How long in U. S. If of foreign birth 57 yrs. 9 mos. 6 ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME Francis Eugene King

(a) Residence: No. 13-E-22- St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Randall King

DATE OF BIRTH (month, day, year) Aug-15-1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	9	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dentistry 35

10. Date deceased last worked at this occupation (month and year) Jan 1936

11. Total time (years) spent in this occupation 31 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Calvin J. King

14. BIRTHPLACE (city or town) (State or country) Massachusetts

15. MAIDEN NAME Mary L. Goodrich

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Mary R. King (wife)
(Address) 13-E-22-St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date May 23 1936

19. UNDERTAKER Stewart Mortuary Co.
(Address) 19 & 21 Monument St.

Huntington Mathews, M.D.
Registrar.

23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 1936 to May 21, 1936

I last saw him alive on May 21, 1936 Death is said to have occurred on the date stated above, at 9 m.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Elsa Blake, M. D.

(Address) 20 E Preston

F 24249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 24249

43

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. 20-S Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Miss Theresa O Smith

(a) Residence: No. 327 S. Collins Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Oct 21 1871

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Oliver Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Theresa Allblite

16. BIRTHPLACE (city or town) (State or country) Manchester Md

17. INFORMANT Mrs F. Hoffman

(Address) 2807 Brighton St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 23 1936

19. UNDERTAKER J. Vernon Kuehner

(Address) 2301 Edmondson Ave

FILED ..... 19 ..... Registrar.

23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-17, 1936, to 5-20, 1936.

I last saw h[illegible] alive on 5-20-, 1936. Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia left upper + lower lobes — Date of onset —

Other contributory causes of importance:

Old healed miliary tuberculosis genualgia — Date of onset —

Was an operation performed? no Date of —

For what disease or injury? no injury

Name of operation — Date of —

What test confirmed diagnosis? X-ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Frank W. Layton, M. D.

(Address) University Hospital

23250

F 24250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3118 Baker St., 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nannie Lee Sanford.

(a) Residence: No. 3118 Baker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert C. Sanford,

6. DATE OF BIRTH (month, day, year) February 22. 186

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	--	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northumberland Co. Virginia

13. NAME James Flexner Ball.

14. BIRTHPLACE (city or town) (State or country) Northumberland Co. Virginia

15. MAIDEN NAME Maria Louisa Luckett,

16. BIRTHPLACE (city or town) (State or country) Loudon Co. Virginia

17. INFORMANT Milton S Sanford

(Address) 3118 Baker St.

18. BURIAL, CREMATION, OR REMOVAL MAY 25 1936

Place Parkwood Date 19

19. UNDERTAKER Geo H Little

(Address) 2700 Edmondson Ave

Huntington Williams, M.D.

23 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 22 1936 19

22. I HEREBY CERTIFY, That I attended deceased from May 10th 1936 to May 22 1936

I last saw her alive on May 20 1936 Death is said to have occurred on the date stated above, at 6.45 P.M.

The principal cause of death and related causes of importance were as follows:

Heart Clot, Thrombosis, Date of onset 2 days

Other contributory causes of importance: Valvular Lesion of some years

Was an operation performed? No Date of

For what disease or injury? No

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas E Parker M. D.

(Address) 3123 W North Ave

24251 HEALTH DEPARTMENT—CITY OF BALTIMORE 24251

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME Jenny Nash
(a) Residence: No. 112½ W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) April 1935

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.
13. NAME (Mother) Mrs White
14. BIRTHPLACE (city or town) Westmoreland Co
(State or country) Va
15. MAIDEN NAME Hazel Nash
16. BIRTHPLACE (city or town) Westmoreland
(State or country) Va
17. INFORMANT Hazel Nash
(Address) 718½ W Saratoga St
18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date May 23, 1936
19. UNDERTAKER Mrs Lottie A Williams
(Address) 422 N Schroeder St

MAY 23 1936 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936 to May 22, 1936
I last saw h.. alive on May 21, 1936 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Right	4/29
Malnutrition	

Other contributory causes of importance:

Dependency Anemia	

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Paul Johnson, M. D.
(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24252 — CERTIFICATE OF DEATH — 108 — F 24252

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 17-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME MacDonald Anderson

(a) Residence: No. 607 Lafayette Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) June 3, 1932

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	11	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME John Anderson

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Gertrude Ideans

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 5/24, 1936

19. UNDERTAKER Thomas E. Kelson
(Address) 1030 Pentman St

Clinton Williams, Reg.

MAY 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1936, to May 22, 1936

I last saw him alive on May 22, 1936 Death is said to have occurred on the date stated above, at 2:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5-17-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Irving J. Schwartz M. D.

(Address) Sydenham Hospital

F 24253 HEALTH DEPARTMENT—CITY OF BALTIMORE 24253

CERTIFICATE OF DEATH

87-13

1. PLACE OF DEATH Md. Gen. Hosp. 14-3 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 14-3 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Dorsey

(a) Residence: No. 2220 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie Dorsey

DATE OF BIRTH (month, day, year) April 30, 1880

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56		21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel, Co.

13. NAME —

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mattie Dorsey
(Address) 2220 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL
Place Cockeysville, Md. Date 5/25, 1936

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pennsylvania Ave

Huntington Williams, MD

MAY 23 1936

MEDICAL CERTIFICATE OF DEATH 22

21. DATE OF DEATH (month, day, year) 5/[illegible], 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-21, 1936 to 5-22, 1936

I last saw h/[illegible] alive on 5-21, 1936 Death is said to have occurred on the date stated above, at 5 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
Other contributory causes of importance:	
Myocarditis Grave	
Syphilis Sclerosis	
Multiple	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Wm. P. Stephens, M. D.

(Address) Md. Gen. Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24254

F 24254

CERTIFICATE OF DEATH

48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1312 N. Mount St. 15-W Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Hewitt

(a) Residence: No. 1312 N Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Hewitt

6. DATE OF BIRTH (month, day, year) March 5, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	2	15	17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Chas Roberts

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Goss

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Chas Hewitt
(Address) 1313 Woodyear St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 5/24 . 19 36

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St Huntington Ave

MAY 23 1936 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 . 1935 . to May 20 . 1936

I last saw h alive on May 20 . 1936 Death is said to have occurred on the date stated above, at 1 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterine Cervix	?
Metastasis to the Lung, Peritoneum & Broad Ligament	?
Renal-Vaginal Fistula	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Albert J. Hoelzel M. D.

(Address) 2806 Edmondson Ave

M. D. B 1268-9

24255 HEALTH DEPARTMENT—CITY OF BALTIMORE 24255

CERTIFICATE OF DEATH

Registered No. 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt. City Hospital St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S Veteran specify WAR

2. FULL NAME Anna Mae Green

(a) Residence: No. 1616 Madison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oscar

6. DATE OF BIRTH (month, day, year) Oct 6 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Atlanta Georgia

FATHER

13. NAME Judge Childs

14. BIRTHPLACE (city or town) (State or country) Atlanta Ga.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Oscar Green

(Address) 1616 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date May 24 1936

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Greenmount Ave

20. FILED 19

MAY 23 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, and that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal tumor.	
Probably carcinoma of cervix.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

Coroner

(Address) 1010 S. Eden Ave

F 24256

F 24256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 524 N. Arlington St., Apt. 2 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Manie Wilks
(a) Residence: No. 524 N. Arlington Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Emily Wilks
7. DATE OF BIRTH (month, day, year): Dec 4 1900
AGE: Years 35 | Months 5 | Days 17 | If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Taxi Owner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cab
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Lowry S. C.
13. NAME: Emily Wilks
14. BIRTHPLACE (city or town) (State or country): S.C.
15. MAIDEN NAME: Mary Darby
16. BIRTHPLACE (city or town) (State or country): S.C.
17. INFORMANT: Emily Wilks
(Address): 524 N. Arlington Ave.
18. BURIAL, CREMATION, OR REMOVAL: Chester S. C. Date May 25 19 36
19. UNDERTAKER: Ramon Reynolds
(Address): 818 Druid Park Ave
I Huntington Williams, M.D. Registrar

MAY 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 21. 1936
22. I HEREBY CERTIFY, That I attended deceased from May 2, 1936, to May 21, 1936
I last saw him alive on May 21, 1936. Death is said to have occurred on the date stated above, at 9-20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	24 hrs

Other contributory causes of importance:

Arteriosclerosis	Unknown
Chronic Nephritis	Unknown

Was an operation performed? No Date of ----
For what disease or injury? ----
Name of operation ---- Date of
What test confirmed diagnosis? Clinical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signature) George [illegible] M.D.
(Address) 491 East 25th Street

F 24257

24257 HEALTH DEPARTMENT—CITY OF BALTIMORE

48

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 350 r Grantley Rd 5-11 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mae Carolyn Stewart

If U. S. Veteran specify WAR .....

(a) Residence: No. 350 r Grantley Rd St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	W	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Bennett W. Stewart

DATE OF BIRTH (month, day, year) June 16-1906

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
29	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklin City Va.

13. NAME Bernard Powell

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Theodasia Mock

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Bennett W. Stewart

(Address) 350 r Grantley Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 5/22, 36

19. UNDERTAKER Leonard J. Opack

(Address) 5300 Harford Ave

19. FILED 3 1936 Huntington Williamson, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/21/36

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1935 to May 21, 1936

I last saw her alive on May 21, 1936 Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Uterus	June 1935
Other contributory causes of importance: Secondary metastasis to colon and thyroid.	Jan. 1936

Was an operation performed? No Date of None

For what disease or injury? None

Name of operation None Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Frank H. Ogden M. D.

(Address) 2701 W. Calvert St

24258
313891

F 24258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ x 34-c

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Robert Bloodsworth

(a) Residence: No. Princess Ann St., Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edna

7. DATE OF BIRTH (month, day, year) 11/21/98

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. chauffeur

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME J. Randall

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Elizabeth Howe

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Princess Anne Md. Date 5-25th 1936

19. UNDERTAKER Dale Dashiell
(Address) Princess Anne Md.

23 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May-22, 1936

22. I HEREBY CERTIFY, That I attended deceased from May-20, 1936, to May-22, 1936.

I last saw him alive on May-22, 1936. Death is said to have occurred on the date stated above, at 12 mid night m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic aortitis + heart disease	1930

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Joseph J. Kaduck M. D.

(Address) Johns Hopkins Hospital.

F 24259

24259 HEALTH DEPARTMENT—CITY OF BALTIMORE

X 121 ✓

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Miss Daisy Lawson

(a) Residence: No. Crisfield Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of annulled.

7. DATE OF BIRTH (month, day, year) March 12, 1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	2	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crisfield Md.

13. NAME Isaac Lawson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah A. Sterling

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Ed. McCready Crisfield Md

(Address)

18. BURIAL, CREMATION, REMOVAL

Place Crisfield, Md. Date May 25, 1936

19. UNDERTAKER J. S. Lawson

(Address) Crisfield Md

Huntington Williams MD

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1936 to May 23, 1936

I last saw her alive on May 23, 1936 Death is said to have occurred on the date stated above, at 5:45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal Abscess,	

Other contributory causes of importance:

Was an operation performed? yes Date of 5-11-36

For what disease or injury? appendicitis

Name of operation Laparotomy. Date of 5-11-36

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Dr. J. Francis Williams M. D.

(Address) Md. General Hospital

24260 F 24260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 Edmondson Ave St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patience Moore

If U. S. Veteran specify WAR

(a) Residence: No. 713 Edmondson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Colored	widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jackson Moore

DATE OF BIRTH (month, day, year) 1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61 yrs.			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NG

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Victoria Va

13. NAME Mosa Blackstock

14. BIRTHPLACE (city or town) (State or country) Victoria Va

15. MAIDEN NAME Anna Blackstock

16. BIRTHPLACE (city or town) (State or country) Victoria Va

17. INFORMANT Louis Moore

(Address) 713 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Burkeville Va. Date May 24 1936

19. UNDERTAKER R. C. Richardson & Co.

(Address) 1120 Druid Hill Ave.

241936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21 1936

22. I HEREBY CERTIFY, That I attended deceased from March 5 1936 to May 21 1936

I last saw h alive on May 21 1936 Death is said to have occurred on the date stated above, at 10:45 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	Nov 20 1935

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis None Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

F 24261

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24261

CERTIFICATE OF DEATH

X √ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 Patapsco St. 23-3 Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Kermit B Crosby If U. S. Veteran specify WAR .....

(a) Residence: No. 1516 Patapsco St., ... Ward Camp Parole Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced (or) WIFE of Delma Crosby

DATE OF BIRTH (month, day, year) Aug 19 1912

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
23	9	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Camp Parole Md

13. NAME William F Crosby

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Adeline Turner

16. BIRTHPLACE (city or town) (State or country) Millersville A A Co Md

17. INFORMANT Wife Wm F Crosby

(Address) 1516 Patapsco St

18. BURIAL, CREMATION, OR REMOVAL Cem A A Co Md

Baldwin Memorial Date May 24 1936

19. UNDERTAKER John F Denny

(Address) 715 Light St

BY [illegible] 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1934 to May 21, 1936

I last saw h. alive on May 21, 1936 Death is said to have occurred on the date stated above, at 6 05 P. m.

The prinripal cause of death and related causes of importance were as follows:	Date of onset
Pulmonary Tuberculosis	1934
Other contributory causes of importance: Laryngeal Tuberculosis	2 mos.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? .....

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lawrence M. Sera M. D.

(Address) 1009 Annapolis Blvd.

M. D. P. 1268-9

F 24262

24262 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen Hosp St.; 15-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oscar Goldberg

(a) Residence: No. 2917 Ridgewood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year) Dec. 2 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	57	5	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Benjamin Goldberg

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Thresa Blumenstein

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rebecca Goldberg

(Address) 2917 Ridgewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Rosedale Date May 24 1936

19. UNDERTAKER Sol Levinson & Bros

(Address) 1127 E Balto st

Filed 19 Registrar

24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22 1936

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1936 to May 22 1936

I last saw h[illegible] alive on May 22 1936 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis

Date of onset

Other contributory causes of importance:

Chronic nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state how

(Signed) D'Alessandro M. D.

(Address) West Balto Gen Hosp

F 24263

M. D. P. 1268-9

24263 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1833 Linden Ave St. 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Askin

(a) Residence: No. 1833 Linden Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank

7. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Israel Berman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Leah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Ben Askin

(Address) 1833 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Southern Ave Date 8/24 1936

19. UNDERTAKER Jack Lewis Inc

(Address) 1729 E. Balto St.

20. Filed 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/23 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/17 1926 to 5/23 1926

I last saw h alive on 5/23 1926. Death is said to have occurred on the date stated above, at 2 5 h. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach with gen. complications	1926

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? N/S If so, specify

(Signed) M. D.

(Address) 3326 Eastern Ave

F 24264 14045 F 24264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Roberts

(a) Residence: No. 342 Dolphin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 1877

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	58			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 907

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Lize ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 5/25/ 36

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W. Lafayette St. Baltimore, Md.

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/8, 1936 to 5/22, 1936

I last saw him alive on 5/22, 1936 Death is said to have occurred on the date stated above, at 9:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular disease	1 mo.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

M. D. R. 1268-9

F 24265

F 24265 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-D-137

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital St., 25 Ward.

Length of residence in city or town where death occurred 67 yrs. 7 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius Abell Julius Abel

(a) Residence: No. 415 S. Packard Paca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

3a. If married, widowed, or divorced
RUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 23, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67 yrs	7	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME John Abell (ABEL)

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Fitz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs May E. Abel
(Address) 415 S Paca st

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date May 26th, 1936

19. UNDERTAKER E. Schlosnan & Son
(Address) 1039 Hanover st

FILED 241936 Lington Littlepage

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1936, to May 23, 1936.

I last saw h[illegible] alive on May 23, 1936. Death is said to have occurred on the date stated above, at 3 40 A.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 5/17

Acute Cerebral Insufficiency

Other contributory causes of importance:

Senile Hypertrophy of Prostate

Name of operation Suprapubic Cystotomy Date of 5/18/36

What test confirmed diagnosis Examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Marion Linn, M. D.

(Address) W. B. G. H.

24266

F 24266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD St. 10-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Gillooly

(a) Residence: No. 1104 N. Bankay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Michael Gillooly

7. DATE OF BIRTH (month, day, year) June 4, 1887

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	1	17 18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Joseph Pozderney

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Rose Lemberman

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Michael Gillooly
(Address) 1104 Bankay st

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 25, 1936

19. UNDERTAKER Funk Brothers
(Address) 1900 Eutaw Pl

Filed 24 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1930, to May 22, 1936
I last saw h-- alive on May 22, 1936 Death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of breast (both right and left)	
Other contributory causes of importance: 2. Pulmonary metastases	

Was an operation performed? yes Date of 5-13-35 & 7-11-35
For what disease or injury? Ca of breasts
Name of operation Amputation breast Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. M. Magenella, M. D.
(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

F 24267

24267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X52

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Davidson Ayers

(a) Residence: No. Contee Mine Cumberland Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Irene Clark Ayers

7. DATE OF BIRTH (month, day, year) June 1st 1885.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mill right

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. mill worker

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland,

13. NAME William Ayers

14. BIRTHPLACE (city or town) (State or country) Barton, Md.

15. MAIDEN NAME Emma Micheal

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr Calvin Ayers

(Address) Barton, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Hill Mascar pug Date May 25 1936

19. UNDERTAKER John J Cowan & Son

(Address) 1901 Eastern Ave

20. FILED ..... 19 ..... Registrar.

2-1 1550

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22 1936

22. I HEREBY CERTIFY, That I attended deceased from May 18 1936 to May 22 1936.

I last saw him alive on May 22 1936 Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Carcinoma of face	1934
Bronchopneumonia, right lung.	May 21/36

Other contributory causes of importance:

Was an operation performed? Yes Date of May 19, 1936

For what disease or injury? Carcinoma of face

Name of operation Excision Date of May 19/36

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Charles L. Kirkland M. D.

(Address) University Hospital

F 24268

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24268

CERTIFICATE OF DEATH

× 176

1. PLACE OF DEATH ~~Hospital~~ University Hospital Balto
CITY OF BALTIMORE: (No. ..... St., 4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Wm Mann

(a) Residence: No. 2 Granite Pl St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella H. (nee Turnbaugh)

7. DATE OF BIRTH (month, day, year) Jan 29 1868

AGE 68 Years | 3 Months | 23 Days | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Carrier 08

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Harrison McNamar

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Lucretia Ang

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Raymond F. McNamar
(Address) 2732 Prospect St.

18. BURIAL, CREMATION, OR REMOVAL
Baltimore Meth. M.E. church Date May 25, 1936

19. UNDERTAKER Harry H. Little & Sons
(Address) 4101 E Edmondson Ave.

MAY 24 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/22 1936

22. I HEREBY CERTIFY, That I attended deceased from January 1925 to 5/22 1936

last saw h alive on 5/22/36 Death is said to have occurred on the date stated above, at 11:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Operative peritonitis	Feb
Terminal Pneumonia	May
after gall bladder surgery	

Other contributory causes of importance:
Myocarditis & arteriosclerosis.

Was an operation performed? Yes Date of 5/17/36

For what disease or injury? Gall stones

Name of operation Cholecystotomy Date of 5/17/36

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter Richards, M. D.

(Address) Greenway Apts Baltimore

24269 ✓ F 24269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1208 W Whitelock St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME David S. Laws

(a) Residence: No. 1208 W Whitelock St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Laws

6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER FATHER

13. NAME Robert S. Laws

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Herman Laws

(Address) 1208 Whitelock St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 25 1936

19. UNDERTAKER James A. Sayes

(Address) 142 Lexington St

20. FILED May 24 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934 to May 22, 1936

(last saw him alive on May 22 1936 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Chronic Nephritis	
Chronic Myocarditis	
Hemiplegia	

Other contributory causes of importance:

Was an operation performed? no. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Dr. Thurston M. D.

(Address) 1422 Eutaw St

13524 ✓ F 24270

4270 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St. 25-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Leazer
If U. S. Veteran specify WAR -

(a) Residence: No. 3214 Tate St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine

6. DATE OF BIRTH (month, day, year) 7-22-1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Amos

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Terese

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date May 25 1936

19. UNDERTAKER Francis A. Leyes
(Address) [illegible] Huntington Ave

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-22 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-11 1936 to 5-22 1936.
I last saw h[illegible] alive on 5-22 1936 Death is said to have occurred on the date stated above, at 4:05 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4-10-36
Pneumococcic Empyema	4-13-36
Other contributory causes of importance:	
Pyopericardium	5-21-36

Was an operation performed? Yes Date of 4-13-36 5-21-36
For what disease or injury Empyema & Pyopericardium
Name of operation Thoracotomy & Pericardiotomy Date of 4-13-36 5-21-36
What test confirmed diagnosis Exmation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson M. D.
(Address) Balto. City Hosp.

14231

F 24271

F 24271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St. 21-L Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Catherine Cairns

(a) Residence: No. 732 Carroll St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-4-1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	8	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

13. NAME Joseph
14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Keelin
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place City Receiver. Date 5/25/36 19

19. UNDERTAKER Edmund Walter
(Address) 678 West Biddle

20. FILED 5 26 1936 Huntington Pittsburgh, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/19, 1936 to 5/23, 1936
I last saw her alive on 5/23, 1936 Death is said to have occurred on the date stated above, at 5:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease	5 yr.

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Robert A. Reitz M. D.
(Address) Balto City Hosp

M. D. F. 1268-9 F 24272

F 24272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Aged Women Home

CITY OF BALTIMORE: (No. 1404 W. Lexington St., 14-2 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

No Record

2. FULL NAME Elizabeth Muir

(a) Residence: No. 1404 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 28, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	87	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME James N. Muir

14. BIRTHPLACE (city or town) Cambridge (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Greaves

16. BIRTHPLACE (city or town) — (State or country)

17. INFORMANT Records of Aged Women's Home (Address) 1404 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 5/25 1936

19. UNDERTAKER William Cotter (Address) 1219 St. Paul St.

20. [illegible] Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from October, 1927 to May 22, 1936

I last saw h[illegible] alive on May 22, 1936 Death is said to have occurred on the date stated above, at 7:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic, with	?
Arterio sclerosis (valvular	
Nephritis, chronic (disease.	

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Elmer B. Jarrell M. D.

(Address) 1115 St. Paul St., City.

F 24273

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24273

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St., 17-1 Ward)

Registered No. 210-M

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos., ... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nancy Carnaggio

(a) Residence: No. 652 N. Franklin St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) April 20, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (City or town) (State or country) Baltimore Md

FATHER

13. NAME Samuel Carnaggio

14. BIRTHPLACE (city or town) (State or country) Colorada

MOTHER

15. MAIDEN NAME Rosa Leon

16. BIRTHPLACE (City or town) (State or country) Maryland

17. INFORMANT Samuel Carnaggio

(Address) 652 N. Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date May 26, 1936

19. UNDERTAKER H. Arnold Sons

(Address) 2615 E. Chase St

20. FILED MAY 25 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/23/36 1 hr. pm

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 5-23-36

Where did injury occur? 652 N. Franklin St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Street

Manner of injury Ran off curb into path of car

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Walter Bagley Cole M. D. Coroner

(Address) 907 N. Charles

P 24274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St. 13-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Hewitt

If U. S. Veteran specify WAR

(a) Residence: No. 307 W. 40th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Russell

6. DATE OF BIRTH (month, day, year) 2/15/02

7. AGE: Years 33 | Months 9 | Days 8 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Isaac Evans

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Clara Shiffer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. —
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date May 26, 1936

19. UNDERTAKER Thompson & Son
(Address) 3615 Eastern Ave.

DATE 1936 Registered by

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1936 to May 23, 1936

I last saw her alive on May 23, 1936 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia due to pneumococcus	4 days ago

Other contributory causes of importance:

Pregnancy	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of 5-23-36

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) Joseph T. Sadusk Jr. M. D.

(Address) Johns Hopkins Hospital

24275

F 24275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 10-3 Ward)

Length of residence in city or town where death occurred 2 yrs. 10 mos. 0 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jean Lane Smelser

(a) Residence: No. 2608 Woodbrook Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) July 23, 1933

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	2	10	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Ernest M. Smelser

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Millicent Peters

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Mother 2608 Woodbrook Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date May 26, 1936

19. UNDERTAKER H. L. Jackson & Sons (Address) Towson, Md

Huntington Williams, MD

19 ..... Registrar

25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1936, to May 23, 1936

I last saw her alive on May 23, 1936 Death is said to have occurred on the date stated above, at 8:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles	5-11-36
Bronchopneumonia	5-20-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frances D. Schwentker M. D.

(Address) Sydenham Hospital

24276

HEALTH DEPARTMENT—CITY OF BALTIMORE

24276

#14224

CERTIFICATE OF DEATH

1-1 122-W

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Zubrowski

If U. S. Veteran specify WAR .....

(a) Residence: No. 1235 S. Decker Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 9-15-78

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58 / 57	8	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ocf

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date May 27, 1936

19. UNDERTAKER John Stanislaus

(Address) 2811 Hudson St

FILED MAY 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-18, 1936 to 5-23, 1936

I last saw her alive on 5-23, 1936. Death is said to have occurred on the date stated above, at 8:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Incarcerated Umbilical Hernia	5-17-36
Other contributory causes of importance: Auricular Fibrillation	?

Was an operation performed? Yes Date of 5-18-36

For what disease or injury? Incarcerated Umbilical Hernia

Name of operation Umbilical Herniaplasty Date of 5-18-36

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

F 24277

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24277

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 W North ave St. 13-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry C Fink

(a) Residence: No. 708 W North ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Katie

6. DATE OF BIRTH (month, day, year): 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	-	.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dancing Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): New York.

FATHER

13. NAME: Solomon Fink

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Cecelia ?

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Martin Beerman

(Address) 708 W North ave

18. BURIAL, CREMATION, OR REMOVAL: Place Arlington Date May 25 1936

19. UNDERTAKER: Sol Levinson Bro

(Address) 1127 E Balto St

20. FILED: Arlington Cemetery, Md. Registrar.

MAY 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/24 1936

22. I HEREBY CERTIFY, That I attended deceased from November 1935 to May 24 1936

I last saw him alive on May 24 1936. Death is said to have occurred on the date stated above, at 8.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1933
Coronary Thrombosis	1936

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur J. Fink, M. D.

(Address) 724 W. North Ave

F 24278

24278 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 47-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-13 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wolf Berman

If U. S Veteran specify WAR

(a) Residence: No. 2604 Loyola Northway Ward. 24 to N1

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M —

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary,

6. DATE OF BIRTH (month, day, year) 1870.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Abraham Berman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Hilda P.

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Irving Berman

(Address) 2604 Loyola Northway

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Harrison Rd Date May 25 1936

19. UNDERTAKER Sol Levinson Bro

(Address) 1127 E Balto St

20. FILED 19

25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1936, 19..... to May 24, 1936, 19.....

I last saw him alive on May 24, 1936. Death is said to have occurred on the date stated above, at 5:05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	
Generalized Arteriosclerosis.	
Hypostasis	
Arterial Metastases.	

Other contributory causes of importance:

Emphysema.

Bronchitis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Roland Jeffrey, M. D.

(Address) Sinai Hospital

F 24279 F 24279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14046

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Marie Scardina

(a) Residence: No. #4 Open St., (Usual place of abode) Curtis Bay St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: William D. Scardina

6. DATE OF BIRTH (month, day, year): 6-14-1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: William Zucker

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Louisa Lolts

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL: London Park Cemetery Date May 26, 1936

19. UNDERTAKER: Henry Hoeck Sons, Inc.

(Address) 1301 E Eager St

(Signed) Registrar

MAY 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/8, 1936 to 5/22, 1936

I last saw her alive on 5/22, 1936 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart disease	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

F 24280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 E. Chase St., 10-1 Ward)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret McCabe McCabe

(a) Residence: No. 918 E. Chase St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan McCabe

7. DATE OF BIRTH (month, day, year) July 27 1863

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72 yrs	10	8	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Hugh McCall

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Elizabeth Duffy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. John McCabe
(Address) 918 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Cathedral Cem. Date May 26 1936

19. UNDERTAKER Elmer W. Tomlinson
(Address) 924 E. Eager St.

May 25 1936, 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 20 1936 to May 23 1936

I last saw her alive on May 23 1936. Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	?
Other contributory causes of importance:	
Intestinal Obstruction	3 D.
Cardiac Decompensation	3 D.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Phys. Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed L. McParlin, M. D.

(Address) 1114 Harford

M. D. 24281

F 24281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

184

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 12-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME W. Wilson Wingate

If U. S. Veteran specify WAR .....

(a) Residence: No. 2616½ Maryland Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret Wingate

6. DATE OF BIRTH (month, day, year) Oct 14, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	6 7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Reporter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Balto. News

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Chas. M. Wingate

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Cornelia McNamaria

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Margaret Wingate

(Address) 2616½ Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Wingate Md Date 5-25th 1936

19. UNDERTAKER Bernard C. Harle

(Address) 121 E. West St

20. FILED ... 1936 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24 1936 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from Gunshot Wound	

Other contributory causes of importance:

Was an operation performed? Yes Date of May 24-

For what disease or injury? Gun Shot Wound

Name of operation Gun Shot Wound Date of May 24

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury May 24 1936

Where did injury occur? 19 N. Howard St,

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Shooting Gallery Public

Manner of injury Gun Shot Wound

Nature of injury Shot by Gun

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) F. K. Weller M. D.

Coroner

(Address) 737 N. Howard

F 24282

F 24282 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 W Lexington St. 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bertie R. Landes

(a) Residence: No. 1308 W Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene P. Landes

6. DATE OF BIRTH (month, day, year) Dec. 2-1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife - 30

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elkridge Md

FATHER

13. NAME Eugene F. Montgillion

14. BIRTHPLACE (city or town) (State or country) Elkridge Md

MOTHER

15. MAIDEN NAME Ella Hotta

16. BIRTHPLACE (city or town) (State or country) Elkridge Md

17. INFORMANT Mrs Eugene Landes

(Address) 1308 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Date 5/26/36

19. UNDERTAKER Geo L. Beyer Jr

(Address) 1512 Eutaw St

25 1936 Huntington Baltimore, Md

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23. 1936

22. I HEREBY CERTIFY, That I attended deceased from May 2. 1936 to May 23. 1936

I last saw her alive on May 23. 1936 Death is said to have occurred on the date stated above, at 7:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovary	1935
Thrombo-phlebitis Left Lower ext remity	5/1/36
Cerebral Embolus	5/23/36

Other contributory causes of importance:

Was an operation performed? yes Date of 1935

For what disease or injury? Carcinoma of Ovary

Name of operation Hysterectomy Date of 1935

What test confirmed diagnosis? Sepsis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) A. A. Dupuy M. D.

(Address) 1326 W. Lombard St

24283

F 24283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospt. St. 15-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles E. Seaman

If U. S. Veteran specify WAR .....

(a) Residence: No. 2734 Reisterstown Rd. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia F. Seaman

6. DATE OF BIRTH (month, day, year) Nov. 17, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Eng. Locomotive

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R.

10. Date deceased last worked at this occupation (month and year) 5-01

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Seaman

14. BIRTHPLACE (city or town) (State or country) Long Island N. Y.

MOTHER

15. MAIDEN NAME Barbara Dorost

16. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

17. INFORMANT Mrs. Amelia F. Seaman

(Address) 2734 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 5-25-36 19

19. UNDERTAKER Richard W. Meyer

(Address) 1620 Reisterstown Rd.

25 1936 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber Coroner M. D.

(Address) 1919 E. North Ave.

F 24284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Aisquith St., Ward 20-E)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4/ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Irma Graff

(a) Residence: No. 2211 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Graff

6. DATE OF BIRTH (month, day, year) Feb. 2-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER FATHER

13. NAME ? Yurisk

14. BIRTHPLACE (city or town) (State or country) Hungary

15. MAIDEN NAME - ? -

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Jos. H. Graff
(Address) 2211 Aisquith St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date May 26 19 36

19. UNDERTAKER F. C. Wiskert & Son
(Address) 1300 E. Lanvale St.

19 Huntington Williams, M. D.
Registrar

MAY 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23: 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1 1934 to May 23 1936

I last saw him alive on May 23 1936 Death is said to have occurred on the date stated above, at 2.05 p. m.

The principal cause of death and related causes of importance were as follows:

Gall bladder disease (Chronic cholecystitis).

Date of onset

Other contributory causes of importance:

Bronchopneumonia

Was an operation performed? NO Date of

For what disease or injury? none

Name of operation None Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

NO

(Signed) Benjamin Miller M. D.

(Address) 2030 Willard Ave.

M 24285

F 24285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2516 Hollins St. 20-4 Ward)

Length of residence in city or town where death occurred 40 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Fred. Seets

(a) Residence: No. 2516 Hollins St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel T. Seets

6. DATE OF BIRTH (month, day, year) Sept. 28 - 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	40	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police 961

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Baltimore City Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Seets.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Hannah ?

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Rachel T. Seets.
(Address) 2516 Hollins St

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date May 25, 1936

19. UNDERTAKER A. T. Pippert & Son
(Address) 1300 Eutaw Place

May 25 1936, 19 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above. 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sudden

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos H. Pfeiffer Coroner M. D.
Coroner

(Address) 1939 Edmondson Ave.

F 24286

24286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton aves. St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Dailey

(a) Residence: No. 496 Brunswick St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6a. If married, widowed, or divorced (or) WIFE of William Dailey

6. DATE OF BIRTH (month, day, year) March

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Joseph Rettler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Kraemer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph W. Dailey

(Address) 496 Brunswick St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral May 26 1936

19. UNDERTAKER F. B. Ogden + Son

(Address) 908 Eutaw St

Huntington Williams
Registrar

25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1936, to May 23, 1936

I last saw her alive on May 23, 1936 Death is said to have occurred on the date stated above, at 10 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	6 Mos
Ulcer left heel	3 Mos
Gangrene left leg	5/18/36

Other contributory causes of importance:

Was an operation performed? Yes Date of 5/19/36

For what disease or injury? Gangrene Leg

Name of operation Amputation Date of 5/19/36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Carl G Markgraf M. D.

(Address) St Agnes Hosp

M. D. B 1268-9

T 24287

24287 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-e

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 547 Oxford St. 17-7 Ward)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Meyers

If U. S. Veteran specify WAR .....

(a) Residence: No. 547 Oxford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) [illegible] 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) (State or country) Virginia Beach, S.C.

FATHER

13. NAME Thomas Meyers

14. BIRTHPLACE (city or town) (State or country) Pamplico, S.C.

MOTHER

15. MAIDEN NAME Minnie McGill

16. BIRTHPLACE (city or town) (State or country) Pamplico, S.C.

17. INFORMANT Maggie Frazier Nyce

(Address) 606 N. Gaith's St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 5/26/36

19. UNDERTAKER Robert R. Williams

(Address) 1515 Mc Keldin St

20. FILED MAY 25 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above. Found dead in bed, 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Hann, M. D.
Coroner

(Address) 1215 Hanover

F 24288

24288 1/2
31 38

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., E-Sin Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jennie Buck — If U. S. Veteran specify WAR .....

(a) Residence: No. 1601 Orleans St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widow

6a. If married, widowed, or divorced: BUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2/19/80

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5-6	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

13. NAME Lewis Green

14. BIRTHPLACE (city or town) (State or country) Md -

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Records - JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 5/26/36

19. UNDERTAKER Parlor Williams
(Address) 15 15 N Stricker St
Washington Boulevard, Md

MAY 25 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22. 1936

22. I HEREBY CERTIFY, That I attended deceased from May 19. 1936 to May 22. 1936
I last saw her alive on May 22. 1936 Death is said to have occurred on the date stated above, at 5-25-P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure, Post operative shock resulting from Laparotomy.	
Other contributory causes of importance:	

Was an operation performed? Yes Date of May 20, 1936
For what disease or injury? Abdominal Mass
Name of operation Exp. Laparotomy Date of 5-22-36
What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Kenneth S. Pickrell, M. D.
(Address) Johns Hopkins.

F 24289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 24289

94-3

Registered No. 94-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1433 N Patterson Park St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Wooders

(a) Residence: No. 1433 Patterson Park Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Wooders

7. DATE OF BIRTH (month, day, year) June 7th 1843

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
✓	86	11	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John Barlag

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Mary Crouch

(Address) 1433 N Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date May 25 1936

19. UNDERTAKER John Ellerich

(Address) 2008 Eutaw St Baltimore, Md

MAY 25 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1935 to May 22 1936

I last saw her alive on May 22 1936 Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 day
Myocardial Arthritis	4 years

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. E. Hussey M. D.

(Address) 1301 Patterson Park

M. D. P. 1262-5

24290

F 24290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-A

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2220 Fleet St., 1-4 Ward)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? 53 yrs. mos. ds.

2. FULL NAME Julianna Gosciuska Gosciuska

(a) Residence: No. 2220 Fleet St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Gosciuski

6. DATE OF BIRTH (month, day, year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 1861

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph Kleniewski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Stanislawa Gosciuski

(Address) 2220 Fleet St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date May 26 1936

19. UNDERTAKER John M. Welsh

(Address) 1401 E. Chase St

Filed 19 Registrar

25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23. 1936

22. I HEREBY CERTIFY, That I attended deceased from May 9 1936 to May 23 1936

I last saw h alive on May 23. 1936. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/9/36

Other contributory causes of importance:

Cardiac Paralysis	May 23 36

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed William J. Roemer M. D.

(Address) 501 N. Edgewood

24291

F 24291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH Baltimore City Hospitals U-13756 Registered No.
CITY OF BALTIMORE: (No. Tuberculosis Division St. 4-5-36 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Percy Thomas

(a) Residence: No. 651 W. Mulberry st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice Thomas

6. DATE OF BIRTH (month, day, year) Nov. 3, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
34	35	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Everett Thomas
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Olivia Jones
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date May 25 1936

19. UNDERTAKER Ehrgott & Co
(Address) 1000 Bramley Huntington Williams, Va.

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 23 36 to May 20 36
I last saw him alive on May 20, 1936 Death is said to have occurred on the date stated above, at 8.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	April 1935
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clin. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Fauntleroy M. D.
(Address) Baltimore City Hospitals

21292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2

F 21292

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 Eutaw Place St. 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Narcissus Eugenia Dorney

(a) Residence: No. 1601 Eutaw Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 28, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	52	4	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William Dorney

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Fannie Murphy

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ellen Dorney

(Address) 1601 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem'ty Date May 26, 1936

19. UNDERTAKER John C. Mitchell & Sons, Inc.

(Address) 1600 Eutaw Place

MAY 25 1936

Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24-36, 19

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1936, to May 24-36, 19

I last saw her alive on May 24, 1936 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1930
Other contributory causes of importance: ✓	

Was an operation performed? no Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19 .....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) J. W. F. Love, M. D.

(Address) 2211 Eutaw Place

24293

✓ F 24293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rev. Louis Randall

(a) Residence: No. 3004 Huntington Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mrs Matilda Lee Randall

6. DATE OF BIRTH (month, day, year) June 14, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	11	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister of the Gospel.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0018

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Samuel W. Randall

14. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

15. MAIDEN NAME Fannie McDonald

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Matilda Lee Randall

(Address) 3004 Huntingdon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Md Date May 27 1936

19. UNDERTAKER Edw C. Mitchell & Sons

(Address) 1910 Eutaw Pl & 2411 Huntington Ave, Md

FILED 25 1936 . 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24 . 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1st . 1936 to May 24th . 1936

I last saw him alive on May 24th . 1936 Death is said to have occurred on the date stated above, at 11 40 p m.

The principal cause of death and related causes of importance were as follows:

Malignant Papilloma of Urinary Bladder — Date of onset ?

Other contributory causes of importance:

Secondary Anemia (Hemorrhage)

Was an operation performed? Yes Date of May 11th 1936.

For what disease or injury? Papilloma of Bladder

Name of operation Fulguration of Tumor. Date of May 11th

What test confirmed diagnosis? Biopsy. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Josiah A. Hunt . M. D.

(Address) Maryland General Hospital.

4294

311256

✓ F 24294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward) * 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ruth H Sims

(a) Residence: No. 327 Eastern Parkway St., ... Ward. Brooklyn N.Y.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred

7. DATE OF BIRTH (month, day, year) 12/27/63

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	72	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Samuel Hairston

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Alcey Hairston

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, REMOVAL
Place Loudon Park Date Mar. 26 193

19. UNDERTAKER John O. Mitchell Funeral Home
(Address) 1600 Eutaw Place

MAY 25 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May-25 1936

22. I HEREBY CERTIFY, That I attended deceased from Mch. 19 1936 to May-25- 1936

I last saw her alive on May-25 1936. Death is said to have occurred on the date stated above, at 405 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC GLOMERULAR NEPHRITIS	1932
ARTERIOSCLEROSIS	

Other contributory causes of importance:

Hypertension	
Uremia	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? NPN 103 mg-% Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Sarah H. Mitchell, M. D.

(Address) Johns Hopkins Hospital

Spec.—2-29-28—L. F. S.—500 Blks.

F 24295

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24295

CERTIFICATE OF DEATH

106

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 615 E Lecher St. (Ward) 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma Elizabeth Rocke

(a) RESIDENCE NO. 615 E. Lecher St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 6 mos. 5 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of George F. Rocke

DATE OF BIRTH (month, day, and year) Dec 19, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	6	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Samuel F. MacKenzie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Clara I Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cambridge Md

Informant Rocke Son

(Address) 615 E Lecher St.

MAY 25 1936 Huntington Township Records

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23, 1936.

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1936, to May 23, 1936, that I last saw h[illegible] alive on May 23, 1936, and that death occurred, on the date stated above, at 12 50 P.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs mos. 4 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Symptoms

(Signed) Albert L. Schaefer M. D.

. 19 (Address) 2939 Fre Ave City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL May 26 1936

20 UNDERTAKER Howard K. McComas,

ADDRESS Abingdon, Md.

Spec.—1-10-21—MAT—1500 Blks.

24296 ✓ F 24296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 214 Riggs ST. 16-1 WARD)

2-FULL NAME John Franklin

(a) RESIDENCE NO. 214 Riggs ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Mal

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth.

6 DATE OF BIRTH (month, day, and year) Mar 4-1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	47	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) A H Co Md

PARENTS

10 NAME OF FATHER John Franklin

11 BIRTHPLACE OF FATHER (city or town) (State or country) A H Co Md

12 MAIDEN NAME OF MOTHER Jane Toyce

13 BIRTHPLACE OF MOTHER (city or town) (State or country) A H Co Md

14 Informant (Address) Elizabeth Franklin 214 Riggs St

15 [illegible] 25 1936, 19[illegible] [illegible] Huntington Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25th 19 36

17 I HEREBY CERTIFY, That I attended deceased from May 4, 19 36 to May 23, 19 36, that I last saw h[illegible] alive on May 22, 19 36, and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 19 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

May 27th 1936 Walbrook Ave & Penna

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvery Cem.

DATE OF BURIAL May 26th 1936

20 UNDERTAKER C. Jones

ADDRESS 111 S. Gilmor St

F 24297 ✓ F 24297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 1313 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Warren D. Davis

(a) Residence: No. 2481 Druid Hill Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	~~Married~~

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Josie Davis

6. DATE OF BIRTH (month, day, year) Unknown 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) U. S. Alabama

FATHER

13. NAME [illegible]

14. BIRTHPLACE (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Josie Davis 2481 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL 5/25 36 National Funeral Service

19. UNDERTAKER Zephaniah Stanley 818 Druid Hill Ave

(Address) Huntington [illegible]

20. FILED MAY 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5.21.36. 19[illegible]

22. I HEREBY CERTIFY, That I attended deceased from 5.20. 19 36 to 5.21. 19 36

I last saw him alive on 5.21. 19 36 Death is said to have occurred on the date stated above, at 11:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute congestive heart failure	5.18.36.
Hypertensive Heart Disease	6mo ago

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) R. L. Jackson M. D.

(Address) 600 N. Arlington

F 24298

4298 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 600 S. Caroline St.) (Sieling Sanatorium 9-7 Ward)

Length of residence in city or town where death occurred: Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. 8. Veteran specify WAR No Record

2. FULL NAME Sarah V. Meehan

(a) Residence: No. 1733 Carswell St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, Divorced (write the word) Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter L. Br.

6. DATE OF BIRTH (month, day, year) Feb 26 1877

7. AGE: Years 59 | Months 2 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Ind

FATHER

13. NAME Frank Hobbs

14. BIRTHPLACE (city or town) (State or country) Balto Ind

MOTHER

15. MAIDEN NAME Elizabeth Viertel

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Laura E. Wilkinson 1733 Carswell Street

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date 5/26 1936

19. UNDERTAKER Wiseman Bros. (Address) 1217 St Paul Street

25 1936 Huntington Williams, M.D. Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 1932 to May 23 1936

I last saw her alive on April 1936 Death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Chronic Nephritis

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Wernberg Fort M. D.

(Address) 20 E. Preston St.

24299 F 24299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3631 Falls Road St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. — mos. — ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR —

2. FULL NAME Lida A. Burgee

(a) Residence: No. 3631 Falls Road St., 13 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Horace Burgee

6. DATE OF BIRTH (month, day, year): June 23-1856

7. AGE: Years 79 | Months 11 | Days — | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home 6037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Co. Maryland

FATHER

13. NAME: Solomon B. Foster

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Mary A. Stevens

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Horace F. Burgee

(Address) 3631 Falls Road.

18. BURIAL, CREMATION, OR REMOVAL: Druid Ridge Date May 26 1936

19. UNDERTAKER: Stewart & Mowen Company

(Address) 108 W North Ave

MAY 25 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 23. 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1932, to May 23. 1936

I last saw h[illegible] alive on May 23 1936. Death is said to have occurred on the date stated above, at 2.55 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset Nov. 32

Other contributory causes of importance: Carcinoma Cachexia — Nov. 34

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Usual Course etc. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hubert M. Foster M. D.

(Address) 2730 St. Paul St.

24300 ✓ D 24300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 2-2nd Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Roach-Roche

(a) Residence: No. 31 South Ann St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept ? 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	8	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel ? 0070

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME James Roach

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Bridget Byrnes

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Sister
(Address) 130 N Milton ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date May 27, 1936

19. UNDERTAKER Mart W. E. Tippett
(Address) 37 S. Ann St.

20. FILED MAY 25 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1936 to May 23, 1936

I last saw her alive on May 23, 1936 Death is said to have occurred on the date stated above, at 4 PM.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Generalized ?
Cerebral Vascular Acad

Date of onset ? May 1936

Other contributory causes of importance:

Fall down stairs

Date of onset Nov 1935

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov, 1935

Where did injury occur? 31 S Ann St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairs

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. J. Layton M. D.

(Address) Mercy Hospital

M. D. P. 1268-9

F 24301

24301 HEALTH DEPARTMENT—CITY OF BALTIMORE

46-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home and Infirmary Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. N. Broadway St., 5-1 Ward)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. John Driscoll

(a) Residence: No. Salvation Army, 109 Asguith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

7. DATE OF BIRTH (month, day, year) August 2, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Driscoll

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John Driscoll

(Address) 109 Asguith, St.

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Hill Rd Date May 26 1936

19. UNDERTAKER Veith & Humphreys.

(Address) 1021 N. Broadway

MAY 26 1936

20. FILED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1936, to May 22, 1936

I last saw him alive on May 22, 1936 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post operative hemorrhage	May 22
Other contributory causes of importance: Carcinoma of esophagus with metastases to the lungs	Unknown

Name of operation Resection of esophagus Date of May 22

What test confirmed diagnosis? Microscopic there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carlton D. Adams, M. D.

(Address) Church Home & Inf.

F 24302

24302 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

92-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. 17-6
CITY OF BALTIMORE: (No. ..... St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 26 ds. How long in U. S. If of foreign birth 35 yrs. ..... mos. ..... ds.

2. FULL NAME Bill Julius Kristiansson
If U. S. Veteran specify WAR --

(a) Residence: No. 2363 Ann St., Philadelphia, Pa St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 1, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) Apr. 23, 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Guttenberg Sweden

FATHER

13. NAME Kristian Berntsson

14. BIRTHPLACE (city or town) (State or country) Guttenberg Sweden

MOTHER

15. MAIDEN NAME Amanda Carlson

16. BIRTHPLACE (city or town) (State or country) Guttenberg Sweden

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date 5-27-36

19. UNDERTAKER Arnold & Humphreys
(Address) [illegible]

[illegible] 1936 [signature] Registrar

Via P. R. R. Railway Express.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1936, to May 24, 1936.
I last saw him alive on May 24, 1936. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease, mitral stenosis, rheumatic	Unknown
Cardiac dilatation, terminal	
Other contributory causes of importance:	

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) T. B. H. Anderson, M. D.
(Address) U.S. Marine Hospital

F 24303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 24303

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 907 N. 34th St. (or) 13-6 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Lynn Freshmann

(a) Residence: No. 907 N. 34st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, ~~widowed, or divorced~~ (or) WIFE of John A. Freshmann

6. DATE OF BIRTH (month, day, year) May 24 1864

7. AGE: Years 72. Months — Days — LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER

12. BIRTHPLACE (city or town) (State or country) Balto city Md.

FATHER

13. NAME Michael French.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Diggins

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Irma Freshmann
(Address) 907 N. 34 St

18. BURIAL, CREMATION, OR REMOVAL Md.
Parkwood Cem. Date May 27, 1936

19. UNDERTAKER Walter Davis
(Address) 3418 Eastern Ave.
Huntington Avenue

25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1936, to May 24, 1936, last saw h.. alive on May 24, 1936. Death is said to have occurred on the date stated above, at 11:20 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis, arterio-sclerosis & endocarditis

Date of onset about Jan 1934

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) 4600 36th St. Balto

F 24304

24304 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 15-12 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wist Bates

(a) Residence: No. 3412 Park Heights Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances

6. DATE OF BIRTH (month, day, year) 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
48	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Handyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

13. NAME Wist

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Ira ?

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL May 26 36
Place Mt Lebanon

19. UNDERTAKER Albert Staehle
(Address) 1600 Madison Ave
Clayton Williams
Licensed Embalmer

FILED MAY 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/21, 1936 to 5/23, 1936

I last saw him alive on 5/23, 1936 Death is said to have occurred on the date stated above, at 4:35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis (?) Tuberculosis	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balt City Hosp.

Wier O. Merryweather

F 24305

4305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 52

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Wier Orford Merryweather

(a) Residence: No. St. Paul Court Apts. City St., 3120 St Paul St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Nancy Bruff

6. DATE OF BIRTH (month, day, year) Dec 18 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	6	76	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boat-broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Liverpool England

MOTHER FATHER

13. NAME Wier O. Merryweather

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Jane

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Rev. Philip J. Jenkins

(Address) Garrison Forest Rd

18. ~~BURIAL~~ CREMATION, ~~OR REMOVAL~~

Place Loudon Park Date May 25. 1936

19. UNDERTAKER Henry W. Jenkins Bros

(Address) McCulloh & Eutaw Sts Huntington Williams, N.D.

25 1936 (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-24-1936

22. I HEREBY CERTIFY, That I attended deceased from 1-12 1936 to 5-24 1936

I last saw him alive on 5-24 1936 Death is said to have occurred on the date stated above, at 3:45 P m.

The principal cause of death and related causes of importance were as follows:

Basal cell epithelioma face

Metastasis to brain

Cranial Tabes

Date of onset 11-1935

Other contributory causes of importance:

Was an operation performed? yes Date of 2-12-36

For what disease or injury? Ca. metastatic to left eye

Name of operation Excision of left eyeball Date of 2-13-36

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) M. D.

(Address) Union Memorial Hosp

24306 F 24306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1200 Dellwood Ave. 13 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. 7 mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Marion Butcher

(a) Residence: No. 1200 Dellwood Ave. St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Austin Butcher

7. DATE OF BIRTH (month, day, year): Feb. 12 - 1905

8. AGE: Years 31; Months 3; Days 12; If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Carroll Co. Maryland

13. NAME: George E. Boorman

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Ethel Edless

16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT: George E. Boorman
(Address): 1200 Dellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Finksburg Md. May 27 1936

19. UNDERTAKER: Jordee F. Burgee
(Address): 3631 Falls Road Huntington Williamson, Md.

25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 24. 1936

22. I HEREBY CERTIFY, That I attended deceased (from) July 1 1934 to May 24. 36.
I last saw h— alive on May 24 1936. Death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Starvation	6 mo ago
Cardiac atrophy	now
muscular	
Other contributory causes of importance: Melancholia depressive manic	July 34

Was an operation performed? no Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury — . 19 .
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place work
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify none

(Signed) Vernon J. Kelly M. D.
(Address) 6 W Lexington St Bldg

24307

✓ F 24307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 159

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hosp. St. ..... Ward) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mabel James Amos

(a) Residence: No. 181 North Point Rd (Usual place of abode) Sparrows Point Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of S

6. DATE OF BIRTH (month, day, year) May 19 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sparrows Point Md

MOTHER FATHER

13. NAME Forest Amos

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Sarah Shiffler

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Sahah Shiffler Amos (Address) 181 North Pt Rd

18. BURIAL, CREMATION, OR REMOVAL Place Maplewood Cem Edgewood Md Date May 26 1936

19. UNDERTAKER John F. Henry (Address) 715 Light St.

20. FILED Huntington Williams Registrar

MAY 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25 1936

22. I HEREBY CERTIFY, That I attended deceased from May 19 1936 to May 25 1936

I last saw her alive on May 25 1936 Death is said to have occurred on the date stated above, at 6.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth (7 ms)	5-19-36
Other contributory causes of importance: Asphyxia, aspiration of vomitus	5-25-36

Was an operation performed? No Date of .....

For what disease or injury? None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify none

(Signed) Colin MacRae M. D.

(Address) Union Memorial Hosp.

F 24308

✓ F 24308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. 12
CITY OF BALTIMORE: (No. ..... St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 4 mns. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World

2. FULL NAME William R. Merrick

(a) Residence: No. Peabody Apartments 606 St Paul St Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paula Mattfeldt Merrick

6. DATE OF BIRTH (month, day, year) March 1, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaper Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boston American

10. Date deceased last worked at this occupation (month and year) 4 years ago

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Gainesville, Wisc.

FATHER

13. NAME Robert Merrick

14. BIRTHPLACE (city or town) (State or country) Detroit Mich.

MOTHER

15. MAIDEN NAME Sarah Greene

16. BIRTHPLACE (city or town) (State or country) Detroit Mich.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Arlington Mt. Olivet Cem. Date 5/26 1936

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Holliday Sts Huntington Williams

MAY 25 1936 . 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23 1936

22. I HEREBY CERTIFY, That I attended deceased from September 19 1936 to May 23 1936

I last saw him alive on May 23rd 1936. Death is said to have occurred on the date stated above, at 4:50 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chronic, interstitial	Unknown
Pneumonia, lobular	1 wk.
Other contributory causes of importance:	
Arteriosclerosis, generalized	Unknown

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) T. B. Anderson, M. D.

(Address) U.S. Marine Hospital

M. D. B 1268-9

F 24309

24309 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hosp 210-9

CITY OF BALTIMORE: (No. ..... St., 27-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 19 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME William Knight

(a) Residence: No. Morgan Colley d St., 202 Ward Huber Road

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Knight

6. DATE OF BIRTH (month, day, year) 1-1-1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	4	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eden Md

13. NAME of father Thos Knight

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md

15. MAIDEN NAME of mother Josephine Collins

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT (Address) Mrs Lindy Wright Edgewood Harford Co Md

18. BURIAL, CREMATION, OR REMOVAL Place Rosedale Cemetery Date 5/26 1936

19. UNDERTAKER (Address) Roth & Company 501 N. Caroline St

DATE RECEIVED 5 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/23 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held the (Personal, Autopsy or Inquiry) therefrom and from the evidence obtained by said (Personal, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture Skull

Crushed Chest

Date of onset

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ACC Date of injury 5/23 1936

Where did injury occur? (Specify city or town, county and State) Jack Rabbit Drive near Aberdeen Md

Specify whether injury occurred in industry, in home or in public place Street

How did injury occur? Jack rabbit ran under auto & front wheel passed over left chest

Was injury or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Bagley Cole M. D. (Coroner)

(Address) 707 N. Wolfe St.

A4Co. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

24310 Fe 24310

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 325 South (Bldg.) St. 25-11 Ward)

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis [illegible]

(a) Residence: No. 325 South St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of [illegible]

6. DATE OF BIRTH (month, day, year) 3/26/72

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Typesetter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) [illegible]

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) [illegible]

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT [illegible]
(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 5-27 1936

19. UNDERTAKER [illegible]
(Address) [illegible]

25 1936 Huntington Williams, M.D.
[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-8-36, 19..., to 5-24, 1936

last saw h[illegible] alive on 5-20-36, 19... death is said to have occurred on the date stated above, at 8:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Coronary Thrombosis	5-24-36

Other contributory causes of importance:

Arteriosclerosis	?

Name of operation ... Date of ...

What test confirmed diagnosis Physical there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Lawrence M. Lewis, M. D.

(Address) 1009 Annapolis Blvd

M. D. B 1268-9

F 24311

24311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. 30-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Reber

(a) Residence: No. 114 N. Paca St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael

6. DATE OF BIRTH (month, day, year) Sept 7, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Boulay

14. BIRTHPLACE (city or town) (State or country) Balt. Md.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs. J. Pickering

(Address) 2118 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date May 26, 1936

19. UNDERTAKER Mr. & Mrs. John N. Riedel & Son

(Address) 801 W. Fayette St.

25 1936 Huntington Williams, MD

(Date Filed) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Right femur	
Other contributory causes of importance: Hypostatic pneumonia	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 5, 1936

Where did injury occur? Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell to floor

Nature of injury Fracture R femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 1010 E. Fallsway

F 24312

4312 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

50 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1431 Mt. Royal Ave 12th Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie H. Brown

(a) Residence: No. 1431 Mt. Royal Ave St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: WIFE of (or) HUSBAND of —

7. DATE OF BIRTH (month, day, year) Nov. 25 1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	5	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Queen Anne Co. Md.

13. NAME Samuel Brown

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Annie M. Hall

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Nellie D. Palmer

(Address) 1431 Mt. Royal Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date May 26. 1936

19. UNDERTAKER Mr. Mrs. John N. Seufert & Son

(Address) 501 W. Fayette St.

Huntington Williams, Agt.

MAY 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23. 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-18- 1936 to 5-23- 1936

I last saw her alive on 5-22 1936 Death is said to have occurred on the date stated above, at 2.45 P m.

The principal cause of death and related causes of importance were as follows:

Inoperable carcinoma of breast with metastasis — Date of onset ? about 1 year.

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) S. D'Esmarco M.D.

(Address) Medical Arts Bldg.

24313

F 24313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 Mc Henry St. 19-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alfred Selmayer

(a) Residence: No. 1417 Mc Henry St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W Lite	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia Shafer

6. DATE OF BIRTH (month, day, year) Mar 27, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Woodworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 20 yrs

10. Date deceased last worked at this occupation (month and year) Jan 1931

11. Total time (years) spent in this occupation 47 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Michael Selmayer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Susan Likey

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mrs Alfred Selmayer

(Address) 1417 Mc Henry

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date May 26 1936

19. UNDERTAKER Jno J Kenny

(Address) 1650 Holland St.

MAY 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1936 to May 23 1936.

I last saw him alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/1.36
Hypertension	
Other contributory causes of importance:	
Myocarditis	5/1.36

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas A Ashe M. D.

(Address) 2145 W Balto

24314 F 24314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Isaac Craig

(a) Residence: No. 820 Harlem Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1882

7. AGE ✓ Years 54 | Months ? ? | Days ? | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George's Co., Md.

MOTHER FATHER

13. NAME Abraham Craig

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Clara Ann ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 5/28 1936

19. UNDERTAKER Thomas E. Kelso
(Address) 1524 Pennsylvania Ave

20. FILED 1936 Huntington Williams, M.D.
5-28-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/10, 1936, to 5/24, 1936

I last saw him alive on 5/24, 1936 Death is said to have occurred on the date stated above, at 3 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	?
Hypertension	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

24315

HEALTH DEPARTMENT—CITY OF BALTIMORE

24315

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 34-E Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward.

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If nf foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mark Preston

(a) Residence: No. 1224 Shields Ave St., ... Ward. .....
(Usual place of abode) (If nnn-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Widower

5a. If married, widowed or divorced HUSBAND nf (or) WIFE of Emma Preston

6. DATE OF BIRTH (month, day, year) 1893

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. nr ... min.
43. ~~1 mo~~			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Life

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupatinn 35

12. BIRTHPLACE (city or town) Balto, Md
(State or country)

FATHER

13. NAME Robert

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Hannah Brown
(Address) 1413 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 5/27 . 19 36

19. UNDERTAKER Thomas E. Kelso
(Address) 1303 Pennsylvania Ave

FILED MAY 26 1936 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 23 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-16 . 1936 to 5-23-36 . 1936

I last saw h... alive on 5-23- . 1936 Death is said to have occurred on the date stated above, at 8 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Diffuse Miningo Vascular	1930
Parenchymatous Syphilis	1930
(c) Terminal Pneumonia	5-18-36

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... . 19 ...

Where did injury occur? .....
(Specify city nr town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature nf injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) C. L. Reynolds M. D.
Balto. City Hosp
(Address)

F 24316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

F 24316

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 Chauncey ave St., 13-1 Ward)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel J. Sugar

(a) Residence: No. 811 Chauncey ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annabelle

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Eleazer Sugar

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Stella Leah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Aaron Sugar

(Address) 811 Chauncey ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Herring Run Date May 26 1936

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto

May 26 1936 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1936, to May 24, 1936

I last saw h.im alive on May 24, 1936. Death is said to have occurred on the date stated above, at 5.22 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung with metastases	12 Mo.

Other contributory causes of importance:

Was an operation performed? Yes Date of 4/18/36

For what disease or injury? Carcinoma of Larynx

Name of operation Biopsy Head & Neck Date of 4/18/36

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Milton B. Kirsh M. D.

(Address) 2904 Reisterstown Rd

M. D. B. 1268-9

F 24317

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24317

106-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 N. Caroline St., 9-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bernard A. Lindsay

(a) Residence: No. 1614 N Caroline St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/22/36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	4 5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. dead

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Samuel Lindsay

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Dorothy Dalley

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Samuel Lindsay
(Address) 1614 N Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cemetery Date May 25 36
Sandy Gate Rd

19. UNDERTAKER J. J. Fahey & Son
(Address) 1218 Light St

Huntington Pallbearers, Md

MAY 26 1936 . 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 10 1936 to May 25 1936

I last saw h alive on May 25 1936 Death is said to have occurred on the date stated above, at 9:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of stomach.	1 day
Other contributory causes of importance:	
Edema Brain.	40 hrs.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. S. Gray ... M. D.

(Address) 622 W. Lind Ave

F 24318 F 24318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2040 Eastern Ave 2-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eleonora Rusinek

(a) Residence: No. 2040 Eastern Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Rusinek

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓ 64	–	–	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Bielak

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Joseph Rusinek
(Address) 2040 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date May 27 1936

19. UNDERTAKER Fred W. Zapiecki
(Address) 1930 Eastern Ave

20. FILED ..... 19..

Lexington Millhouse 1-7

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May. 23 1936

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1936 to May 23 1936

I last saw her alive on May 23, 1936. Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset .....
Carcinoma Liver & Biliary System — .....
Diabetes — .....

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Andrew Kaczorowski, M. D.

(Address) 2376 Eastern Ave.

24319 F 24319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 62

1. PLACE OF DEATH 14267

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 10-1 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME James Alder (Elder)

(a) Residence: No. 906 E. Biddle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Elder

6. DATE OF BIRTH (month, day, year) 12-8-1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Engineer

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Merchants & Miners Transp. Co.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md. Ireland

FATHER

13. NAME Robert Elder

14. BIRTHPLACE (city or town) (State or country) Md. Ireland

MOTHER

15. MAIDEN NAME Susan Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date May 27th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St
Huntington Mathews, MD

Registrar

26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/16, 1936 to 5/24, 1936

I last saw him alive on 5/24, 1936 Death is said to have occurred on the date stated above, at 3:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pellagra	3 wks.
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp.

M. D. B 1268-3

F 24320

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24320

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH Md Gen Hospital. 35-4

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 7 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Bertha M. Pumphrey

(a) Residence: No. 414 4th St. Brooklyn Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isiah Pumphrey

6. DATE OF BIRTH (month, day, year) March 23 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) May 1936

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Brooklyn Md.

FATHER

13. NAME Thos. Lawson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Virginia McPherson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Isaiah Pumphrey Md.

(Address) Ark Drive

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Baltimore Md Date May 26 1936

19. UNDERTAKER Wm Cook

(Address) 1217 E. Pratt St. Huntington Hotel Apt. 1

Registrar.

MAY 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows: Chronic Myocarditis 3.50 am

Date of onset

Other contributory causes of importance .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Ray, M. D. Coroner

(Address) 1210 Hanover

24321 F 24321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 71-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 Rutland Ave St., 8-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Mc Cullough

If U. S. Veteran specify WAR .....

(a) Residence: No. 1722 Rutland Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Mc Cullough

6. DATE OF BIRTH (month, day, year) Oct. 11, 1892.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
✓ 43	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Md.

FATHER

13. NAME Enoch Neal

14. BIRTHPLACE (city or town) (State or country) Cumberland Md

MOTHER

15. MAIDEN NAME Virginia Whitman

16. BIRTHPLACE (city or town) (State or country) Cumberland Md.

17. INFORMANT Louis Mc Cullough

(Address) 1722 Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date May 26 1936

19. UNDERTAKER J. Melville Jenkins.

(Address) 1605 E. Lafayette Ave

Huntington Williams, M.D.

Registrar

26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 21, 1936 to May 23, 1936

I last saw h[illegible] alive on May 23 d. 1936 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	Apr 1/36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jacob Fesler, M. D.

(Address) 1823 N. Broadway

F D 24922 F 24322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1635 Little Walsh St., 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Moore Williams

If U. S. Veteran specify WAR .....

(a) Residence: No. 1635 Little Walsh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie Williams

6. DATE OF BIRTH (month, day, year) March 17, 1910

7. AGE	Years	Months	Days	If L... I day ... or
	26	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Co. Va.

FATHER

13. NAME James Williams

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Harriett —

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Lillie Williams

(Address) 1635 Little Walsh St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date May 27, 1936

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 S Schroeder St

Ettinger Williams, Mgr

26 1936 ..., 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came (Inquest, Autopsy or Inquiry) death on the day stated above. 4-54 pm,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	
Other contributory causes of importance	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D. Coroner

(Address) 1215 Hanover

24323 9
3 13 9

F 24323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. 108

CITY OF BALTIMORE: (No. ..... St., 25-4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 7 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Leslie Gouffitte

(a) Residence: No. 740 Brooklyn Ave St., ... Ward. H L 4 E
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 9 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER'S MAIDEN NAME

13. NAME

14. BIRTHPLACE (city or town) (State or country) Raymond Gouffitte Delaware

15. MAIDEN NAME Stella Norwood

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date May 27 1936

19. UNDERTAKER John F. Denny
(Address) 715 Light St

MAY 26 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) May 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1936 to May 24, 1936

I last saw him alive on May 24 1936 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart disease	7 mos.
acute pneumonia	5 days
Other contributory causes of importance:	
Mongolian idiocy	7 mos.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Helen Louise Snyder, M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1268-9

F 24324

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24324

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 N. Washington St., 8-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pinkney C. Tarleton

(a) Residence: No. 1319 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie B. Tarleton

6. DATE OF BIRTH (month, day, year) March 20, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Victor Lynn Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 Yrs

12. BIRTHPLACE (city or town) (State or country) Somerset Co., Md.

FATHER

13. NAME Joseph T. Tarleton

14. BIRTHPLACE (city or town) (State or country) Statuary, Md.

MOTHER

15. MAIDEN NAME Leah P. Webster

16. BIRTHPLACE (city or town) (State or country) Somerset Co., Md.

17. INFORMANT Mrs. Annie B. Tarleton
(Address) 1319 N. Washington St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Co Date May 26. 1936

19. UNDERTAKER John F Penny
Address 715 Eight St

FILED 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h.... alive on ..... 19 .... Death is said to have occurred on the date stated above, at ..... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic Nephritis	
Other contributory causes of importance:	
Cardiac Failure	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Schreuber, M. D.
Coroner

(Address) 1918 E. North Ave.

24325 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 24325

107-a

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 Cooksie St. 24-1 Ward)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William James Oliver

(a) Residence: No. 1409 Cooksie St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

7. DATE OF BIRTH (month, day, year) Dec. 10, 1935.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	✓	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Sylvester G. Oliver

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Ellen Joyce

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. Sylvester G. Oliver
(Address) 1409 Cooksie St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date May 26, 1936

19. UNDERTAKER Wm. J. Tucker & Son
(Address) North & Pa

20. FILED MAY 25 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) May 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 23 1936 to May 25 1936

I last saw him alive on May 25 1936. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	5/23/36
Other contributory causes of importance:	
Exhaustion	5/24/36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. L. Campbell M. D.

5/25/36 (Address) 1644 Hanover St

F 24326

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24326

CERTIFICATE OF DEATH

50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 East St., 5-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S. If of foreign birth? 10 yrs. — mos. — ds.

If U. S. Veteran specify WAR

2. FULL NAME Helen Pappas

(a) Residence: No. 414 East St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Samuel Pappas

6. DATE OF BIRTH (month, day, year) 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME John Ducas

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Cleopatria Mitrakos

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Samuel Pappas

(Address) 414 East St. Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date May 26 1936

19. UNDERTAKER J. Francis Reese

(Address) Westminster Md.

20. [illegible] Huntington Williams, MD

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1935 to May 22, 1936

I last saw h W alive on May 22, 1936 Death is said to have occurred on the date stated above, at 11 P. m.

The prinripal cause of death and related causes of importance were as follows:

Carcinoma of breast

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Hans Goldman M. D.

(Address) 1616 W Northaven

24327

F 24327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 3-7 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis Yankelovitz

(a) Residence: No. 1012 E. Lombard St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachael

6. DATE OF BIRTH (month, day, year) Jan 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 13

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Southern Mor Date 5/26 1936

19. UNDERTAKER Jacob Levin Son

(Address) 1437 E. Balto St.

20. FILED MAY 26 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/20/36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Inquest, Autopsy or Inquiry) and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schreiber, M. D.

Coroner

(Address) 1918 E. North Ave.

F 24328 14249 F 24328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mollie Blake

(a) Residence: No. 201 W. Hoffman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Garrison

6. DATE OF BIRTH (month, day, year) 5-15-1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓ 40		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 407

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Alex Webb

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lizzie ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Opt Dubeson Cem. Date May 27 1936

19. UNDERTAKER Robert Waltemade
(Address) 1/3 Huntington Ave.

Huntington Williams, MD

Registered 1936

26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/20, 1936 to 5/23, 1936

I last saw her alive on 5/23, 1936 Death is said to have occurred on the date stated above, at 7 15/21 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular disease	1927
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Bald City Hosp.

F 24329

F 24329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Armstrong
If U. S. Veteran specify WAR

(a) Residence: No. 1412 W. Grenmore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sophia G. Armstrong

6. DATE OF BIRTH (month, day, year) Oct 7 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 0021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South America

MOTHER FATHER

13. NAME Chas. Armstrong

14. BIRTHPLACE (city or town) (State or country) So. America

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sophia G. Armstrong
(Address) 1412 W. Grenmore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 5-27- 1934

19. UNDERTAKER Wm. H. Holland & Son
(Address) 421 Druid Hill Ave.

20. FILED 5-28-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-24-1934

22. I HEREBY CERTIFY, That I attended deceased from 5-22-1934 to 5-24-1934

I last saw h alive on 5-24-1934 Death is said to have occurred on the date stated above, at 1:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated gastric ulcer	5-22
Generalized peritonitis	5-22

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Robert W. Turner M. D.
(Address) University Hospital Baltimore, Md.

M. D. B. 1268-9

24330 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 24330

CERTIFICATE OF DEATH

53-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 E. Lanvale St. 8-6 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Teresa Eberhart

(a) Residence: No. 1518 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert N. Eberhart

6. DATE OF BIRTH (month, day, year) June 5 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66 67	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 12 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John A. King

14. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

MOTHER

15. MAIDEN NAME Mary Jane Howard

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Mrs Elizabeth Shipley

(Address) 1518 E. Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 27. 19 36

19. UNDERTAKER Philip Herwig Sons

(Address) Washington & Baltimore, Md.

26 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 - 24 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-15-, 1935 to 5-24-, 1936

I last saw h[illegible] alive on May 24, 1936 Death is said to have occurred on the date stated above, at 8:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma bladder	[illegible]
Uremia	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Cystoscopy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No - If so, specify

(Signed) Geo. B. Sybert M. D.

(Address) 2802 Harford Ave.

M. D. B 1969-9

F 24331

24331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins St. 22-1 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Douglass Marshall

(a) Residence: No. 10a Douglass St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colo.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Aug 23/1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlotte, Va.

FATHER

13. NAME John Marshall

14. BIRTHPLACE (city or town) (State or country) Charlotte Va.

MOTHER

15. MAIDEN NAME Lucy Walker

16. BIRTHPLACE (city or town) (State or country) Charlotte Va.

17. INFORMANT Julia Marshall Sister
(Address) 2022 Penchyan Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date May 24 1936

19. UNDERTAKER Wm. H. Hart & Elliott Douglas
(Address) 1124 Harlem St.

Washington Village, MD
Registrar.

20. [illegible] 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Surgery thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Surgery found that said deceased came
(Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tobacco Pneumonia	

Other contributory causes of importance:
Pericarditis

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Paul Nehemkis Coroner. M. D.

(Address) 919 E. North Ave.

24332 ✓ F 24332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1030 North Durham St. 7-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Floyd Adams

If U. S. Veteran specify WAR —

(a) Residence: No. 1030 N. Durham St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Viola Adams

6. DATE OF BIRTH (month, day, year): Oct. 12, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	55	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cooker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Steel Mill

10. Date deceased last worked at this occupation (month and year): Nov. 1927

11. Total time (years) spent in this occupation: 17

12. BIRTHPLACE (city or town) (State or country): Green bay Virginia

FATHER

13. NAME: Norvel Adams

14. BIRTHPLACE (city or town) (State or country): Green bay Virginia

MOTHER

15. MAIDEN NAME: Rebecca Scott

16. BIRTHPLACE (city or town) (State or country): Meherrin Virginia

17. INFORMANT (Address): Viola Adams 1030 N. Durham

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Calvert Date: May 27, 1936

19. UNDERTAKER (Address): (Mrs) Robert A Elliott & Daughter 1129 N. Caroline St.

6 1936 Huntington Williams, MD 1044

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1936 to May 23, 1936

I last saw him alive on May 23, 1936 Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 yrs.
Other contributory causes of importance:	
Acute Dilatation	15 min

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thomas C Burke M. D.

(Address) 1741 E. Eager St.

24333 ✓ F 24333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Abraham Kittrell

(a) Residence: No. 124 S. Caroline St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dore Kittrell

6. DATE OF BIRTH (month, day, year) ~~Dec~~ ~~1880~~ ~~4~~ 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓ ~~50~~ ?	51	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Daniel Kittrell

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 5/29 1936

19. UNDERTAKER Joseph G. Locke Jr
(Address) 1312 Jefferson St.

20. FILED 5/29 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/23, 1936 to 5/25, 1936

I last saw him alive on 5/25, 1936 Death is said to have occurred on the date stated above, at 5 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular-renal disease	5 mo.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reyer M. D.

(Address) Balto City Hosp.

F 24334

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24334

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. South Baltimore Hosp. St. 23-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 4 mos. 27 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Agnes Heckler

(a) Residence: No. 22 E. Cross St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Heckler

6. DATE OF BIRTH (month, day, year) Dec 29, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John F Hoeksts

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Louisa Mathias

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs Ida P. Morrison
(Address) 116 E. Cross St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date May 27 1936

19. UNDERTAKER A. Howard Evans
(Address) 1400-02 W. Balto St

Filed 1936 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-25-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-21-36, 19 . to 5-25-36, 1936

I last saw her alive on 5-23-36, 19 . Death is said to have occurred on the date stated above, at 9:11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) F. N. Taylor, M. D.

(Address) South Balto. Hosp.

24335

✓ F 24335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

#12659 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary C. Shider

(a) Residence: No. 1428 N. Bethel St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George B. Shider

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓ 59				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Wm. Henry

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary J.

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Ft Mt Olivet Date May 26/36

19. UNDERTAKER Commissioner Health.
(Address)

20. FILED [illegible] Registrar

2543

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1922, 19 to 5/23, 1936

I last saw her alive on 5/23, 1936 Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1 day
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp

F 24336

24336 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 160-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 21 Ward)

Length of residence in city or town where death occurred N.B. mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Terry

(a) Residence: No. 505 W. West St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-24-36

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or 10 min.
✓				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Hosp.

FATHER

13. NAME Robert Henderson

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Lucinda Terry

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 19

19. UNDERTAKER Baltimore City Health Dept.
(Address)

26 1936 2542 Huntington Pathasse, MD
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-24 36

22. I HEREBY CERTIFY, That I attended deceased from 5-24 36, to 5-24 36

I last saw her alive on 5-24 36. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of Newborn	
Pulmonary Hemorrhage	
Intra-Cranial "	

Other contributory causes of importance:

	none

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Imogene Sterling M. D.

(Address) Balto. City Hospital

✓ F 24337

24337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Beth. City Hospital Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Nixon

(a) Residence: No. 430 Carrollton Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-22-36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
✓		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Albert Nixon
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Georgianna Johnson
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT B.C.H. Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

Y 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-22, 1936, to 5-23, 1936
I last saw he alive on May 23, 1936. Death is said to have occurred on the date stated above, at 11:55a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-Cranial Hemorrhage	
Other contributory causes of importance: none	

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lisanne Sterling M. D.
(Address) Beth. City Hospital

F 24338

M. D. H. 1268-9

24338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 W. Hughes St. St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Simon Green.(c)

(a) Residence: No. 118 W. Hughes St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	----	------	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know

MOTHER

15. MAIDEN NAME Do not know

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Bertha Brown.(c)

(Address) 114 W. Hughes St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem'd Date May 26 19 36

19. UNDERTAKER .....

(Address) .....

6 1936 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1936. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic disease of the heart and kidneys.	

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Otto M. Reinhardt M. D. Coroner

5/21/36 (Address) 1017 S. Charles St.

M. D. B 1268-9

24339

F 24339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH Sydenham Hospital

CITY OF BALTIMORE: (No. ..... St., 16-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mayne M Angela Bauge

(a) Residence: No. 6706 Phila Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter L Bauge

6. DATE OF BIRTH (month, day and year) Feb 16 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	45	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jesus Angela

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Hooker

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Walter L. Bauge

(Address) 6706 Phila Ave

18. BURIAL, CREMATION, OR REMOVAL Place Dix Carmel Date May 28/36 Undertaker

19. UNDERTAKER William Cook

(Address) 1217 E Fayette Street

Huntington Williams, NDR

Registrar

26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/25, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held ... Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	5/23/36
" due to None	

Other contributory causes of importance: Pneumonia Bronchial | 5/23/36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury 5/22, 1936

Where did injury occur? Mount Vernon Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Sydenham Hospital

How injury occurred Pt fell out of bed, attempted to get up, fractured left hip

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harold Bailey Audo M. D.

Coroner

(Address) 967 N. Charles

M. D. B 1268-9

F 24340

24340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 S. Belnord Ave St., 1-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME August Mack

(a) Residence: No. 630 S. Belnord Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Barbara Mack

6. DATE OF BIRTH (month, day, year) Jan. 27/1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At. Docks

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME August Mack

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christine Plasky

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Barbara Mack (wife.)
(Address) 630 S. Belnord Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date May 28/36 19

19. UNDERTAKER Edward L. Lilly
(Address) 6711 Blair Rd.

26 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25/36, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to h... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis (Arteriosclerosis)	

Other contributory causes of importance: Pneumonia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

24341

✓ F 24341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13912

153

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 7th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Herman Glock

(a) Residence: No. 501 N. Streeper St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate

6. DATE OF BIRTH (month, day, year) 1-31-1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
✓ 63	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Adam

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Vodding

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date May 28 1936

19. UNDERTAKER Tilley & Adam
(Address) 405 E. Lexington St.

Lexington Millard, 1936

28 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

X

21. DATE OF DEATH (month, day, year) 5-25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-2, 1936 to 5-25, 1936

I last saw him alive on 5-25, 1936 Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Phemphigus of Mouth & Throat	?

Other contributory causes of importance:

Was an operation performed? Yes Date of, 5/16/36

For what disease or injury Phemphigus

Name of operation Tracheotomy Gastrostomy Date of 5/16/36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

M. D. B 1268-9

F 24342

24342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 Dolphin St., 17-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leah Elmyra Rosalie Stakes. If U. S. Veteran specify WAR .....

(a) Residence: No. 708 Dolphin St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of "

6. DATE OF BIRTH (month, day, year) Feb. 22 - 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
✓	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Tyson Stakes

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Irene E. Henderson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Irene E. Henderson
(Address) 708 E. Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Pr. Ft. Cem. Date 2-27-36 19

19. UNDERTAKER S. H. Hickson
(Address) Ft. Lemmon

20. FILED 2-26-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25th 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 7-8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance: Valvular heart disease

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Hann, M. D.
Coroner

(Address) 216 Hanover

M. D. B 1268-9

F 24343

24343 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 N. Howard St. 11-3 Ward)

Length of residence in city or town where death occurred 3 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Patrick Hurley

(a) Residence: No. 630 N Howard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte Hurley

6. DATE OF BIRTH (month, day, year) Jan 25 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	4	0 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron master Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston Mass.

FATHER

13. NAME Conrad Hurley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Farrell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Charlotte Hurley

(Address) 630 N. Howard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 5/28, 1936

19. UNDERTAKER Frederick A. Cole

(Address) 1200 W. Lombard St

MAY 26 1936

..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the date stated above. 5:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of Injury 5/25, 1936

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place In home

Manner of injury Shot with pistol

Nature of injury Bullet wound in head

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Hann Coroner M. D.

(Address) 1345 Hanover

F 24344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-W

F 24344

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 8-3 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Gertrude Clark

(a) Residence: No. 1404 Luzerne Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Clark

6. DATE OF BIRTH (month, day, year) Jan 16 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Coster

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Eliz Jane Medley

16. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md

17. INFORMANT Husband
(Address) Same

18. BURIAL, CREMATION, OR REMOVAL Holy Cross - H. Pk Date 5/29/36

19. UNDERTAKER George J. Ruth McGuire
(Address) 1745 Hanford Ave Same

Huntington Pittsman, M.D.

26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1936, to May 26, 1936

I last saw her alive on May 26, 1936 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Agranulocytic angina	5-23-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frances D. Schwentker, M. D.

(Address) Sydenham Hospital

24345 ✓ F 24345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1236 Dellwood Ave. St., 13-8 Ward.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Martin L. Sherman.

(a) Residence: No. 1236 Dellwood Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda S. Sherman

6. DATE OF BIRTH (month, day, year) April 14, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired pol

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Henry Sherman.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Savilda Minter.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Amanda S. Sherman.
(Address) 1236 Dellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL Lorraine Park Cem. Date May 27, 1936

19. UNDERTAKER Chenoweth Son.
(Address) 3615-17 Chestnut Ave.

26 1936 Burlington for Interment

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935 to May 25, 1936

I last saw h... alive on May 25, 1936. Death is said to have occurred on the date stated above, at 5:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis + Coronary dilatation Chron. ulcer nephritis	May 1935
Other contributory causes of importance: Cardiac dilatation	April 36

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ..... 19...

Where did Injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify Work

(Signed) Vernon J. Kelly M. D.

(Address) 608 Somerset Rd

24346 F 24346

HEALTH DEPARTMENT—CITY OF BALTIMORE

13849

CERTIFICATE OF DEATH

34-1-124-a

Registered No. 13849

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Stinner

(a) Residence: No. 220 N. Castle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ? not known

6. DATE OF BIRTH (month, day, year) 2-15-1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Samuel Schuessleger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date May 29, 1936

19. UNDERTAKER Frank Gerock Son
(Address) 1906 Eutaw St

19 ... Registrar

26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/24/1936

22. I HEREBY CERTIFY, That I attended deceased from 4/28/1936 to 5/24/1936

I last saw her alive on 5/24/1936 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver	4 mo
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

M. H. B. 1268-9

F 24347

24347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9th B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 508 Calender St. 21-2 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Lindsey

(a) Residence: No. 508 Calender St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of JOHN LINDSEY

6. DATE OF BIRTH (month, day, year) OCT. 1st 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62 61	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO, MD.

FATHER

13. NAME UNKNOWN

14. BIRTHPLACE (city or town) (State or country) UNKNOWN

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) UNKNOWN

17. INFORMANT MRS. MARIE MITCHELL

(Address) 640 Wyoth STREET.

18. BURIAL, CREMATION, OR REMOVAL

Place Dove Cathedral Cemetery Date May 26, 1936

19. UNDERTAKER KAUFMAN AND AMBROSE INC.

(Address) 1017 W CROSS STREET.

26 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 25 1936 to — 19—

I last saw her alive on May 25 1936 Death is said to have occurred on the date stated above, at 9P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Heart Failure.	May 25 '36
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis J Glass M. D.

(Address) 876 Woodington Rd

F 24348 ✓ F 24348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. 14187

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Frank Priborsky

(a) Residence: No. 2432 Ashland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Josephine

6. DATE OF BIRTH (month, day, year): 1-13-1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER
13. NAME: Ladislab
14. BIRTHPLACE (city or town) (State or country): Bohemia

MOTHER
15. MAIDEN NAME: Marie ?
16. BIRTHPLACE (city or town) (State or country): Bohemia

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Oak Hill Date: May 28, 1936

19. UNDERTAKER: Albert W. Debruyn
(Address): 440 E. North Ave

20. FILED: [illegible] 1936
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-15, 1936 to 5-25, 1936

I last saw him alive on 5-25, 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
Other contributory causes of importance: Emaciation & Secondary Anemia	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If not, specify

(Signed) Frank Wilson M. D.
(Address) Balto. City Hosp.

M. D. B 1268-9

F 24349

24349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 207-M

1. PLACE OF DEATH Penna. Railroad tracks

CITY OF BALTIMORE: (No. at Patterson Pk. ave St., 8 Ward) 8-7

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Johnn Fronini

(a) Residence: No. 1916 E. Chase St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Fronini

6. DATE OF BIRTH (month, day, year) August 16, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Vincini Fronini

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Joe Fonicano

(Address) 621 N. Duncan St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date May 27, 1936

19. UNDERTAKER Guy M. Davis & Son

(Address) 811 W. Lexington St.

20. FILED 1936 Huntington Wilkinson M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures of body.	

Other contributory causes of importance:

Shock

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 5/23, 1936

Where did injury occur? Penna. R.R. Balto, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Railroad Tracks / Penna R.R.

Manner of injury Struck by a train

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Chenoweth, M. D. Coroner

(Address) 1919 E. North Ave

M. D. No. 24350 F 24350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME James S. Harding If U. S. Veteran specify WAR

(a) Residence: No. 521 Vincen St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Harding

6. DATE OF BIRTH (month, day, year) Jan. 13, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 686

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Toney Harding

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME UnKnown

16. BIRTHPLACE (city or town) (State or country) UnKnown

17. INFORMANT Stanley Harding

(Address) Jessup Md.

18. BURIAL, CREMATION, OR REMOVAL Ashbury Howard Bx. May 28 19 6

19. UNDERTAKER The W. P. White Co.

(Address) Laurel Md.

MAY 27 1936 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1936 , 19

22. I HEREBY CERTIFY, That I last ..... Inquiry ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... Inquiry ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. Koscelnik M. D.

(Address) 27 S. 7th St. Coroner

M. D. B 1268-9

F 24351

24351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 Cecil Ave. St., 9-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Alonza Moran

If U. S. Veteran specify WAR .....

(a) Residence: No. 2901 Hillen Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Irene Moran

6. DATE OF BIRTH (month, day, year) March 4 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John A. Moran

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary A. Eagan

16. BIRTHPLACE (city or town) (State or country) Balto. County Md.

17. INFORMANT Mrs. Irene Moran

(Address) 2901 Hillen Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place London Cem Date 5/28 19 36

19. UNDERTAKER Margaret F. Flynn

(Address) 1722 Eastern Ave

20. FILED MAY 21 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	

Other contributory causes of importance:

Acute Gastritis

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so specify .....

(Signed) Paul Rheuby, M. D. Coroner

(Address) 1914 E. Madison

OCCUPATION is very important. See instructions on back of certificate.

F 24352

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24352

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 136 N. Chapel St., 6-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs., Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Herbert Pinkett

If U. S. Veteran specify WAR

(a) Residence: No. 136 N. Chapel St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Jan 4 - 1901

7. AGE: Years 35 | Months 4 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gen'l Contr

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Henry Pinkett

14. BIRTHPLACE (city or town) (State or country): Dorchester Co Md

MOTHER

15. MAIDEN NAME: Katie Parker

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mrs Lucille Pinkett

(Address) 30 N Chapel

18. BURIAL, CREMATION, OR REMOVAL

Place: Auburn Cem Date: May 27th 1936

19. UNDERTAKER: Bernard P. Hensley

(Address) 814 Druid Hill Ave

20. FILED: [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 24th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 20 1936 to May 24 1936

I last saw him alive on May 24 1936 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset May 15

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No Date of

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) 30 N Chapel

24353 F 24353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 N Calhoun St., 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry [illegible] Adams

If U. S. Veteran specify WAR .....

(a) Residence: No. 1343 Stockton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosie Adams

6. DATE OF BIRTH (month, day, year) Jan 2 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Adams

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Catharine Jenkins

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Catharine Adams

(Address) 1709 Pressbury ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date May 28 1936

19. UNDERTAKER T E Kelson

(Address) 1302 Preston St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above. 10-11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet wounds of head and chest	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 5/23 1936

Where did injury occur? 1700 N Calhoun St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place, Lunch Room

Manner of injury Pistol Shot

Nature of injury Five bullet wounds of head

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 215 Hanover

F 24354

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24354

93-I

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna M. Pike

(a) Residence: No. 1517 N. Bradford St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob

6. DATE OF BIRTH (month, day, year) 1-22-1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas Ruby

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Anna Roder

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date May 29 1936

19. UNDERTAKER Richard F. Shirley

(Address) 1424 Fortieth Ave

[illegible] 19 [illegible]

MAY 27 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/22, 1936 to 5/26, 1936

I last saw her alive on 5/26, 1936 Death is said to have occurred on the date stated above, at 6 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	1 wk.
Hypertension	?
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

F 24355 F 24355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Good Shepherd Hospital Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. 19 dys. How long in U. S. If of foreign birth? yrs. mos. dys.
If U. S. Veteran specify WAR

2. FULL NAME Bessie Bishop
(a) Residence: No. 353 Fillen Road Ward. Towson Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

5a. If married, widowed, or divorced
HUSBAND of Ella Bishop

6. DATE OF BIRTH (month, day, year) 8-14-86

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	9	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME William Bishop
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Mary Scodden
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Restcem Date 5-27- 1936

19. UNDERTAKER Byron & Mamie Wright
(Address) 228 McElderry St

21 1936 Eugene Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25 1936

22. I HEREBY CERTIFY, That I attended deceased from May 6 1936 to May 25 1936
I last saw her alive on May 24 1936 Death is said to have occurred on the date stated above, at 6:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	5/21/36

Other contributory causes of importance:
Nephritis
Myocarditis

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. Wallace Sheridan M.D.
(Address) 1606 Penna. Ave

F 24356

F 24356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 529 Somerset St. 5-1 (Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clyde Brown

(a) Residence: No. 529 Somerset St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of mrd

6. DATE OF BIRTH (month, day, year) Aug 2-1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	40	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor apt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Mrs Hugh Johnson

(Address) 529 Somerset St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date May 28 1936

19. UNDERTAKER Thos R. & Elliott daughter

(Address) 1129 E Baltimore St.

20. FILED 19 Registrar

MAY 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	May 24 1936 about

Other contributory causes of importance: —

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) George S. Allen Coroner, M. D.

(Address) 567 Augusta St.

F 24357

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24357

115-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 548 W. Hoffman St. 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oscar T. Boyer

(a) Residence: No. 548 W. Hoffman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence Boyer

6. DATE OF BIRTH (month, day, year) 2-14-1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rochschild

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co Md

FATHER

13. NAME John Boyer

14. BIRTHPLACE (city or town) (State or country) Balto, Co

MOTHER

15. MAIDEN NAME Christina Flower

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Florence Boyer

(Address) 548 W. Hoffman St

18. BURIAL, CREMATION, OR REMOVAL

Place Pimlico Date 5-25 1936

19. UNDERTAKER Jas. M. Skinner

(Address) 1139 Myrtle ave

20. FILED ..... 19 ..... Registrar

MAY 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-24 1936

22. I HEREBY CERTIFY, That I attended deceased from May 12 1936 to May 24th 1936

I last saw him alive on May 23rd 1936 Death is said to have occurred on the date stated above, at 11-15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic tuberculosis and Cardiac Complications	

Other contributory causes of importance: Pyorrhea. Abscessed teeth

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Clement Fenner M. D.

(Address) 2937 W Fairview St

F 24358

F 24358 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 18-25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura Fender

If U. S. Veteran specify WAR

(a) Residence: No. 434 N. Carrollton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Married (separated)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert

6. DATE OF BIRTH (month, day, year) ~~1-2-1875~~ Jan 2 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~61~~ 36	4 —	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

0037

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Robert Reynolds

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place West Libert Cemetery Date May 27, 1936

19. UNDERTAKER Archibald P. Gadsby's

(Address) 2101 N. Eutaw St.

20. FILED 1936 Lexington Northwest, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/26, 1936

I HEREBY CERTIFY, That I attended deceased from 4/17, 1934 to 5/26, 1936

I last saw her alive on 5/26, 1936 Death is said to have occurred on the date stated above, at 6 45 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-Vascular renal disease

Date of onset ?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Bald City Hosp.

F 24359 HEALTH DEPARTMENT—CITY OF BALTIMORE F 24359

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2872 Mayfield ave St., 8-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Paul Gabriel

If U. S. Veteran specify WAR .....

(a) Residence: No. 2872 Mayfield ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elise Gabriel

6. DATE OF BIRTH (month, day, year) May 20 th 1842

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	94		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Piano Factory

10. Date deceased last worked at this occupation (month and year) 14 yrs ago

11. Total time (years) spent in this occupation 64yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Michael Gabriel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Alma Blumenberg

(Address) 3816 Southern ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 27 1936

19. UNDERTAKER John Ullrich

(Address) 200 E Lanvale

MAY 27 1936 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24 th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1936, to May 27, 1936

I last saw h.... alive on May 23, 1936. Death is said to have occurred on the date stated above, at 7.30 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	Jan'26

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury —

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J S Harding, M. D.

(Address) 4810 Belair Rd

M. D. P. 1268-A

F 24360

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24360

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2554 Penna. Ave. St., 15-4 Ward)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Lillie Dorsey Gompich

(a) Residence: No. 2554 Penna. Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Wht.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Saml Gompich

6. DATE OF BIRTH (month, day, year) Oct. 4 68

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	67	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret. nursing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

FATHER

13. NAME Hezekiah Morrow

14. BIRTHPLACE (city or town) (State or country) Balto Co Md.

MOTHER

15. MAIDEN NAME Kath. Chenowith

16. BIRTHPLACE (city or town) (State or country) Balto. Co Md.

17. INFORMANT Alice Bitner

(Address) 2400 Eutaw Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Int. Pleasant Cem. Date May 29 1936

19. UNDERTAKER Josiah Lefler

(Address) 1600 W. North Ave.

27 1936 Huntington Millware

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1936 to May 26 1936

I last saw h[illegible] alive on May 25 1936 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Val. Stenosis & Insufficiency	
Hypertrophy & Dilation	1st Attack 1930

Other contributory causes of importance:

Bronchial Pneumonia	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. Gladstone Ath M. D.

(Address) 1605 W North Ave

OCCUPATION is very important. See instructions on back of certificate.

F 24361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. F 24361

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 Woodall St. 24th Ward)

Length of residence in city or town where death occurred ~ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John H. Brandt

(a) Residence: No. 1501 E. Fort Ave. St., 1022 Woodall Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Rauss

6. DATE OF BIRTH (month, day, year) Dec. 18. 1880.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓ 55	56	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. watchman 62

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woodall Shipbldg Co

10. Date deceased last worked at this occupation (month and year) 5

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Brandt

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Josephine Johnson

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Siddie Woodall
(Address) 1022 Woodall St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date May 29 1936

19. UNDERTAKER Chas L Sturms
(Address) 1501 E Fort Ave

20. FILED [illegible] Registrar.

27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26 1936

22. I HEREBY CERTIFY, That I attended deceased from May 18 1936 to May 26 1936

I last saw him alive on 5/26/36 1936 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1935
Other contributory causes of importance: Chronic nephritis	

Was an operation performed? No Date of X

For what disease or injury? X

Name of operation X Was there an autopsy? No

What test confirmed diagnosis? X

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury X

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Leitbrandt M. D.

(Address) 1340 St Paul

F 24362

F 24362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals U-12367 — 23 — 7-3 — Registered No. .....

CITY OF BALTIMORE: (No. Tuberculosis Division St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Matthews — If U. S. Veteran specify WAR .....

(a) Residence: No. 613 N. Dallas St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Matthews

6. DATE OF BIRTH (month, day, year) April 23rd, 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0067

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Matthews

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Anna Jackson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date May 29 1936

19. UNDERTAKER Mrs R. H. Elliott & Daughter (Address) 1129 N Caroline

[illegible] 27 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) May 26th, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 17th, 36 to May 26th, 1936

I last saw him alive on May 26th, 1936 Death is said to have occurred on the date stated above, at 10.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	April 1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Leon H. Feldman M. D.

(Address) Baltimore City Hospitals

F 24363

F 24363 HEALTH DEPARTMENT—CITY OF BALTIMORE

46-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave St. 14-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Horace Hall

(a) Residence: No. 702 Mosher St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Hall

6. DATE OF BIRTH (month, day, year) March 6 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John H. Hall

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Powell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) John H. Hall 702 Mosher St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Cem. Date 5/28/ 1936

19. UNDERTAKER Frances A. Hemsley (Address) 3784 Biddle St

Huntington Williams, MD

1936 Registrar

MAY 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-25 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-26 1936 to 5-25 1936

I last saw h[illegible] alive on 5-25 1936 Death is said to have occurred on the date stated above, at 5:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance:	

Was an operation performed? yes Date of 5-23

For what disease or injury?

Name of operation Gastrectomy Date of 5-23

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. Hare M. D.

(Address) Provident Hosp

24364

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24364

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 Monument Street St., 3-1 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Durr

If U. S. Veteran specify WAR .....

(a) Residence: No. 1415 Monument Street St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Durr

6. DATE OF BIRTH (month, day, year) Nov. 24 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	6 7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME [illegible] Kennly

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. Anna J. Leider
(Address) 3803 Grantly Road

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date May 28 36

19. UNDERTAKER Wm J. Tiefner & Sons
(Address) North & Penna aves.

27 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10 1931, to May 26 1936

I last saw h[illegible] alive on May 25 1936. Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	4 yrs
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) H. Bernard Wood M. D.

(Address) 2216 Garrison Blvd.

24365

F 24365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

158

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 Carroll St. 21-W Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Carol Matthews

(a) Residence: No. 1420 Carroll St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 23, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Norman Matthews

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Beatrice Bethel

16. BIRTHPLACE (city or town) New Haven
(State or country) Conn.

17. INFORMANT Beatrice Mathews
(Address) 1420 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date May 27, 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 S. Schroeder St.

20. FILED MAY 27 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows: 10.30 A.M.

	Date of onset
Marasmus	March, 36

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No, If so, specify ...

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 24366

F 24366 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 14016

34-D-97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1931 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Roxy Jones

(a) Residence: No. 906 Pennsylvania Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John

6. DATE OF BIRTH (month, day, year): Dec 3 1894 ~~12-3-1895~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~44~~ 41	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): S. C.

FATHER

13. NAME: Lewis Pucket (D)

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: Bathena ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Danville Va Date: 5/29/ 1936

19. UNDERTAKER: Frances G Hemsley
(Address) 57 E W. Biddle St

20. FILED: MAY 27 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/25/1936

22. I HEREBY CERTIFY, That I attended deceased from 5/7/1936 to 5/25/1936

I last saw her alive on 5/25/1936 Death is said to have occurred on the date stated above, at 5p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	3 mos
& aortic insufficiency	?
Hypertension	?
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Bal City Hosp.

24367

F 24367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2056 E. Bank St. St., 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Lawrence Walsh

(a) Residence: No. 2056 E. Bank St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Walsh

6. DATE OF BIRTH (month, day, year) Jan 17/1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant. for 5

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Michael Walsh

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Divine

16. BIRTHPLACE (city or town) (State or country) Irelan

17. INFORMANT Mary Walsh (wife)
(Address) 2056 E. Bank St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date May. 28 36

19. UNDERTAKER Tilly & Zeibert
(Address) 403 S. Gilmor St.

27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25/36. 19

22. I HEREBY CERTIFY, That I attended deceased from May 1936 to May 25 1936

I last saw him alive on May 24 1936. Death is said to have occurred on the date stated above, at 11/45 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis Liver	1933

Other contributory causes of importance: (Over)

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J S Harden M. D.
(Address) 4810 Belair Rd.

M. D. F 1268-9

✓ F 24368

24368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-P

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital St. 3-1 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Silverberg

(a) Residence: No. 1621 E. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 14, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. ... min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) .... (State or country) ....

FATHER

13. NAME Jack Silverberg

14. BIRTHPLACE (city or town) .... (State or country) Poland

MOTHER

15. MAIDEN NAME Eva Lipkofski

16. BIRTHPLACE (city or town) .... (State or country) Russia

17. INFORMANT ....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J.H. Med. School Date May 27, 1936

19. UNDERTAKER (Name illegible)

(Address)

27 1936

Huntington Williams, M.D.

Registrar

2345

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-14-36, 19.. to 5-14-36, 19..

I last saw him alive on 5-14-36, 19.. Death is said to have occurred on the date stated above, at 2:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	
Congenital malformations	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ....

(Signed) John Whitridge, Jr., M. D.

(Address) Johns Hopkins Hospital.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-0

✓ F 24369

24369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Johnson

(a) Residence: No. Cockeysville, Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 9- 1936

7. AGE	Years	Months	Days	If LESS than 1 day, 2 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME William Johnson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Marie Howard

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med School Date May 27 . 1936

19. UNDERTAKER [illegible]
(Address) [illegible] Baltimore, Md.

27 1936

2344

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 . 1936

22. I HEREBY CERTIFY, That I attended deceased from May 9 . 1936 to May 9 . 1936

I last saw him alive on May 9 1936 Death is said to have occurred on the date stated above, at 10 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
prematurity	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Whitridge Jr . M. D.

(Address) Johns Hopkins Hospital

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. B. 1265-9

24370

Year 16

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24370

CERTIFICATE OF DEATH

174

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Abraham Apicker

(a) Residence: No. 236 S. Caroline St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT John Hopkins Hospital

(Address) Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery Date May 13 1936

19. UNDERTAKER [illegible]

(Address) [illegible]

20. [illegible] Huntington Pittsman, Md.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10 1936

22. I HEREBY CERTIFY, That I [illegible] of the remains described above, held an Autopsy and Inquest and from the evidence obtained by [illegible] Autopsy and Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Stab wounds of body & abdomen	

Other contributory causes of importance:

Peritonitis

Was an operation performed? Yes Date of 5/10/36

For what disease or injury? Stab wounds of abdomen

Name of operation Laparotomy Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 5/10/36 19

Where did injury occur? 236 S. Caroline St. Balto, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Stabbed with Pocket Knife

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenthes M. D.

Coroner

(Address) 1914 E. North Ave

M. D. B 1268-9

24371 ✓ F 24371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

×210-M

1. PLACE OF DEATH St Agnes Hosp Registered No.

CITY OF BALTIMORE: (No.) St., 7 5 - 1 Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry J Rumpf If U. S. Veteran specify WAR

(a) Residence: No. Susan Ave Woodbourne Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Bertha Burns Rumpf

6. DATE OF BIRTH (month, day, year) March 12 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month, day and year) 3/25/36

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Chas C. Rumpf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Reinert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Rupert J. Rumpf Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL Place London Pk Date May 29 1936

19. UNDERTAKER Harry H. Zwicke (Address) 1101 Edmondson Ave

FILED JUN 1 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held a (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fract Rib	
Fract Pt Humerus	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

(Accident), suicide, or homicide? Accident Date of injury 3/26 1936

Where did injury occur? Baltimore Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Conditions between 2 Cars

Nature of injury Multiple

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Irving Gill M. D.

(Address) 907 N Wolfe St

24372

F 24372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 12-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 6 mos. 3 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Mary Gertrude Vandeleur Vandeleur

If U. S. Veteran specify WAR

(a) Residence: No. 2448 Maryland Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 22, 1886.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	49	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Martin Law Firm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Thomas Vandeleur

14. BIRTHPLACE (city or town) ------
(State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Kennedy

16. BIRTHPLACE (city or town) -------
(State or country) Ireland

17. INFORMANT Miss Katherine Vandeleur
(Address) 2448 Maryland Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 5/28 1936

19. UNDERTAKER Henry Ulmo Sons & Dorsey
(Address) 605 N. Calvert St.

27 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 19th, 1936, to May 25, 1936

I last saw her alive on May 25, 1936. Death is said to have occurred on the date stated above, at 3:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	5/22/36
Other contributory causes of importance:	
Secondary Anemia	1/36

Was an operation performed? yes Date of 5/22/36

For what disease or injury? Carcinoma of uterus

Name of operation Panhysterectomy Date of 5/22/36

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Leslie Fleming, M. D.

(Address) Union Mem. Hosp.

F 24373 ✓ F 24373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

62-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1722 N. Collington Ave. St., 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME LOUISA K. UTZ

(a) Residence: No. 1722 N. Collington Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widower

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Michael Utz

6. DATE OF BIRTH (month, day, year) Nov. 7, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Michael Kinlein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Gertrude Kramer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Gertrude Leimkuhler

(Address) 606 North Clinton Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 29, 1936

19. UNDERTAKER Chas. F. Grove & Son

(Address) 118 W. Mt. Royal Ave

19. Registrar.

MAY 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935 to May 26, 1936

I last saw her alive on May 26, 1936. Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Oscar F. Boyer M. D.

(Address) 1811 E. Broadway

24374

313350

✓ F 24374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 137

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 1-5

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leon M. Allen

If U. S. Veteran specify WAR .....

(a) Residence: No. 258 Melrose Ave. St., ... Ward. Lenilworth Del.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Ballard

6. DATE OF BIRTH (month, day, year) 4/4/63

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	72	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Passen. Mgr. of R.R.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Ethridge Allen.

14. BIRTHPLACE (city or town) (State or country) N.J.

MOTHER

15. MAIDEN NAME Christina Hannah

16. BIRTHPLACE (city or town) (State or country) Ontario, Canada

17. INFORMANT Records, JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Davenport Town Date May 27 1936

19. UNDERTAKER John O. Mitchell & Sons (Address) 1900 Eutaw Place

27 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26 1936

22. I HEREBY CERTIFY, That I attended deceased from May 7 - 1936, to May 26 1936.

I last saw him alive on May 26 1936. Death is said to have occurred on the date stated above, at 7.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	May 26/1936
Benign Prostatic Hypertrophy	
Symptoms 2 years duration	
Operation Removal Cancer	May 11 1936

Other contributory causes of importance:

Post-operative pneumonia

Mild pneumonia began on May 19 1936 patient was Twice Catheterized by Resident

Was an operation performed? Perineal Prostatectomy Date of May 11 1936

For what disease or injury? Benign Prostatic Hypertrophy

Name of operation Perineal Prostatectomy Date of 5 11 36

What test confirmed diagnosis? Microscopic Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh J. Jewett M. D.

(Address) Johns Hopkins Hospital

14183 ✓ F 24375

F 24375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Sproch

(a) Residence: No. 253 S. Caroline St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date May 28 1936

19. UNDERTAKER John M Weber
(Address) 401 S. Chester st

27 1936 ~~Huntington W Va~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/15, 1936 to 5/25, 1936

I last saw him alive on 5/25, 1936 Death is said to have occurred on the date stated above, at 6 40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	?
Hypertensive Cardio-Vascular disease	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp

24376 F 21376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9-4-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2021 E. 32nd St., 9-6 Ward)

Length of residence in city or town where death occurred 82 yrs. 8 mos. 14 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John M. Walker

If U. S. Veteran specify WAR

(a) Residence No. 2021 E. 32nd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mamella G. Walker

6. DATE OF BIRTH (month, day, year) Sept. 12-1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 10 yrs.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John M. Walker

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emily L. Abel

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Frank H. Rogbery

(Address) 2021 E. 32nd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date May 28 1936

19. UNDERTAKER Horace F. Burgee

(Address) 3631 Falls Road

MAY 27 1936

... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26: 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1930, 19..., to May 26, 1936

I last saw him alive on May 26, 1936 Death is said to have occurred on the date stated above, at 6:04 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiac disease	2.

Other contributory causes of importance:

Coronary thrombosis (acute)

Was an operation performed? — Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? Cy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) H. Hamilton M. D.

(Address) 3429 Christmas Ave.

F 24377

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24377

CERTIFICATE OF DEATH

45-D

1. PLACE OF DEATH — 14229 — Registered No. .....

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 2-V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacob Bowling — If U. S. Veteran specify WAR .....

(a) Residence: No. 324 S. Durham St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	~~Colored~~ White	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine

6. DATE OF BIRTH (month, day, year): 12-23-1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	54	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: William (illegible)

14. BIRTHPLACE (city or town) (State or country): Balto., Md.

MOTHER

15. MAIDEN NAME: Mary Snow

16. BIRTHPLACE (city or town) (State or country): Balto., Md.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Forest Park Cem. Date: 5/27/36

19. UNDERTAKER: Wendel & Hupfel
(Address): 1405 Eastern Ave.

LICENSE NO. ..... Filed MAY 23 1936 ..... Registrar of Wills

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-19, 1936 to 5-26, 1936

I last saw him alive on 5-26, 1936 Death is said to have occurred on the date stated above, at 11:50 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lower Jaw	?

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Clinical Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

M. D. R. 1268-9

Frisby Lloyd

F 24378

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24378

CERTIFICATE OF DEATH

131

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 N. Chester St., 7-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frisby Lloyd

(a) Residence: No. 727 N. Chester St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Margrith Lloyd

6. DATE OF BIRTH (month, day, year) July 25 78 59

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired City Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frisby Lloyd

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Elizabeth Phillips

16. BIRTHPLACE (city or town) (State or country) at Sea Nova Scotia

17. INFORMANT (Address) James Lloyd 727 N. Chester St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date 5/28/36

19. UNDERTAKER (Address) Wendell J. Hippard 1603 Orleans St

Registrar.

MAY 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24 36

22. I HEREBY CERTIFY, That I attended deceased from August, 1934 to May 24, 1936

I last saw h... alive on May 24, 1936 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
Chronic Myocarditis	?
Hypertension	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Victor Goldberg, M. D.

(Address) 1524 N Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

24379 F 24379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 121

1. PLACE OF DEATH Maryland General Hospital
CITY OF BALTIMORE: (No. 24 Wolfe St.)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Bernard Ogle Ogler
(a) Residence: No. 611 E Fort Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write word)
Male	White	Divorced

5a. If married, widowed or divorced (or) WIFE of Viola Ogler

6. DATE OF BIRTH (month, day, year) Jan 13, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad
10. Date deceased last worked at this occupation (month and year) 5/22/36
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md

FATHER

13. NAME Ignatius Ogler
14. BIRTHPLACE (city or town) (State or country) Frederick Co Md

MOTHER

15. MAIDEN NAME Henrietta F Davis
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hosp records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Chapelmeade Date May 30. 1936

19. UNDERTAKER Powell & Albaugh
(Address) Liberty town Md

20. FILED MAY 27 1936 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/27/36

22. I HEREBY CERTIFY, That I attended deceased from 5/23/36 to 5/27/36
I last saw him alive on 5/27/36 Death is said to have occurred on the date stated above, at 6 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute gangrenous appendicitis	
Generalized peritonitis	

Other contributory causes of importance:

Was an operation performed? Yes Date of 5/23/36
For what disease or injury? Acute appendicitis
Name of operation Appendectomy Date of 5/23
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John [illegible] Barnsley M. D.
(Address) 111 Lanvale Hosp

F 24380

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24380

CERTIFICATE OF DEATH

12705 107-a

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 10-2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1881 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Carter — If U. S. Veteran specify WAR

(a) Residence: No. 707 N. Eden St., 707 N Eden St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-15-1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
✓ 74	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Snow Hill, Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Sarah Lands

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Westminster Cem. Date May 28, 1936

19. UNDERTAKER Albert Gosh
(Address) 1620 N Edison Ave

20. FILED 19 Registrar.

28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19 , to 5/26, 1936

I last saw him alive on 5/26, 1936 Death is said to have occurred on the date stated above, at 10 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 days
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reiter, M. D.

(Address) Balto City Hosp.

F 24381

3136 F 24381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-a

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred — yrs. — mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alicia LOPEZ ALDANA de GODOY

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Raul

6. DATE OF BIRTH (month, day, year) 4/25/86

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	50	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Peru

FATHER

13. NAME Fernando Aldana

14. BIRTHPLACE (city or town) (State or country) Peru

MOTHER

15. MAIDEN NAME Olga Hughes

16. BIRTHPLACE (city or town) (State or country) Peru

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Cementerio de Colon Date June 1 1936
Habana Cuba

19. UNDERTAKER Charles H. Black
(Address) 742 W. North Ave.

20. FILED [illegible] 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27. 1936

22. I HEREBY CERTIFY, That I attended deceased from May 14 1936 to May 27 1936

I last saw her alive on May 27 1936 Death is said to have occurred on the date stated above, at 3.05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Oesophagus. Dilat.	.....
Foot Ignaline Stitch.	.....

Other contributory causes of importance:

Anaem

Was an operation performed? Yes Date of 5-12-36

For what disease or injury? Carcinoma Oesophagus

Name of operation Resection Stomach Date of 5-27-36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hospital

Wm Krauskopf

F 24382

3140 F 24382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-D

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. x ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Estelle Silverstein

(a) Residence: No. 469 Vienna St., ... Ward. Brooklyn N. Y.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	23?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Europe

FATHER

13. NAME Max Silverstein

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New York N. Y. Date May 20, 1936

19. UNDERTAKER Leo Lemmon Bro
(Address) 827 E Belair St

20. FILED Huntington, West Virginia

JUN 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1936 to May 27, 1936

I last saw her alive on May 27, 1936 Death is said to have occurred on the date stated above, at 2:30 p m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Brain tumor, benign	1933
Other contributory causes of importance:	

Was an operation performed? Yes Date of 5/27/36

For what disease or injury? Cerebellar tumor

Name of operation Cerebellar tumor removed Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward S. Stafford M. D.

(Address) The Johns Hopkins Hospital

F 24383

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24383

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 Hollins St. St., 19-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Beal Helm

If U. S. Veteran specify WAR

(a) Residence: No. 1729 Hollins St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Helm (nee Hynes)

6. DATE OF BIRTH (month, day, year) Jan. 26, 1872.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	64	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lath Machine Op'r

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John B. Helm

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Jane Sindall

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mrs. Mary E. Helm, 1729 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 28, 19 36.

19. UNDERTAKER (Address) Harry A. Fritzlen 4101 Edmondson Ave.

20. FILED ..... 19 ..... Registrar

MAY 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 31 to May 25, 1936

I last saw him alive on May 25 1936 Death is said to have occurred on the date stated above, at 1.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1931
Cerebral Hemorrhage May 17, 36	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. B. Helm M. D.

(Address) 2737 N. Mont

F. D. 24384 F 24384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hospitals St. 24-2 Ward

Length of residence in city or town where death occurred LIFE mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Joseph Liedlich

(a) Residence: No. 1320 Webster St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Kate Mary Wiley Liedlich

6. DATE OF BIRTH (month, day, year) June 19th. 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffuer 1023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. York Motor Express Co

10. Date deceased last worked at this occupation MARCH 1936

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Peter Liedlich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Gussie Evans

(Address) 1320 Webster St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 5/29/36 19

19. UNDERTAKER Geo. L. Bayer Jr.

(Address) 1512 Hollins St.

MAY 28 1936 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/26/36 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	

Other contributory causes of importance: Uremia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violenre) fill in also the following:

Acrident, suicide, or homirlde? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. A. M. Wright M. D. Coroner

(Address) 1010 S. Gilmor St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1943

F 24385

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24385

CERTIFICATE OF DEATH

137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home ~ Hosp. St., 6-5 Ward)

Length of residence in city or town where death occurred ... yrs. mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr George Huston

(a) Residence: No. Seaford Del St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sally M Huston

6. DATE OF BIRTH (month, day, year) 1-1-185-

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Seaford Del

FATHER

13. NAME William B Huston

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Sally Boyce

16. BIRTHPLACE (city or town) (State or country) Delware

17. INFORMANT Vital Records (Address) City

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Del Date May 30. 1936

19. UNDERTAKER Charles L Tovell (Address) 1131 Eutaw St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-27-36 19

22. I HEREBY CERTIFY, That I attended deceased from 5-20-36, 19... to 5-27-36, 19...

I last saw h in alive on 5-27-36, 19... Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Operative Hemorrhage	Thurs
Other contributory causes of importance: Prostatic Hypertrophy Benign	Tues

Name of operation Prostatectomy Date of 5/27/36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carlton N. Adams, M. D.

(Address) Church Home & Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. F. B. F 24386 F 24386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Sec City Hospitals St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Bowser

(a) Residence: No. 1510 W. Fairmount Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colred	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola

6. DATE OF BIRTH (month, day, year) April 19. 1899

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
37	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Agnes (?)

16. BIRTHPLACE (city or town) (State or country) Philadelphia Penn.

17. INFORMANT Mrs Viola Bowser

(Address) 1510 W. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 5/29/ 1936

19. UNDERTAKER Frances A Hemsley

(Address) 578 W. Biddle St

20. FILED Huntington Pittsburgh Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Fibrinous Pleuritis	
gun shot wound Right Left Breast	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? homicide Date of injury May 9. 1936

Where did injury occur? Balto Maryland

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home - 1510 W. Fairmount Ave.

Manner of injury

Nature of injury Multiple gun shot wounds

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Wright M. D.

(Coroner)

(Address) 1010 S. Edmondson Ave

OCCUPATION IS very important. See instructions on back of certificate.

MAY 29 1936

F 24387

F 24387

HEALTH DEPARTMENT—CITY OF BALTIMORE

122-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument St. 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Rose Crane

(a) Residence: No. 1644 Linwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced, BUSBAND of (or) WIFE of Louis

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Abraham Hochstager

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Leah

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 5/28/36

19. UNDERTAKER Hunter & Williams
(Address)

20. FILED 19 Registrar.

MAY 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27 1936

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1936, to May 27th 1936

I last saw h_ alive on May 27th 1936. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ileitis with Intestinal Obstruction	May 5th
Other contributory causes of importance: Resection of Ileum on May 8th	May 8
Pneumonia	May 22

Was an operation performed? yes Date of May 8th 36

For what disease or injury? Ileitis + Obstruction

Name of operation Mikulicz Date of May 8th

What test confirmed diagnosis? Operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Mendelsohn M. D.

(Address) Sinai Hospital

F 24388 F 24388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

15-11

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3803 Callaway St. ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Virginia Stevens

If U. S. Veteran specify WAR .....

(a) Residence: No. 3803 Callaway St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: George W Stevens

6. DATE OF BIRTH (month, day, year): Aug 9 1865

7. AGE: Years 70 | Months 7 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lynchburg Va.

FATHER

13. NAME: Samuel Lolley

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Kate Conoyer

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Ella Virginia Bassett

(Address) 3803 Callaway

18. BURIAL, CREMATION, OR REMOVAL

Place Cherlestown Date May 28 1936

19. UNDERTAKER: H. Fenwick Sons

(Address)

20. FILED ... 19 ... Huntington Williams, M.D.

Registrar.

MAY 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1936 to May 26, 1936

I last saw her alive on May 25, 1936 Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Thrombosis — Date of onset 5/24/36

Other contributory causes of importance: Diabetes — 4 yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, ...

(Signed) H. J. Handley M. D.

(Address) 6 E Randall St

F 24389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3034 Barclay St. 12-3rd Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George E. Houck

(a) Residence: No. 3034 Barclay St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mattie Houck

6. DATE OF BIRTH (month, day, year): [illegible] 1869

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	66	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Capitalist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Frederick Md

FATHER

13. NAME: Chas H Houck

14. BIRTHPLACE (city or town) (State or country): Frederick Md

MOTHER

15. MAIDEN NAME: Mary Hatcock

16. BIRTHPLACE (city or town) (State or country): Frederick Md

17. INFORMANT: Mrs Geo Houck

(Address) 3034 Barclay St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Royal Cemetery Date: 29- 1936

19. UNDERTAKER: Mary M Woodford

(Address) 1001 E Baltimore St

Huntington Williams, Inc.

[illegible] 19

Registrar.

MAY 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 27 1936

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1933 to May 27, 1936

I last saw him alive on May 21, 1936. Death is said to have occurred on the date stated above, at 12.07 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder (Coma)	Unknown
Other contributory causes of importance:	
Bronchial Pneumonia	5/23/36

Name of operation --

What test confirmed diagnosis? Clinical Date of

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philibert Artigiani M. D.

(Address) 2942 East Fayette Street

21350 31,450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 24390

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 12-4 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Bernice Dorsey

(a) Residence: No. 411 Heaver St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year) Mch - 12 / 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
21	20	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0537

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home - Wife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Abbot Slocum

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Boland

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 5/30 19 36

19. UNDERTAKER Wm. H. Hopkins
(Address) The Penn ave

FILED MAY 28 1936 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26 1936

22. I HEREBY CERTIFY, That I attended deceased from April 5 1936 to May 26 1936

I last saw h.. alive on May 26 1936. Death is said to have occurred on the date stated above, at 7 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous peritonitis	Dec 1935?
Tuberculous salpingitis	April 1935?
Pulmonary tuberculosis ?	

Other contributory causes of importance:

Secondary anemia

Was an operation performed? yes Date of April 8 1936

For what disease or injury? Confirm diagnosis

Name of operation Exploratory Laparotomy Date of April 8 1936

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. H. Hopkins M. D.

(Address) Johns Hopkins Hosp.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

F 24391 ✓ F 24391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1630 E. Clement St. 1st Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME [redacted] Elizabeth Shepke Milesksi

(a) Residence: No. 1630 E. Clement St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Constantin Milesksi

6. DATE OF BIRTH (month, day, year) June 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT [illegible] (son)

(Address) 1630 E. Clement

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date May 30, 1936

19. UNDERTAKER [illegible]

(Address) [illegible]

[illegible] 1936 Huntington Williams, Registrar.

MAY 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/24/36, 19... to 5/27, 1936

I last saw him alive on 5/26/, 1936 Death is said to have occurred on the date stated above, at 5:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/24/36
Other contributory causes of importance:	
Myocardial Failure	5/26/36
Pulmonary congestion	5/26/36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

ND (Signed) Isaac Muller, M. D.

(Address) 122 E. Lanvale St

F 24392

F 24392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 214 East 24th St

CITY OF BALTIMORE: (No. ... St. 12-13 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Lenart

(a) Residence: No. 214 East 24th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosie

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66 yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Shop

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lith.

FATHER

13. NAME Pincus Lith

14. BIRTHPLACE (city or town) (State or country) Lith

MOTHER

15. MAIDEN NAME Supra Lith

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Levering Mem. Cem. Date 5/21/36

19. UNDERTAKER Jack Lewis Inc
(Address) 1437 E. Baltimore St

20. FILED 5/29/1936 19 Huntington Pittsburgh, Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/26/36

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1936 to May 26 1936

I last saw h/ alive on May 26 1936 Death is said to have occurred on the date stated above, at 12.45 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	about 5/26/36
Other contributory causes of importance:	
Hypertension	Dec 34
Arteriosclerosis	Dec 34
Pneumonia	5/26/36

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Hrs

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

F 24393

F 24393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No. .....

1. PLACE OF DEATH Lydenham Hospital

CITY OF BALTIMORE: (No. ..... St. 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Richard Jones

(a) Residence: No. 217 Leadenhall St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May - 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	18		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Clarence Jones

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Edna Barnes

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mother
(Address) 817 Leadenhall St

18. BURIAL, CREMATION, OR REMOVAL
Place Auburn Date May 28 1936

19. UNDERTAKER Isaac R. Brown Son
(Address) 1018 Druid Hill Ave

20. FILED 1936 Huntington Pittsburgh, Md

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1936 to May 27, 1936.

I last saw him alive on May 27, 1936. Death is said to have occurred on the date stated above, at 7:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	5-25-36

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. C. Lapsley Jr., M. D.

(Address) Lydenham Hospital

M. D. F. 1936-9

24394

F 24394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 N. Bond St. St., 7th Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wyatt Pollard

(a) Residence: No. 904 N. Bond St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Dec. 18 - 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	6	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Taylor Pollard

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mattie Jones
(Address) 904 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date May 28. 1936

19. UNDERTAKER Mrs. Robert H. Elliott & Daughter
(Address) 1129 E. Caroline St.

MAY 28 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Paul Schenker Coroner . M. D.

(Address) 1919 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

24395 ✓ F 24395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3914 Hudson st St. 26-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Louisa Schmeiser

(a) Residence: No. 3914 Hudson s t St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Schmeiser

6. DATE OF BIRTH (month, day, year) June 14 th 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Volz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Thos O'Connor

(Address) 3914 Hudson st

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. May 29 193 6

19. UNDERTAKER John Attick

(Address) Dore & Sons Huntington Ave

281936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26 th 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/6/36, 19..., to 5/26/36, 19...

I last saw her alive on ..., 19... Death is said to have occurred on the date stated above, at 11.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Vascular Lesion of Heart	

Other contributory causes of importance:

Exhaustion

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Alf S Hagl, M. D.

(Address) 709 N Broadway

✓ F 24396

24396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X51-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hosp St. 12-W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Arthur Emmett Poultney

(a) Residence: No. Pikesville, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W. Fe	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emily Blackford

6. DATE OF BIRTH (month, day, year) Aug 2 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) May 13/36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

FATHER

13. NAME Thos Poultney Jr

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Georgina McClellan

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Eugene Blackford
(Address) Pikesville Md

18. BURIAL, CREMATION, OR REMOVAL Place St. Thomas Garrison Forest Date May 29 36

19. UNDERTAKER Henry W. Jenkins & Son
(Address) Baltimore

28 1936 Huntington Pikesville Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27 1936

22. I HEREBY CERTIFY, That I attended deceased from May 11 1936 to May 27 1936

I last saw h[illegible] alive on May 26 1936 Death is said to have occurred on the date stated above, at 3:12 P.m.

The principal cause of death and related causes of importance were as follows:

Uremia — Date of onset 5-12-36
Hydronephrosis — 5
Chronic — 1926

Other contributory causes of importance:

Prostatic hypertrophy — 1926
Chronic pneumonitis

Was an operation performed? yes Date of 5-17-36

For what disease or injury? Prostatic hypertrophy

Name of operation Cystotomy Date of 5-27-36

What test confirmed diagnosis? A. B. H. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. Colegrove M. D.
(Address) Union Memorial Hosp.

OCCUPATION IS very important. See instructions on back of certificate.

M. D. F. 1268-9

24397 F. 24397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3014 Raynor Ave., 46th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Sally L. Myers

(a) Residence: No. 3014 Raynor Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H Myers

6. DATE OF BIRTH (month, day, year) Jan 30, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Not Known

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT James J. Priddle
(Address) 5207 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Reported Laurel Cem. Date May 30, 1936

19. UNDERTAKER Geo. Russ Son
(Address) Catonsville, Md.

MAY 28 1936

Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27th, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 15th, 1933, to May 27th, 1936

I last saw her alive on May 27th, 1936 Death is said to have occurred on the date stated above, at 9.0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Chronic Myocarditis	5/15/33
Other contributory causes of importance:	
Chronic Bronchitis	5/34
Chronic Duodenal Ulcer	6/35.

Name of operation Clinical + Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) W. H. Miller M. D.

(Address) 5301 N. Fulton Ave.

M. D. B. 1068-9 F-24398 ✓ F-24398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 246 S. Castle Street St., 7-1 Ward)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? 53 yrs. mos. ds.

2. FULL NAME Maryanna Zanto

(a) Residence: No. 246 S. Castle Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Zapalowicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. Frank Zanto (Son)
(Address) 345 S. Lehigh Street

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date May 29, 1936

19. UNDERTAKER John M. Welby
(Address) 401 S. Chester St.

Filed ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 25 (10 A.M.) 19 . to May 26, 1936
I last saw h[illegible] alive on May 26, 1936. Death is said to have occurred on the date stated above, at 11 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease	May 1932
Cerebral Hemorrhage	May 25, 1936
Contributory causes of importance: Terminal Bronchial Pneumonia	May 25, 1936

Name of operation None Clinical Date of ..... Was there an autopsy? No
What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph F. Veronga M. D.
(Address) 209 S. Chester St.

MAY 28 1936

F. 24099 ✓F. 24399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-21

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 28-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Gardner

(a) Residence: No. 207 Mallowhill Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 5-2-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ella ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date May 29 1936

19. UNDERTAKER John C. Miller
(Address) 2435 E. Eliz...

[illegible] Registrar.

28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/7, 1936 to 5/27, 1936

I last saw him alive on 5/27, 1936 Death is said to have occurred on the date stated above, at 1.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage?	?
Arteriosclerosis	?
Hypertension	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1968

F 24400

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24400

CERTIFICATE OF DEATH

X 119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-26 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Smith

(a) Residence: No. Woodbine Carroll Co. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

8a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 19, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME Baltimore Smith

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Baltimore Smith
(Address) Woodbine Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Cem. Howard, Date May 30 1936

19. UNDERTAKER H. M. Snyder
(Address) West Clay and

20. FILED MAY 29 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) May 28, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acidosis	
Diarrhea	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) R. O. Sedelmeier, M. D.
Coroner

(Address) 225 N. Howard St.

OCCUPATION is very important. See instructions on back of certificate.

F 24401

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24401

82-W

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1902 Riggs Ave St., 6th Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME George W. Dockerty

(a) Residence: No. 1902 Riggs Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word): Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Fannie E. Dockerty

6. DATE OF BIRTH (month, day, year) April 22nd 58

7. AGE: Years 78 | Months 1 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER
13. NAME George W. Dockerty
14. BIRTHPLACE (city or town) (State or country) Phila Pa

MOTHER
15. MAIDEN NAME Sarah Baker
16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Fannie Dockerty
(Address) 1902 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date May 30th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED Huntington Pittsburgh, Pa.
MAY 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27th 1936

22. I HEREBY CERTIFY. That I attended deceased from May 4 1936 to May 27 1936
I last saw him alive on May 27 1936. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	23 days
Other contributory causes of importance: Arterio-Sclerosis, Indefinite	

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis Clinical symptoms Was autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Charles E. Clark M. D.
(Address) 3214 Piedmont Ave

OCCUPATION is very important. See instructions on back of certificate.

v 9 3

F 24402

24402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md General Hosp

CITY OF BALTIMORE: (No. ..... St., 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Lola B Lepp

(a) Residence: No Tipperca Md — St., Barta Co Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND (or) WIFE of Emmet L Lepp

6. DATE OF BIRTH (month, day, year) 12/15/1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Harford Co [redacted] Md

FATHER

13. NAME Thomas Miller

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lavinia Houck

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Thomas Lepp (Son)

(Address) Tipperca Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Hollingstead Md Date June 1 1936

19. UNDERTAKER Edw Tipton

(Address) Hampstead Md

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/28/36 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	5/27/36
Cerebral Coma.	

Other contributory causes of importance

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? ... Date of injury 5/27 . 1936

Where did injury occur? Reisterstown Rd - Rockland

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Auto Accident with Bruises

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Reuben Gorsky Clark M. D.

Coroner

(Address) 907 N Charles

M. F. B. F 24403

F 24403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Norman H. Coster

(a) Residence: No. Camp Chapel Rd., Perry Hall, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - -

6. DATE OF BIRTH (month, day, year) July 27, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Insulation

10. Date deceased last worked at this occupation (month and year) May, 1936

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Perry Hall, Balto. Co., Md.

FATHER

13. NAME Henry B. Coster

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Margaret Winkler

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Mr. John Coster,
(Address) Perry Hall, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date May 29th 1936

19. UNDERTAKER Frederick Funeral Home
(Address) 7401 Belair Road

20. FILED 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26th 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Fracture of Skull — Date of onset

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis: Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 26 1936

Where did injury occur? Sudbrook Lane Balto. Co.
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell from Ladder

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Working from Ladder

(Signed) ..... Coroner M. D.

(Address) 2733 E. Pres. St.

OCCUPATION is very important. See instructions on back of certificate.

F 24404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 24404

121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 2-2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Sadie Day

(a) Residence: No. 802 Hanover St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Married (sep.)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Willie

6. DATE OF BIRTH (month, day, year) 11-22-1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henry Day

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Hawkins

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date May 30, 1936

19. UNDERTAKER James Cardegna & Sons

(Address) 142 N. Eutaw St.

Registrar

MAY 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-26, 1936 to 5-27, 1936

I last saw her alive on 5-27, 1936 Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix	5-22-36
Generalized Peritonitis	5-22-36

Other contributory causes of importance:

—

Was an operation performed? Yes Date of 5-26-36

For what disease or injury? Generalized Peritonitis

Name of operation? Appendectomy & drainage Date of 5-26-36

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 24405

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24405

CERTIFICATE OF DEATH

1. PLACE OF DEATH Lyndon Arrindal or Progidence Hospital, 93-C-ful,

CITY OF BALTIMORE: (No.) St., 16 Ward 3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John E Robinson

(a) Residence No. 1003 N. Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	Col	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E. Robinson

6. DATE OF BIRTH (month, day, year) Aug 7 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Jeorge W. Robinson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Annie Elizabeth Cook

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT John E Robinson Jr.

(Address) 725 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 1 1936

19. UNDERTAKER James A Hayes

(Address) 1442 Wilkens

20. FILED 1936 19 ... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 1130 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... Coroner M. D.

(Address) 210 Hampton

F 24406

F 24406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 Powers street St. 13-6 Ward)

Length of residence in city or town where death occurred 27 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No.

2. FULL NAME William Henry Baker

(a) Residence: No. 804 Powers street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Laura J. Baker.

6. DATE OF BIRTH (month, day, year) March 2, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 54

12. BIRTHPLACE (city or town) (State or country) Middletown Balto Co., Md.

FATHER

13. NAME Absolom Baker

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Martha Thompson

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Mr. Joseph N. Baker. (Address) 804 Powers st.

18. BURIAL, CREMATION, OR REMOVAL Middletown Balto Co Md Date May 31 1936

19. UNDERTAKER Chenoweth & Fox (Address) 3615-17 Edmondson Ave Huntington Pittsburgh, Pa.

19 ... Registrar.

MAY 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1936 to May 28, 1936

I last saw him alive on May 27, 1936 Death is said to have occurred on the date stated above, at 8.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive arteriosclerotic cardiovascular disease	1932
Senile dementia	5/1/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Alfred C. Moore, M. D.

(Address) 3134 Harford avenue.

OCCUPATION is very important. See instructions on back of certificate.

F 24407

F 24407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1813 Lowsend Court St. 12 (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Saml Waddell

(a) Residence: No. 1813 Lowsend Court Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 2 - 1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Roosevelt Waddell

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Catherine Nubbley

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Catherine Waddell

(Address) 1813 Lowsend St

18. BURIAL, CREMATION, OR REMOVAL

Place W M Calvary Cem Date 5/29 1936

19. UNDERTAKER Wagner Sanders

(Address) 1413 E Preston St

Huntington Pittsburgh Pa

20. FILED MAY 29 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) May 26 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Bronchitis — Pneumonia — Date of onset May 18 1936

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation — Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George L. Allen Coroner, M. D.

(Address) 50 Augusta St

OCCUPATION is very important. See instructions on back of certificate.

F 24408

F 24408 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 N Castle St., 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rosa Anderson

(a) Residence: No. 9 N Castle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Jessie Anderson

6. DATE OF BIRTH (month, day, year) Aug 7 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Farmville Va

FATHER

13. NAME Nathan Thornton

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lucy W atkins

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Nathan Thornton (father)

(Address) 9 N Castle st

18. BURIAL, CREMATION, OR REMOVAL

Place Farmville Va Date 6/2/36

19. UNDERTAKER Robert J Williams

(Address) 15 S Eutaw st

FILED MAY 29 1936 19 C. J. Fin Registrar, Asst.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1936, to May 26, 1936.

I last saw h. alive on May 25, 1936. Death is said to have occurred on the date stated above, at 3:15 P. m.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation — Date of onset Gradually for years

Other contributory causes of importance:

Nephritis — Date of onset acute

Hypertension

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) R J Young M. D.

(Address) 1429 E Monument st

OCCUPATION is very important. See instructions on back of certificate.

F 24409

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24409

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424 E Chase St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Jaeobs

(a) Residence: No. 1424 E Chase St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jaeobs

6. DATE OF BIRTH (month, day, year) April 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rich Square N C

FATHER

13. NAME John Jaeobs

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Florence Jaeobs

(Address) 1424 E Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 6/1/36, 19

19. UNDERTAKER Robert E Williams

(Address) 1515 McElderry St

20. FILED JUN 2 1936 Harrington Whittaker, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1936, to May 28, 1936

I last saw him alive on May 28, 1936. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	May 25 36

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Heating Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) George L. Allen, M. D.

(Address) 550 Lanvale St

OCCUPATION is very important. See instructions on back of certificate.

F 24410

F 24410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-W

1. PLACE OF DEATH Sinai Hospital St. 13-H Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mon. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Brotman

(a) Residence: No. 2437 Reisterstown Rd St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1 1936

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
—	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Abraham Brotman

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Mollie Gilbert

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Abraham Brotman
(Address) 2437 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Circle Cem. Date May 29 1936

19. UNDERTAKER Lof Levinson Bros
(Address) 1127 E. Baltimore St.

Huntington Williams, M.D.
Registrar.

MAY 29 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) May 28 1936

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1936 to May 28 1936

I last saw him alive on May 28 1936. Death is said to have occurred on the date stated above, at 9:25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature infant	
Malnutrition	
Bronchopneumonia	
Omission of sanitary inspection of premises	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul A. Wreas, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 24411 Dr. Campbell Hanover Nr. St. F 24411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 92a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2312 Cedley St., 25-3 Ward

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME William H. Bowers

(a) Residence: No. 1505 W. Riverside Drive St., Ward Atlantic City N. J.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 2 1877 ~~Feb 29 1876~~

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~60~~ 59		3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motor Transfer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) May 1936

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME Isaac L. Bowers

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emily Upton

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT (Address) James A. Bowers 2312 Cedley St

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date May 29th 1936

19. UNDERTAKER (Address) Wm Cook 1217 St. Paul St

20. FILED 19 ~~Lexington~~ Hanover St

MAY 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27th 1936

23. I HEREBY CERTIFY, That I attended deceased from May 25 1936 to May 27 1936

I last saw him alive on May 27 1936 Death is said to have occurred on the date stated above, at 2:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	9 Days
Other contributory causes of importance: Acute dilitation of heart	2 Days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, how? .....

Signed R. L. Campbell M. D.

(Address) 1644 Hanover St

5/28/36

OCCUPATION is very important. See instructions on back of certificate.

F 21412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 21412

98

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. University Hospital St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leroy Harrington

If U. S. Veteran specify WAR .....

(a) Residence: No. 7 N Bonita St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 23 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Palls Md

FATHER

13. NAME Joseph Cokesbal

14. BIRTHPLACE (city or town) (State or country) N C.

MOTHER

15. MAIDEN NAME Jane Harrington

16. BIRTHPLACE (city or town) (State or country) N. C

17. INFORMANT Jane Harrington

(Address) 7 N. Bonita

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Ct Date 5/30/1936

19. UNDERTAKER Isaiah L Brown & Son

(Address) 108 W Montgomery St

20. FILED MAY 29 1936 Lington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1936 to May 27, 1936

I last saw him alive on May 27, 1936 Death is said to have occurred on the date stated above, at 6:15 P m.

The principal cause of death and related causes of importance were as follows:

Cancrum oris — Date of onset May 24

Other contributory causes of importance:

Was an operation performed? yes Date of May 27, 1936

For what disease or injury? Cancrum oris

Name of operation Cauterization Date of May 27/36

What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. L. Fleming M. D.

(Address) University Hospital.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

Spec.—1-12-23—M&T—500 Blks.

F 24413

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24413

CERTIFICATE OF DEATH.

10 Ja

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1917 E. Pratt ST. 2-1 WARD)

2-FULL NAME Michael Piechocki

(a) RESIDENCE NO. 1917 E. Pratt ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Jozefa Piechocki

6 DATE OF BIRTH (month, day, and year): Dec. 18 78

7 AGE: Years 57 | Months — | Days — | If LESS than 1 day, hrs or min —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Anthony

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Jozefa Lewandowska

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant (Address): daughter (Mrs. Nehring) 246 S. Augusta St. Washington, Pa.

15 Filed MAY 29 1936, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 28 1936

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1936, to May 28, 1936, that I last saw him alive on May 28, 1936, and that death occurred, on the date stated above, at 4 30 P. m

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia (primary)

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary): Myocard. insuff.

(duration) yrs. mos 7 ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Carl Temple, M. D.

19 (Address) 1900 E Pratt St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cemetery

DATE OF BURIAL: June 2nd 1936

20 UNDERTAKER: George A. Weber

ADDRESS: 705 S. Conkling St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 24414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 24414

14142 — 23 — Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mathie Robinson or Almather Robinson — If U. S. Veteran specify WAR

(a) Residence: No. 1107 W. Mulberry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-13-1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Rubin

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Carrie Houston

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date May 29, 36

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St.

MAY 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/13, 1936 to 5/27, 1936

I last saw her alive on 5/27, 1936 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	5-6

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

V S 3

21415 HEALTH DEPARTMENT—CITY OF BALTIMORE 21415

CERTIFICATE OF DEATH

#13760

Registered No. 349 5-1-31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Phillip Carter

If U. S. Veteran specify WAR .....

(a) Residence: No. 28 Bruce St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Carter

6. DATE OF BIRTH (month, day, year) 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Mose Carter

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date June 1, 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 32 r Schroeder St. Huntington W. Va.

19 Registrar, M.D.

MAY 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/24, 1936 to 5/28, 1936

I last saw him alive on 5/28, 1936 Death is said to have occurred on the date stated above, at 3 50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular renal disease	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

24416 HEALTH DEPARTMENT—CITY OF BALTIMORE 24416

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH Bon Secours Hosp.
CITY OF BALTIMORE: (No. Baltimore Md. St., 15-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Ackman

(a) Residence: No. 1726 Warwick Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William T. Ackman

6. DATE OF BIRTH (month, day, year) June 26, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
58	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward Clifford

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ellen Hanley

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Wm. T. Ackman
(Address) 1726 Warwick Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date May 30, 1936

19. UNDERTAKER Martin Fahey & Sons
(Address) 1827 W. North Ave.

20. FILED ..... 19 ..... Registrar

MAY 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 18 1936 to May 27, 1936
I last saw h.. alive on May 27, 1936 Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1935
Diabetes Mellitus	1935

Other contributory causes of importance: Acute Congestive Heart failure 5-36

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Simon J. Kemp M.D. M. D.
(Address) Bon Secours Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 24417 ✓ F 24417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 W. Spring St. 10-2 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Josephine Robinson (Stewart) If U. S. Veteran specify WAR ____

(a) Residence: No. 806 W. Spring St., Ward. ____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of: Charles Stewart

6. DATE OF BIRTH (month, day, year): November 1872

7. AGE: Years 63; Months 6; Days ____; If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife (at Home)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____

10. Date deceased last worked at this occupation (month and year): ____

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Thomas Coffin Robinson

14. BIRTHPLACE (city or town) (State or country): Carleton Shore Md.

MOTHER

15. MAIDEN NAME: Harriett Hackins

16. BIRTHPLACE (city or town) (State or country): Cambridge Md.

17. INFORMANT (Address): James H. Goode 1659 Sterling St

18. BURIAL, CREMATION OR REMOVAL: Place Mt. Calvary Date May 29 1936

19. UNDERTAKER (Address): Robert J. Young 804 N. Chester St. Huntington Hillsdale, Md.

19 ____

Registrar

MAY 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936 to May 27, 1936

I last saw h e alive on May 26, 1936. Death is said to have occurred on the date stated above, at 2:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Cystic) Carcinoma of Ovary	Feb 1936

Other contributory causes of importance: Ascites

Was an operation performed? no Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What was confirmed diagnosis? Physical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) R. J. Young M. D.

(Address) 1429 E Monument St

OCCUPATION is very important. See instructions on back of certificate.

F 24418

F 24418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2400 E Chase St Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul Hetzner If U. S. Veteran specify WAR No

(a) Residence: No. 2400 E Chase St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Freda B Hetzner

6. DATE OF BIRTH (month, day, year): Aug 16 1887.

7. AGE: Years 48 | Months 9 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retail Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Groceries

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Leopold Hetzner

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Barbara Boeker

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Freda B Hetzner

(Address) 2400 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore cem. Date May 30, 1934

19. UNDERTAKER: George W. Zinkler

(Address) 1737 E. Eager St.

MAY 29 1934

Harrington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 23 1934 to May 27 1934

I last saw him alive on May 26 1934 Death is said to have occurred on the date stated above, at 5:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Duodenal Ulcer	5/20/34
Other contributory causes of importance: Toxic Hemorrhage	5/20/34

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William A Power M.D.

(Address) 801 E Lanvale St

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 24419 ✓ F 24419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. N-10131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 250 S. East Ave. St., N Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No

2. FULL NAME Henry K. Carroll

(a) Residence: No. 250 S. East Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Carroll

6. DATE OF BIRTH (month, day, year) Nov. 16, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Carrier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME H.K. Carroll Sr.
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT George Doller
(Address) 250 S. East Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date May, 31, 1936

19. UNDERTAKER George W. Dickler
(Address) 1737 E. Eager St.

20. FILED 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1936 to May 28, 1936

I last saw him alive on May 28, 1936. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Debility 7 days	
Chronic Nephritis	

Other contributory causes of importance:

Uremia -

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J Joseph Tenbey M. D.

(Address) 441 S. Ellwood Ave

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

✓ F 24420

F 24420 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 416 East Randall St., 24th Ward

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Francis O'Donnell.

(a) Residence: No. 416 East Randall St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary K. O'Donnell

6. DATE OF BIRTH (month, day, year) April 30, 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Magistrate

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William H. O'Donnell

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sally Mulvahill

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary K. O'Donnell
(Address) 416 East Randall St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date May 30, 1936

19. UNDERTAKER John F. Moran
(Address) 6000 E. Baltimore St

MAY 29 1936 19 ... Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1934 to May 27, 1936

I last saw him alive on May 27, 1936 Death is said to have occurred on the date stated above, at 8.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Dilatation, Cardiac Hypertrophy, Cardiac arrythmia, myocarditis, Coronary Thrombosis, Cardiac Hypertension Chronic Nephritis	Nov 1, 1934
Other contributory causes of importance: Thrombosis of right Popliteal artery producing gangrene of right lower extremity below Knee Uremic coma	May 24, 1936

Name of operation none Date of ...

What test confirmed diagnosis? Physical & Laboratory exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J. Edward Norris, M. D.

(Address) 107 East west Street.

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. 8-1268 F 24421 ✓ F 24421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 Dolphin St., 17-2 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella T Boyer

(a) Residence: No. 511 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col'd	Wid.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West River Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Ella Boyer

(Address) 511 Dolphin

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 5/31 36 19

19. UNDERTAKER Wm A Jackson

(Address) 1116 Pennsylvania

MAY 29 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28 36

22. I HEREBY CERTIFY, That I attended deceased from May 18 36 to May 28 36

I last saw h alive on May 27 36. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Disease of Heart	?
Pul Mon Congestion	2 dy

Other contributory causes of importance:

Name of operation do Date of do

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H Howood M. D.

(Address) 939 W Lanvale

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 24422 HEALTH DEPARTMENT—CITY OF BALTIMORE F 24422

CERTIFICATE OF DEATH

122-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Walker

If U. S. Veteran specify WAR .....

(a) Residence: No. 748 W. Saratoga St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Walker

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Jessie Walker

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not KNown

17. INFORMANT Ella Walker

(Address) 748 W Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 5/29/ 1936

19. UNDERTAKER Bernard C. Hensley

(Address) 818 Druid Hill Ave

20. FILED MAY 29 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May. 25, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry first that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis, Shock	

Other contributory causes of importance:

Was an operation performed? Yes Date of May 25, 1936

For what disease or injury? Reduce R. Inguinal Hernia Strangulated

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D. Coroner

(Address) .....

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 86

F 24423

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24423

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital) (6th Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Lottie Musgrove

If U. S. Veteran specify WAR .....

(a) Residence: No. 840 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ow

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilson, Va

FATHER

13. NAME Melvin Jones

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Margaret Shelton

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lloyd Jones

(Address) 602 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date 5/29— 1936

19. UNDERTAKER Miss Katie R. Williams

(Address) 322 N. Belnord Ave

20. [illegible] Registrar

MAY 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-27 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-24 1936 to 5-27 1936

I last saw her alive on 5-27 1936 Death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac decompensation	5-25-36
Hypertensive heart disease	Imo
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) R. L. Jackson — M. D.

(Address) 600 N. Arlington

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 1

F 24424
M. D. B 1268-9

✓ F 24424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hosp 210-M

CITY OF BALTIMORE: (No. ..... St., 23rd. ..... Ward .....

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter Kupchinsky If U. S. Veteran specify WAR .....

(a) Residence: No. 720 Portland St., ... Ward. 6
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 27 - 877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	39	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month, day, year) 5/8/36

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME DK

14. BIRTHPLACE (city or town) (State or country) DK

MOTHER

15. MAIDEN NAME DK

16. BIRTHPLACE (city or town) (State or country) DK

17. INFORMANT Joseph Reggie (Address) 907 Reggie St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date May 30 1936

19. UNDERTAKER Thos. J. Dee & Son (Address) 1002 Eastern Ave

Huntington Williams, M.D.
Registrar

MAY 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/27 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held ... Surgery ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphy Septicemia	5/21/36

(Other contributory causes of importance:) Inc left leg Cellulitis left leg 5/21/36

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury 5/9 1936
Where did accident occur? Bond & Appleton Sts (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
How did injury occur? Struck by hit & Run driver
Nature of injury Fracture of Crossing Street

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Hubert Burley Wyatt M. D.
Coroner
(Address) 907 W. Chase St

OCCUPATION is very important. See instructions on back of certificate. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.

F 24425 Shettle ✓ F 24425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 16-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Arthur Shettle

(a) Residence: No. 902 S. Dean St., Ward. 26

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Shettle

6. DATE OF BIRTH (month, day, year) Nov 2-1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paymaster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pa. Water Power

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Daniel Shettle

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Justine Delevine

16. BIRTHPLACE (city or town) (State or country) France.

17. INFORMANT Mary Shettle (Wife)

(Address) 902 S Dean St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date May 30 1936

19. UNDERTAKER Tilly & Zeitlentus

(Address) 903 S Woloson

19. FILED MAY 28 1936 E. H. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1936, to May 27, 1936

I last saw him alive on May 27, 1936. Death is said to have occurred on the date stated above, at 4:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from short following removal of occipital lobe tumor, left.	5-26-36

Other contributory causes of importance:

Malignant Brain Tumor

Was an operation performed? yes Date of 5-26-36

For what disease or injury? Brain tumor

Name of operation Bone flap Date of 5-26-36

What test confirmed diagnosis? Gross Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify .....

(Signed) Marion Albertson, M. D.

(Address) Univ. Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24426 ✓ F 24426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 Poplar Grove Street St., 16-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ? mos. ? ds. How long in U. S. If of foreign birth? 72 yrs. 3 mos. 12 ds.

2. FULL NAME Julia Estelle Wooden

If U. S Veteran specify WAR None

(a) Residence: No. 717 Poplar Grove Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year) February-11-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Hampstead Carroll Co., Md.

FATHER

13. NAME: William S.Wooden

14. BIRTHPLACE (city or town) (State or country): Hampstead Carroll Co., Md.

MOTHER

15. MAIDEN NAME: Elizabeth Ports

16. BIRTHPLACE (city or town) (State or country): Hampstead Carroll Co., Md.

17. INFORMANT: Mrs.Bertha W.Wack (sister)
(Address): Lutherville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Hampstead Carroll Co., Md. Date May 30 of 36

19. UNDERTAKER: Stewart & Mowen Company
(Address): 108 W.North Avenue

20. FILED ..... 19 ..... Huntington Williams, M.D.
Registrar

MAY 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28th, 1936

22. I HEREBY CERTIFY, That I attended deceased from July ..... 1935 to May 28th 1936.

I last saw h-er alive on May 27th 1936. Death is said to have occurred on the date stated above, at 2.00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	1934

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lauriston S. Keown, M. D.

(Address) 1938 Linden Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1208-9

F 21427

21427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-as

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1905 Mosher St. 16-4 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Fallon

(a) Residence: No. 1006 McKean Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed or divorced HUSBAND of (or) WIFE of John Fallon

6. DATE OF BIRTH (month, day, year) Aug. 14, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Guenther

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry Schultz

(Address) 1905 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cemetery Date May 29th 1936

19. UNDERTAKER Geo. A. Ruth & Son

29 1936

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28 1936

22. I HEREBY CERTIFY, That I attended deceased from March 6 1935 to May 27 1936

I last saw her alive on May 27 1936 Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	3/6/35

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) John D. Quinn, M. D.

(Address) 1507 W. Fulton Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 24428 Robert C Straub F 24428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-A

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. Robert C. Straub

(a) Residence: No. 3106 University Pkwy St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma C. Hardell

6. DATE OF BIRTH (month, day, year) Aug-13-1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓63	64	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bedford Pa.

FATHER

13. NAME Caspar Straub

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Cath. Funder

16. BIRTHPLACE (city or town) (State or country) Pa Pennsylvania

17. INFORMANT Thos Straub
(Address) 3106 University Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 5/30/36 19

19. UNDERTAKER J. J. Bakey & Sons
(Address) 1318 Light

FILED MAY 29 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28th, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 26th, 1936, to May 28th, 1936

I last saw him alive on May 27th, 1936. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage. c hemiplegia, right	5-25-36
Other contributory causes of importance: Arteriosclerosis, General.	?

Was an operation performed? No Date of -

For what disease or injury? -

Name of operation - Date of -

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) John A. Stangenberger Jr. M. D.

(Address) Union Memorial Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1934

F 21429 Kreis

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21429

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH Jackson Memorial Hosp

CITY OF BALTIMORE: (No. 1100 Eaton Ave St., 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ? mos. ? da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Miss Agnes M. Kreis

(a) Residence: No. Poplar & Carbury Sts Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60 yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Joseph William Kreis

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Matilda V. C. Shaw

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Jackson Mem. Hosp

(Address) 1100 Eaton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 6/1/36, 19

19. UNDERTAKER J. J. Dobry & Sons

(Address) 1318 Light St.

20. FILED JUN 1 1936, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 13, 1935 to May 29, 1936

I last saw her alive on May 29, 1936 Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized carcinomatosis (undetermined origin)	2 yrs

Other contributory causes of importance:

Name of operation Exploratory Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. E. Rands, M. D.

(Address) Wagner & Sons

J. E. Rands

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

JUN 29 1936

M. D. F. 1778

F 24430

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24430

V 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen'l Hosp. St. 1-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F. Lohmeyer

(a) Residence: No. Madison Apts. St. Paul & Read Sts. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Lohmeyer

6. DATE OF BIRTH (month, day, year): June 30, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	58	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Wine Steward

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lord Balto. Hotel

10. Date deceased last worked at this occupation (month and year): May 24/36

11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: John N. Lohmeyer

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Sabina Steiner

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Matilda L. Lohmeyer

(Address) 2601 Ailsa Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: May 30, 1936

19. UNDERTAKER: Mrs. Wm. W. Tidel & Son

(Address) 501 Wilkens Ave

20. FILED MAY 28 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/27 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/25/36, 19 to 5/27/36, 19

I last saw h alive on 5/27/36, 19 Death is said to have occurred on the date stated above, at 4:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	1936

Other contributory causes of importance:

Hypertensive arteriosclerotic cardiovascular renal disease

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, (How?)

(Signed) F. Alessi M. D.

(Address) West Balto Gen'l Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. No. 24431 Juggle F 24431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1338 Division St., 17-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Patrick Juggle

(a) Residence: No. 1338 Division St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Parthenia Juggle

6. DATE OF BIRTH (month, day, year) 1876 ? 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
160	86	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Enon Va.

FATHER

13. NAME Asie Juggle

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Patty Gray

(Address) 338 Division

18. BURIAL, CREMATION, OR REMOVAL

Place Enon Va. Date 5/31, 1936

19. UNDERTAKER Samuel W. Glass & Son

(Address) 538 N. Gilmor

20. FILED ... 19... Registrar

MAY 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/27, 1936

22. I HEREBY CERTIFY That I attended deceased from May 7 1936 to May 27 1936

I last saw him alive on May 27 1936. Death is said to have occurred on the date stated above, at 10:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic Stroke	5/7
Nephritis & Bed Sores	
& Myocarditis	1936

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) B. N. Hafley M. D.

(Address) 1415 Park Ave

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24432

F 24432 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

14067

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Whyte

(a) Residence: No. 663 George St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William

6. DATE OF BIRTH (month, day, year): ~~1870~~ 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60 ~~65~~			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Joshua Johnson

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Hesther Stevens

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date June 1, 1936

19. UNDERTAKER: Jas. L. Blase & Son
(Address) 638 W. Baltimore, Huntington Williams, Asst.

20. FILED 1936 Registrar

MAY 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-9, 1936 to 5-28, 1936

I last saw her alive on 5-28, 1936 Death is said to have occurred on the date stated above, at 7:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Extensive Carcinomatosis (origin unknown)	?
Other contributory causes of importance: Hypertensive Cardio-vascular disease	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B 1268-9

F 24433

F 24433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 20-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Kirchner

(a) Residence: No. 3802 Old Frederick Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 17th 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer in an

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. enamle factory

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Valentine Kirchner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Schaefer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry Wasnans

(Address) 3802 Old Frederick Rd,

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 30 1936

19. UNDERTAKER George L. Schwab

(Address) 2101 Eutaw Place

Huntington Ave

MAY 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) Inquiry find that said deceased came to his death on the day stated above at 11 45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sudden

Other contributory causes of importance:

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos. H. Phillips M. D.

Coroner

(Address) 1939 Edmondson Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 24434

F 24434 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 1300 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mildred Idalia Treakle Treakle

(a) Residence: No. Home for Incurables St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ ~~WIFE of~~ wife of Howard Treakle

6. DATE OF BIRTH (month, day, year) Oct. 5, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mollusk, Va

FATHER

13. NAME Richard Stoneham

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Henrietta Treakle

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Home for Incurable records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date June 1, 1936

19. UNDERTAKER W. J. Tickner & Son
(Address) 1300 Huntington Ave

MAY 29 1936, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 31, 1936 to May 28, 1936

I last saw her alive on May 28, 1936 Death is said to have occurred on the date stated above, at 6.20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic atrophic Arthritis	1930
Other contributory causes of importance:	
Chronic glomerular Nephritis	1935

Name of operation None Date of ...

What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. B. Mayo, M. D.

(Address) Medical Arts Building

INSTRUCTIONS—Undertaker to carefully supply all items. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24435 F 24435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3602 Denison St. 15-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Era Margaret Volk

If U. S. Veteran specify WAR .....

(a) Residence: No. 3602 Denison St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Philip Volk

6. DATE OF BIRTH (month, day, year) July 2 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	71	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Adam Hoeflich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna M Göebel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Milton Volk

(Address) 3602 Denison St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date May 30 1936

19. UNDERTAKER Wm J Tschudy & Son

(Address) N & P Ave Huntington Williamsport, Md.

MAY 29 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26 1936

22. I HEREBY CERTIFY, That I attended deceased from February 1936 to May 26 1936

I last saw h[illegible] alive on May 26 1936 Death is said to have occurred on the date stated above, at 7:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	
a) Hemiplegia	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David Feuer M. D.

5/29/36 (Address) Medical Rec Bldg

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

24436 F 24436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 North Calvert St. St., 11-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME GENEVIEVE MOONEY HIRSCH

(a) Residence: No. 1007 North Calvert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
~~RESIDENT OF~~ (or) WIFE of M. Charles Hirsch

6. DATE OF BIRTH (month, day, year) April 17, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	53	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT M. Charles Hirsch
(Address) 1007 North Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date June 1 19 36

19. UNDERTAKER Chas F. Graves & Son
(Address) 118 W. Mt Royal Ave

Y 29 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28 1936

22. I HEREBY CERTIFY, That I attended deceased from May 27 19 36 to May 28 19 36
I last saw him alive on May 27 19 36 Death is said to have occurred on the date stated above at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	May 27
Other contributory causes of importance: Arterio Sclerosis	

Was an operation performed? no Date of —

For what disease or injury? none

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) R. E. Kuykendall M.D.

(Address) Wentworth Apts

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

No. 3

M. D. B. 1268-9

F 24437

24437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 S. Register St. 2-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Triska

If U. S. Veteran specify WAR

(a) Residence: No. 714 S. Register St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Theresa

6. DATE OF BIRTH (month, day, year) May 1 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	—	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chaka Slovakia

FATHER

13. NAME Frank —

14. BIRTHPLACE (city or town) (State or country) Checo Slovakia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs Theresa Triska

(Address) 714 S. Register St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 1 1936

19. UNDERTAKER Frank Lerch & Son

(Address) 1706 Ashland Ave

May 29 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said inquest and from my final that said deceased came
(Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Coronary embolism

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) A. M. Knight, M. D.
Coroner

(Address) 1010 S. Ellwood Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 24438

F 24438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Wal. Roots Mem. Hosp. St. 16-7 Ward)

Length of residence in city or town where death occurred 12 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kenneth Hoffman

(a) Residence: No. 1521 Ellamont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, year) January 16.1924

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
12	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Harrison D. Hoffman,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Edna E. Leister,

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Harrison D. Hoffman.
(Address) 1521 Ellamont St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date JUN 1 - 1936

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave.

MAY 29 1936 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-28-36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3-26-36 . 19 . to 5-28-36 . 19 .

I last saw him alive on 11.50 P M 5-28-36 . 19 . Death is said to have occurred on the date stated above, at. 11.50 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Phlebitis	?

Other contributory causes of importance:

1 Acute Gangrenous Appendicitis	3-26-36

Name of operation Appendectomy Date of 3-28-36

What test confirmed diagnosis? DD-Autopsy Was there an autopsy? Yes 5-29-36

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton Levin M. D.

(Address) WB & H

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3/3508

HEALTH DEPARTMENT—CITY OF BALTIMORE

21439

CERTIFICATE OF DEATH

x 46-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7-5 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William P. Goffigan

(a) Residence: No. Accomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary

6. DATE OF BIRTH (month, day, year) 4/20/85

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prod. Credit Assoc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.C.A.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Flossie Bundick

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) JOHNS HOPKINS HOSPITAL Records

18. BURIAL, CREMATION, OR REMOVAL

Place Accomac Va. Date June 1st 1936

19. UNDERTAKER Lilly & Justis Inc. (Address) 433 E. Saratoga St.

MAY 29 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 6 1936 to May 29 1936

I last saw him alive on May 27 1936 Death is said to have occurred on the date stated above, at 3:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus	Nov. 1935

Other contributory causes of importance:

Was an operation performed? Yes Date of May 12 & 23, 1936

For what disease or injury? Carcinoma of Esophagus

Name of operation Gastrostomy & Cauterization Date of May 12 & 23, 1936

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wesley J. Ketz, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. D. 1268-9

F 21440

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21440

CERTIFICATE OF DEATH

1. PLACE OF DEATH John Hopkins Hosp 210-9

CITY OF BALTIMORE: (No.) St., No 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR —

2. FULL NAME Clara V Kling

(a) Residence No. 3525 E Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 24 1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Lemuel G Kling

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elsie C Wagner

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Elsie King

(Address) 3525 E Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Morland Park Date May 30th 1936

19. UNDERTAKER William Goode

(Address) 1219 E Pratt St

Huntington Williams Inc

MAY 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/28/36 8:1 AM 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, [illegible] (Inquest, Autopsy or Inquiry) and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Chest & Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/28 19 36

Where did injury occur? Edmondson Ave & Fayette St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Run over by Bus Auto

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Hubert Dreyer Jr M. D.

(Address) 107 W Chase St

Attending Physician or Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

21441

F 21441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 E Fayette St., 6-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME (Malvin) Mervin Francis Casper

If U. S. Veteran specify WAR

(a) Residence: No. 2111 E Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 6 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Joseph R Casper

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Lillian M Haynes

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Jos. R Casper

(Address) 2111 E Fayette

18. BURIAL, CREMATION, OR REMOVAL

Place Morland Date June 1, 1936

19. UNDERTAKER John Ulrich

(Address) 2008 Orleans St

Huntington Funeral Home

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) May 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/16 1936, to 5/29 1936

I last saw him alive on 5/24/36 and . Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	5/16/36
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James Brown, M. D.

(Address) 705 Medical Arts Bldg

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 30 1936

F 24442

F 24442 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 24442

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3017 Christopher St., 22nd Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Willis I Insley

If U. S. Veteran specify WAR .....

(a) Residence: No. Biralne Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christiana Willing

6. DATE OF BIRTH (month, day, year) Dec 21st 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Biralne Md

FATHER

13. NAME Isaac S D Insley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Caroline Dunn

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Paul Insley

(Address) 3017 Christopher Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Broadmead Cemetery Date June 2 1936

19. UNDERTAKER Messick & Son

(Address) Broadmead Cemetery Co Md

Huntington Williams, Undertaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30 1936

22. I HEREBY CERTIFY, That I attended deceased from May 27 1936 to May 30 1936

I last saw h alive on May 29 1936 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, Hypostatic pneumonia	
Senility	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation no Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W H Insley M. D.

Address 2936 E Baltimore

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Y 30 1936

F 24443

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24443

CERTIFICATE OF DEATH

73

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 13114 Ward) 14-36

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds. life.

2. FULL NAME Shirley Dailey

If U. S. Veteran specify WAR .....

(a) Residence: No. 1726 Brunt Street St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-13-1935

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Lemon Montgomery

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Mary Dailey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemty Date May 30 1936

19. UNDERTAKER Thos E Kelson

(Address) 1303 Presstman St

MAY 30 1936 Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-19, 1936, to 5-28, 1936.

I last saw her alive on 5-28, 1936. Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	3-17-36
Other contributory causes of importance:	
Spontaneous Pneumothorax	5-28-36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Tuberculin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R B Joey M. D.

(Address) Baltimore City Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 24444

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 24444

CERTIFICATE OF DEATH

13789 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 26-8 Ward.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1908 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Raspe

If U. S. Veteran specify WAR .....

(a) Residence: No. 3420 Gough St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pasquetta Raspe

6. DATE OF BIRTH (month, day, year) 5-29-1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Cesario Raspe

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Maria Michele Raspe

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records of Balto City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date June 1 1936

19. UNDERTAKER Frank Della Rocca

(Address) 52 N. Motley St.

MAY 30 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-25 1936 to 5-29 1936

I last saw him alive on 5-29 1936 Death is said to have occurred on the date stated above, at 6:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4-24-36
Lung Abscess	5-14-36

Other contributory causes of importance:

Was an operation performed? Yes Date of 5-14-36

For what disease or injury? Lung abscess

Name of operation Thoracotomy Date of 5-14-36

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 14025

F 24445

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 5-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Seymour

If U. S. Veteran Specify WAR Spanish

(a) Residence: No. 411 N. Exeter St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriett H

6. DATE OF BIRTH (month, day, year) 12-2-1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D. C.

FATHER

13. NAME Frederick Seymour

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Franklin

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oakwood Date 5/31 1936

19. UNDERTAKER Wm Cook & Son

(Address) 1217 E. Fayette St

Filed MAY 30 1936 Registrar Clayton Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-/7, 1936 to 5/29, 1936

I last saw him alive on 5/29, 1936 Death is said to have occurred on the date stated above, at 6 35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8 days.
Hypertensive Cardio-Vascular renal disease	3

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robert A Reitz M. D.

(Address) Bal City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

F 24446

F 24446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Franklin Square Hospital — Registered No.

CITY OF BALTIMORE: (No. Fayette & Calhoun Sts 25-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Kate Kroneberger

(a) Residence: No. 3650 E. Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lawrence Kroneberger

6. DATE OF BIRTH (month, day, year) Oct. 12-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home mfr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Conrad Wiebrecht

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minnie Reuter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Roland Kroneberger
(Address) 3733 E Hanover St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date June 1, 1936

19. UNDERTAKER Chas. E. Branch
(Address) 602 Madison Ave

(Signature of Undertaker or Licensed Embalmer.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/27, 1936, to 5/29, 1936

I last saw her alive on 5/29, 1936. Death is said to have occurred on the date stated above, at 7:... A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Hypertension	
Cerebral sclerosis (arterial)	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) R. L. Battaglia, M. D.

(Address) Franklin Square, Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 30 1936

Huntington Mortuary, Registrar.

MPN

F 24447

24447

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Delia Dunker

(a) Residence: No. 1635 Wilkens Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Edw. P. Dunker

6. DATE OF BIRTH (month, day, year) Dec. 6, 1884.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME Patrick Teague

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Sarah Dooley

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mr. Edward J. Dunker

Address) 1635 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 6/1/1936

19. UNDERTAKER John J. Coward & Son

(Address) 901 Lafayette Ave.

Huntington Williams, M.D.

JUN 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-29-1936

22. I HEREBY CERTIFY, That I attended deceased from 5-15-1936 to 5-29-1936

I last saw h.. alive on 5-29-1936 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Hypertension	
Cerebral Hemorrhage	

Other contributory causes of importance:

Diabetes mellitus

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) .....

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24448

24448 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 12-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth * ..... yrs. ..... mos. ..... ds.

2. FULL NAME Barbara Anne Gallion

If U. S. Veteran specify WAR .....

(a) Residence: No. Street Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): May 27 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			4 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): No

11. Total time (years) spent in this occupation: No

12. BIRTHPLACE (city or town) (State or country): Harford Co., Md.

FATHER

13. NAME: Herbert Gallion

14. BIRTHPLACE (city or town) (State or country): Bush Creek

MOTHER

15. MAIDEN NAME: Ruth McCabe

16. BIRTHPLACE (city or town) (State or country): Harford Co., Md.

17. INFORMANT: Herbert Gallion
(Address) Street, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Dublin Cem. Date May 31, 1936

19. UNDERTAKER: H. S. Bailey
(Address) Darlington, Md.

20. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1936, 19..., to May 30, 1936

I last saw her alive on May 30, 1936. Death is said to have occurred on the date stated above, at 6:55 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage ? If Coma

Date of onset 5-27-36

Other contributory causes of importance:

Convulsions beginning 18 hrs after birth.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Murray McClelland M. D.

(Address) Union Memorial Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 31 1936

24449 ✓ F 24449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 2-5-2 Ward

Length of residence in city or town where death occurred 30 yrs. ..... mon. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James J. McGrath

(a) Residence: No. Charles Apts. Belt and St., 3333 N Charles St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agatha Martin

6. DATE OF BIRTH (month, day, year) Sept. 6 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6047

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cumberland, Md.

FATHER

13. NAME William McGrath

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Agatha M. McGrath

(Address) Calvert & 30th. Sts.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 6/1/36, 19

19. UNDERTAKER Henry W. Mears & Son

(Address) 605 N. Calvert St.

20. FILED MAY 31 1936 Huntington, Williamsport, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1935 to May 29, 1936

I last saw h[illegible] alive on May 29, 1936. Death is said to have occurred on the date stated above, at 3:15 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic C-V disease

c Hypertensive cerebral Hemorrhage

Date of onset .....

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Surgt. Surgeon, U.S.P.H.S. M. D.

(Address) Marine Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24450

F 24450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital (St.) 3-4 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida Cohen

(a) Residence: No. 2825 Pastmod ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Cohen

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 47 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Volkman

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Volkman

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Meyer J. Cohen (Address) 2825 Pastmod ave

18. BURIAL, CREMATION, OR REMOVAL: Shriner Mill Rd 5/31/36

19. UNDERTAKER: Last Levis Lee (Address) 1439 E. Balt St

FILED MAY 31 1936 Lexington Millard, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1936, to May 30, 36

I last saw h[illegible] alive on May 31, 1936 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
Exhaustion	
Hypertension	
Arteriosclerosis & Diabetes	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph B Gross, M. D.

(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24451

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24451

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 6-4 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rosie Klatzman

(a) Residence: No. 1813 E. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Milton Klatzman

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Klatzman

(Address) 1443 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Pleasant Date 5/31/36

19. UNDERTAKER Jack Louis Lee

(Address) 1439 E. Baltimore St

20. FILED MAY 31 1936 Huntington Nathanson Registrar. Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1936 to May 29, 1936

I last saw h.. alive on May 29 1936 Death is said to have occurred on the date stated above, at 11:50 pm.

The principal cause of death and related causes of importance were as follows:

Subarachnoid hemorrhage — Date of onset: May 6, 1936

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Lumbar tap Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel S. Belgorod, M. D.

(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-2

F 24452

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24452

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1030 W. Franklin St. 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. 1½ mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Emma Young

(a) Residence: No. 1030 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jeffie Young.

6. DATE OF BIRTH (month, day, year) Feb. 1, 1882

7. AGE Years	Months	Days	If LESS than 1 day, — hrs. or — min.
54	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Servant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) Feb. 1936

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Essex County Virginia

FATHER

13. NAME Stephen Haines

14. BIRTHPLACE (city or town) (State or country) Essex County Virginia

MOTHER

15. MAIDEN NAME Fannie Lane

16. BIRTHPLACE (city or town) (State or country) Caroline Co. Virginia

17. INFORMANT Fannie Lane Sykes
(Address) 1030 W Franklin

18. BURIAL, CREMATION, OR REMOVAL Loppahund M Date May 31, 1936

19. UNDERTAKER Bernard P Handley
(Address) 818 Druid Hill Ave

20. FILED MAY 31 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5.28.36, 19

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1936 to May 28, 1936

I last saw her alive on May 27, 1936 Death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5.27.36
Chronic Nephritis -	?

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Phy. Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James M Sais M. D.

(Address) 865 W Lexington St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3421 Liberty Heights St. 15-8 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Kate Weinberg

If U. S. Veteran specify WAR

(a) Residence: No. 3421 Liberty Heights St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hans E. Weinberg

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 41 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Berlin Ger.

FATHER

13. NAME: Israel Nathanson

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Rosa

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Dr M. Sperry

(Address) 3411 Forest Park ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Pikesville Md. Date: 6/1/36

19. UNDERTAKER: Post Funeral Home

(Address) 1429 E. Baltimore St.

20. FILED: MAY 5 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 30, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Poisoning	
Illuminating gas	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 5/30, 1936

Where did injury occur? Baltimore Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Her home

Manner of injury Gas from cooking stove

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hann, M. D. Coroner

(Address) 1218 Hanover

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 566

F 24454 (British) ✓ F 24454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital — Registered No. 107-a

CITY OF BALTIMORE: (No. Monument & Rutland St. 15-12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. If U. S. Veteran specify WAR ...

2. FULL NAME Solomon Barish

(a) Residence: No. 3916 Green Spring Ave St., ... Ward. ... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Pearl.

6. DATE OF BIRTH (month, day, year): 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor 0-80

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Meyer Borish

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Rifka Friedman

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Pearl. Borish
(Address) 3916 Green Spring Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Date May 31, 1936

19. UNDERTAKER: Sol Levinson Bros.
(Address) 1127 E Baltimore St

Filed MAY 31 1936 Registrar Herrington for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-25, 1936, to 5-30, 1936

I last saw him alive on 5-26, 1936 Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5-25

Other contributory causes of importance:

Uremia — Local Gangrene
Arteriosclerosis

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ruth Friedstein, M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24455 ✓ F 24455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1233 Harford Ave St., 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Pauline Decombe

If U. S. Veteran specify WAR .....

(a) Residence: No. 1233 Harford Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) April 11-1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME Joseph Decombe

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catherine Bowen

16. BIRTHPLACE (city or town) (State or country) Balto City

17. INFORMANT Alfred Edel

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date June 1 1936

19. UNDERTAKER E. L. Marshall

(Address) 3539 Falls Road

MAY 31 1936 Huntington Pittsburgh

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1936 to May 28, 1936

I last saw her alive on May 3, 1936. Death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage —	5/3/36
Arteriosclerosis	
Pneumonia (Bronchial)	5/27/36

Other contributory causes of importance:

None

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Wesley Edel M. D.

(Address) 3403 Garrison Blvd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 24456

24456 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

46-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore and Payson Street

CITY OF BALTIMORE: (No. German Aged Home St. 22-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora Spielman (Spielmeyer)

(a) Residence: No. German Aged Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Spielman Spielmeyer

6. DATE OF BIRTH (month, day, year) March, 18th 1858 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~78~~ 78		2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William B. Berntheusel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Charlotte Lenkuhl

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records German Aged Home
(Address) Baltimore and Payson Streets

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date June, 1st, 1936

19. UNDERTAKER West & Coote
(Address) 1008 W. Baltimore St.

20. FILED ..... 1936 A. Curtis Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May, 29th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1-36, 1936, to May 29th, 1936

I last saw h[illegible] alive on May 28, 1936 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma	
Carcinoma of Liver	3 mo
Other contributory causes of importance:	
Cachexia	2 mo

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify Guy McCleary

(Signed) 400 N. Payson St. M. D.

(Address) 46

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24457 ✓ F 24457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 717 E. Preston St/ (St.) 10-1 (Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARY AGNES HALPIN If U. S. Veteran specify WAR .....

(a) Residence: No. 717 E. Preston St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	S ingle

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 29th. 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress Maker. 064

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Michael Halpin.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Alice Kerr

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Alice Wolf
(Address) 717 E: Preston St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery June 2 1936

19. UNDERTAKER Chas F. Evans & Son
(Address) 118 W. Mt Royal ave

20. FILED MAY 31 1936 Eugene Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30th. 36

22. I HEREBY CERTIFY, That I attended deceased from 5/24 1936 to 5/30 1936

I last saw h[illegible] alive on 5/30 1936 Death is said to have occurred on the date stated above, at 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5/24/36
Other contributory causes of importance: Zero Febrile Complications	5/24/36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Dr Bernard Weiss M. D.
(Address) 516 N Calvert St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 24458

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24458

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 N. Loudon Ave. St., 16-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie O. Nicklas

(a) Residence: No. 602 N. Loudon Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late William Nicklas

6. DATE OF BIRTH (month, day, year) April 5, 1851.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Zimmerman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Grace Flaig

(Address) 602 N. Loudon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date June 1, 19 36

19. UNDERTAKER Harry E. Fuss

(Address) 4101 Edmondson Ave.

20. FILED ..., 19... Registrar.

JUN 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29th, 1936

22. I HEREBY CERTIFY, That I attended deceased from January, 1936, to May 29th, 1936, 19...

I last saw her alive on May 29, 1936. Death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Cerebral sclerosis	
Nephritis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) ... M. D.

(Address) 321 Edmondson Ave.

M. D. B. 1369

F 24459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 24459

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Prom. Hosp. St. 17-26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Abagail Owens

If U. S. Veteran specify WAR .....

(a) Residence: No. 3109 N. Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Late Hugh A Owens

6. DATE OF BIRTH (month, day, year) Nov 23, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas Lucas

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Belinda Price

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Thos A Owens (Son)

(Address) 3109 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date June 1, 1936

19. UNDERTAKER Harry H Gutyke

(Address) 1110 Edmondson Ave

20. FILED JUN 1 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-29, 1936

22. I HEREBY CERTIFY, That I last attended the deceased from ..... to ..... that I last saw ..... alive on ..... and that I was present at the death of said deceased on the day stated above.

(Inquest, autopsy or inquiry)

I have held an ..... thereon and from the evidence obtained by said ..... find that said deceased came to ..... death on the day stated above.

(Inquest, autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
Prob Coronary occlusion	5-29-36
Other contributory causes of importance: Fract Rt Humerus & L Radius	5-22-36
Typhoid Pneumonia	5-22-36
	5-25-36

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Died. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 5-22-1936

Where did injury occur? Fell down steps at Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down steps

Nature of injury Fract Rt Humerus & L Radius

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. H. Dietrich M. D. Coroner

(Address) Coroner.

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24460

F 24460 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 66-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 Disanklestown Rd. St., 24 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran (specify WAR

2. FULL NAME Norman Myers Chaney

(a) Residence: No. 112 Disanklestown Rd. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov 1 - 1914

7. AGE: Years 21 | Months 6 6 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: William J Chaney

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Lawlun J Myers

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Palmer Myers,

(Address) 2563 W Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place: Bells Cem. Date: June 1 36

19. UNDERTAKER: Edward Loudenberg

(Address) 2554 Park Ave

FILED JUN 1 - 1936 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 29 May 1936

22. I HEREBY CERTIFY, That I attended deceased from 27 May, 1936 to 29 May, 1936

I last saw h[illegible] alive on 29 May 1936 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	D.K.
Chronic Interstitial Nephritis	Several Years
Other contributory causes of importance	
	Unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physician Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Bruce Hooper M. D.

(Address) 1655 Eutaw Pl.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 24461

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24461

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 17-1 Ward)

Registered No. 175

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George J. Schilling

(a) Residence: No. 950 Druid Hill Ave, St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 2, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm. J. Schilling

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna M. Grossman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Elizabeth Schilling

(Address) 950 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Date . 19

19. UNDERTAKER

(Address)

20. FILED JUN 1 - 1936

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury May 28, 1936

Where did injury occur? Perkins Spring Square (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Knocked down and struck

Nature of injury Head - Fist Fight

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) M. D.

Coroner

(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24462

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24462

CERTIFICATE OF DEATH

50

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 N. Monroe St. 70-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eleanor Ford

(a) Residence: No. 17 N. Monroe St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry D Ford

6. DATE OF BIRTH (month, day, year) 5/20/1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME James C. Feaney

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Frances Wade

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Eleanor Ford (Address) 16. N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 6/1/36. 19

19. UNDERTAKER J. J. Fahey & Sons (Address) 1308 Light St

20. FILED ... 19 ... Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28 . 36.

22. I HEREBY CERTIFY, That I attended deceased from March 15 . 1936 to May 28 . 1936

I last saw her alive on May 27 . 1936 . Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	1 day.
Other contributory causes of importance: Carcinoma of left breast	2 yrs.

Was an operation performed? yes Date of Bus tumor took ?

For what disease or injury

Name of operation Radical Breast - Date of ?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of Injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Dalas M. D.

(Address) 4 N. Fulton Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24463

F 24463 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 N. Pulaski St. 10-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William G. Albrecht Sr.

If U. S. Veteran specify WAR No Record

(a) Residence: No. 18 N. Pulaski St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~WIFE of~~ Lilly C. Albrecht

6. DATE OF BIRTH (month, day, year) Nov 22nd 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookbinder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0064

10. Date deceased last worked this occupation (month and year) Dec 1935

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jacob Albrecht

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Stein

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Wm G. Albrecht

(Address) 18 N. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date June 2nd 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED JUN 1 - 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1935, to May 29, 1936

I last saw him alive on May 29, 1936 Death is said to have occurred on the date stated above at 2.45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Lung	Dec 1935

Other contributory causes of importance:

acute Cerebral Embolism.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Picture Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph H. Zeeler M. D.

(Address) 261 E. Fayette St. Balto

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 24464

F 24464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 12-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME R. Kemp West Sr.

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1711 St. Paul St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	w	married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Mrs. Lelia B West

6. DATE OF BIRTH (month, day, year) Feb 21. 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yates Bleaching Co

10. Date declared last worked at this occupation (month, day, year) May 28 1936

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Simon West

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Cornelia Kemp

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address) University Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 6/2 1936

19. UNDERTAKER 7th Regt Armory

(Address) 1217 E Baltimore St.

FILED JUN 1 1936 Entered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-30 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-28 1936 to 5-30 1936

I last saw him alive on 5-30 1936. Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-28-36
Acute Pulmonary oedema	5-28-36
Arterio sclerotic heart disease	—

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Lewis R Woodward Jr M. D.

(Address) University Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 24465

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 24465

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 9-H Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jean M. Hamilton

If U. S. Vet. specify WAR No Record

(a) Residence: No. ~~same~~ 4042 36 St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W hite	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 1, 36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Geo E Hamilton

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Lottie Packham

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Geo E Hamilton

(Address) 4042 E. 36th St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date June 2nd 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED JUN 1 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31 1936

22. I HEREBY CERTIFY, That I saw in charge of the remains described above, held an Autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Confinement	3rd
Other contributory causes of importance: Malnutrition	3rd

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl Rudemann M. D.

Coroner

(Address)

S. E.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24466

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24466

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Rogers Ave 27-15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ruth Van Sant

If U. S. Veteran, specify WAR No Record

(a) Residence: No. Home for Aged of M. E. Church Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar 6th 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inmate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home for Aged

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

FATHER

13. NAME Lawrence Van Sant

14. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

MOTHER

15. MAIDEN NAME Sarah White

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Records
(Address) Home for Aged of M. E. Church

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date June 2nd 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JUN 1 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31st 1936

22. I HEREBY CERTIFY, That I attended deceased from January 4 1936 to May 31st 1936

Last saw h. alive on May 30 1936 Death is said to have occurred on the date stated above, at 3:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Senility

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) George C. Shannon M. D.

(Address) 700 N. Fulton Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-2

F 24467

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24467

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3002 Cold Spring St. 15th Ward)

Registered No. 15-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Polly Hiner

(a) Residence: No. 3002 Cold Spring St. Lane Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20 - 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Practical Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0048

10. Date deceased last worked at this occupation (month and year): 5-

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): near Franklin W. Virginia

FATHER

13. NAME: Benjamin Hiner

14. BIRTHPLACE (city or town) (State or country): Near Franklin W. Virginia

MOTHER

15. MAIDEN NAME: Mary A. Hensel

16. BIRTHPLACE (city or town) (State or country): Near Franklin W. Virginia

17. INFORMANT: Miss Billie M. Hiner

(Address): 3002 Cold Spring Lane

18. BURIAL, CREMATION, OR REMOVAL

Place: Emmit Ridge Date: May 29 1936

19. UNDERTAKER: Henry W. Jenkins & Son Co

(Address): McCulloh & Orchard Sts.

20. FILED May 31 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 29 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1935 to May 28 1936

I last saw her alive on May 28 1936 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Hemorrhage — Date of onset

Other contributory causes of importance:

Tumor tuberculosis of the lung

Name of operation — Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Duling Thomas M. D.

(Address) Med. Arts Bldg.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 1 - 1936

F 24468 F 24468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

135

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 Witherspoon Road St. 27-12 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia Serena Smallwood — If U. S. Veteran specify WAR no

(a) Residence: No. 204 Witherspoon Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. ~~If married, widowed, or divorced~~ HUSBAND of (or) WIFE of Wm M. Smallwood

6. DATE OF BIRTH (month, day, year) January 29, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	5 4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) no

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME Lucien B. Chase

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Julia Delaplaine

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Dr J. C. Smallwood (son)
(Address) 204 Witherspoon Road, Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL
Place Greenwood Cem. Date June 1st 1936

19. UNDERTAKER Henry W. Justice Sons Co
(Address) Orchard & Etc Cullen

FILED JUN 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from September, 1931, to May 31, 1936.

I last saw her alive on May 31 1936. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis. Infected cataracts	etc
senile dementia	1927
Other contributory causes of importance:	
chronic cystitis	1930

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Randolph Smith, Jr. M. D.
(Address) 1014 St Paul Street

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24469 F 24469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1909 Forest Park ave (28-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. d. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME August Wolff

(a) Residence: No. 1909 Forest Park ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura V. Wolff

6. DATE OF BIRTH (month, day, year) Sept. 11, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John C. Wolf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles H. Wolf

(Address) Forest Park ave Woodlawn

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 6/4/36 19

19. UNDERTAKER Frederick A. Dole

(Address) 700 W. Lombard St

20. FILED JUN 1 1936 Huntington Williamsport Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7th 1936

22. I HEREBY CERTIFY, That I attended deceased from March 28 1936 to May 29th 1936

I last saw him alive on May 28th 1936 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

Epithelioma of throat and stomach — Date of onset Dec 1935

Other contributory causes of importance: Heart Trouble

Was an operation performed? No Date of .....

For what disease or injury? .....

Nature of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If specify

(Signature) Geo. F. Eberhart M. D.

(Address) 1800 Hindes Mill Rd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 24470

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24470

CERTIFICATE OF DEATH

56

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edna Brookes

If U. S. Veteran specify WAR .....

(a) Residence: No. 1515 Laurens St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Single

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, year): 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Alexander Brookes

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Annie Foley

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Alexander Brookes

(Address) 921 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Cem. Date: June 1, 1936

19. UNDERTAKER: Thos. E. Kelson

(Address) 1303 Freastman St

20. FILED ..... 19 ..... Registrar .....

JUN 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 29, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pericarditis	

Other contributory causes of importance:

Myocarditis, Rheumatic acute

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. W. Wright, M. D.

(Address) 1010 S. Eleanor St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

F 24471 F 24471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14273 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Brown (or Bryant)

If U. S. Veteran specify WAR .....

(a) Residence: No. 722 N. Carey St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1-16-1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Richard Watson

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Williamston N.C. Date June 1, 1936

19. UNDERTAKER Thos. E. Kelson
(Address) 1303 Presstman St

1936 UN 1 Washington, N.C.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/21, 1936 to 5/30, 1936

I last saw her alive on 5/30, 1936 Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease	1 yr.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24472

F 24472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 210-M

1. PLACE OF DEATH John Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thelma (Emma) Harris

If U. S. Veteran specify WAR .....

(a) Residence: No. 1409 Hoken Alley St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmle	Col	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 16 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Thelma Emma

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. Maiden Name Harris

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Ethel Jones (Sister)

(Address) 1023 N. Centre St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Emge 6/1 19

19. UNDERTAKER Raynor Sanders

(Address) 1443 E. Preston St

Huntington Williams, M.D.

Registrar.

20. FILED JUN 1 - 1936 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/29 19 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5-29 19 36

Where did injury occur? Lexington St 15 ft W. of Eden

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Street

Child ran into machine

Manner of injury Hit by auto truck

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Gruby, Asst. M. D.

Coroner

(Address) 907 N. Charles

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 24473 F 24473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 E. Federal St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Radewich

If U. S. Veteran specify WAR .....

(a) Residence: No. 2111 E. Federal St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Radewich

6. DATE OF BIRTH (month, day, year) Feb. 16, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

FATHER

13. NAME Louis Kraft

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Harry Radewich (Son)

(Address) 2006 E Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 6/31 19 36

19. UNDERTAKER John G. Connelly

(Address) Essex Md.

Huntington Pittsburgh, Pa

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 28. 1936 to May 28. 1936

I last saw h.. alive on May 27. 1936 Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (decompensated),	4 mo
Senile Sclerosis, Hypertension	4 yrs
Chronic Obstructive	4 yrs

Other contributory causes of importance:

Chronic Pulmonary Tuberculosis 4 yrs

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Microscopic & Physical.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Thos. F A Stevens M. D.

(Address) 2878 Harford Rd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 1-1536

M. D. B. 1263-2

F 24474

F 24474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 122B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 115 W. Hamburg St. St. 23-1 Ward)

Length of residence in city or town where death occurred 11 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ---- yrs. ---- mos. ---- ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bertha Hicks.(c)

(a) Residence: No. 115 W. Hamburg St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, ~~widowed or divorced~~ (or) WIFE of Arthur Hicks(c)

6. DATE OF BIRTH (month, day, year) ~~Do not know.~~ November 6/1896.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39 ~~44~~	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Arthur Hicks.(husband)
(Address) 115 W. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 6/2/36 19

19. UNDERTAKER Donald L Brown & Son
(Address) 108 W Monument St

20. FILED JUN 1 - 1936 Registrar Huntington Pollitzer, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1936. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	
Peritonitis.	
Other contributory causes of importance:	

Was an operation performed? None Date of .....

For what disease or injury? Inquiry

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M. Reinhardt M. D.
Coroner

(Address) 1017 S. Charles St. 5/30/36

V

F 24475 HEALTH DEPARTMENT—CITY OF BALTIMORE F 24475

#11127

CERTIFICATE OF DEATH ✓ 93 II

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 13-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lloyd White

(a) Residence: No. 2537 Flora St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-17-97

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
39	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0057

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Zachariah White

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Hayes

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date June 3 1936

19. UNDERTAKER Samuel W Chase & Son

(Address) 658 N Gilmor St

20. FILED JUN 1 - 1936 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/31, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/22, 1936 to 5/31, 1936

I last saw him alive on 5/31, 1936 Death is said to have occurred on the date stated above, at 3 40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	2 wks
Hypertension	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hospl

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 3

F 24476

F 24476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 Brune St., 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen Kay

If U. S. Veteran specify WAR .....

(a) Residence: No. 700 Brune St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 24 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Aspen Grove Ky USA

FATHER

13. NAME Earnest H. Kay

14. BIRTHPLACE (city or town) (State or country) Ky. USA

MOTHER

15. MAIDEN NAME Annie Mauney

16. BIRTHPLACE (city or town) (State or country) Ky. USA

17. INFORMANT Annie Holland

(Address) 700 Brune St.

18. BURIAL, CREMATION, OR REMOVAL

Place MT Auburn Date June 1 19 36

19. UNDERTAKER Elroy O. Wagner

(Address) 1202 E. Baltimore St.

20. FILED Huntington Williams M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above. 2.40 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracerebral	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Hann M. D.
Coroner

(Address) 125 Hanover

JUN 1 - 1936

U. S.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

F 24477

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24477

108

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 Peach St. 23-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2y yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ernest Lannon

If U. S. Veteran specify WAR .....

(a) Residence: No. 1012 Peach St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Lannon

6. DATE OF BIRTH (month, day, year) Dec 13 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Light Stve .0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Island Md.

FATHER

13. NAME Benj. Lannon

14. BIRTHPLACE (city or town) (State or country) Centreville Md

MOTHER

15. MAIDEN NAME Phoebe Martin

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary E Hopkins

(Address) 1412 E Monument

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 6/1/ 1936

19. UNDERTAKER Frances A. Wemsley

(Address) 518 W. Biddle St.

FILED JUN 1 - 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28 1936

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1936 to May 28 1936

I last saw him alive on May 28, 1936 Death is said to have occurred on the date stated above, at 9.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5/27

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ....., 19..

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. T. Carroll M. D.

(Address) 109 W. Hill St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24478

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24478

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 Sanford Pl. St., 14-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amanda Hall Oliver

If U. S. Veteran specify WAR .....

(a) Residence: No. 513 Sanford Pl. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Philip Oliver

6. DATE OF BIRTH (month, day, year) -- -- 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northumberland Co.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Russell (Daughter)

(Address) 513 Sanford Pl.

18. BURIAL, CREMATION, OR REMOVAL

Place St Thomas Cem June 2, 1936

19. UNDERTAKER Francis A. Hymes

(Address) 578 W Biddle St

20. FILED ..... 19 ..... Registrar

JUN 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1936 to May 30, 1936

I last saw her alive on May 30, 1936 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis	1926
Chr. Valvular Heart Disease	1935

Other contributory causes of importance:

Pulmonary Edema — Terminal

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm. L. Kopelly, M. D.

(Address) 1420 E. Chase St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

24479 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 24479

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 14-36 9726 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Erwin Irvin Thompson Erwin G. Thompson If U. S Veteran specify WAR .....

(a) Residence: No. 1402 Pennsylvania Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 9-15-1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roofer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Polly Reed

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sharp Md. Date Jun 2 1936

19. UNDERTAKER Adolphus Holland
(Address) 925 Edmondson Ave Huntington Millwood, MD

FILED JUN 1 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/29/1936

22. I HEREBY CERTIFY, That I attended deceased from 5/11/1936 to 5/29/1936

I last saw him alive on 5/29/1936 Death is said to have occurred on the date stated above, at 10 40/a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia.	3 days.
Rheumatic heart disease	?

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4112 Norfolk Ave St. 15-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Bruzen

If U. S. Veteran specify WAR

(a) Residence: No. 4112 Norfolk Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Max Bruzen

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Kalman Weitzman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Preiss

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dave Bruzen (Son)

(Address) 3828 Eastern Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rodef Date 6-1-36, 19

19. UNDERTAKER Jack Levine Inc

(Address) 1734 E. Baltimore St

JUN 1 - 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-1-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/30, 1936 to 6/1/36, 1936

I last saw her alive on 6/1, 1936 Death is said to have occurred on the date stated above, at 6 a.m. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Chronic Myocarditis

Chronic Diabetes Mellitus

Hypertension

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr Bruzen, M. D.

(Address) 1124 Dill

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 21481

M. D. B. 1268-9

F 21481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 Bruce st St. 15-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Treshmery

If U. S. Veteran specify WAR .....

(a) Residence: No. 1303 Bruce St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Marshall Treshmery

6. DATE OF BIRTH (month, day, year) Feb 24 1913

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
23	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Arundel Co. Md.

FATHER

13. NAME William E. Harris

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

MOTHER

15. MAIDEN NAME Lucy Harris

16. BIRTHPLACE (city or town) (State or country) Annapolis Anne Arundel Co. Md.

17. INFORMANT Lucy Jarvis

(Address) 1363 N. Bruce st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date June 1 1936

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman st

20. FILED ..... 19... Huntington Williams, M.D. Registrar.

JUN 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy therefrom and from the evidence obtained by said Autopsy, find that said deceased came to death on the day stated above. 12.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to stab wound of abdomen involving Kidney & Vessels	

Other contributory causes of Importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 5/28 1936

Where did injury occur? City
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Saloon

Manner of injury Stabbed with Razor Knife

Nature of injury Cut throat

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Hayes M. D. Coroner

(Address) 125 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V56

M. D. B 1268-9

24482 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 24482

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 16-1 Ward)

Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cordelia Blackwell

If U. S. Veteran specify WAR ...

(a) Residence: No. 1034 Stockton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) Jan 28 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Blackwell

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary Blackwell

(Address) 1034 Stockton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date June 1, 1936

19. UNDERTAKER V. G. Brooks

(Address) 1463 N. Carey St

JUN 1 - 1936

Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) May 28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchopneumonia	May 26 1936
Other contributory causes of importance: Pertussis	May 1 1936

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) George L. Allen, M. D. Coroner

(Address) 50 Penitentiary St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 24483 ✓ F 24483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 9-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Booley

If U. S. Veteran specify WAR

(a) Residence: No. Westerstown Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A Booley

6. DATE OF BIRTH (month, day, year) March 30, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Owens Mills, Md

FATHER

13. NAME John Bowen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT ~~Jos~~ A A Booley

(Address) Reisterstown Md

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Hill Date June 2, 1936

19. UNDERTAKER J. F. Elmer's Sons

(Address) Reisterstown Md

20. FILED JUN 1 - 1936, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) June 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1936, to June 1, 1936

I last saw her alive on June 1, 1936 Death is said to have occurred on the date stated above, at 6 00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	2 yrs ago
Meningococcus meningitis	5-30-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Lumbar puncture Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

Signed Frank D Schwaiker M. D.

(Address) Sydenham Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24484

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24484

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2103 Oak St. 17-7 23 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Waters

If U. S. Veteran specify WAR .....

(a) Residence: No. 2103 Oak St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Susie Waters

6. DATE OF BIRTH (month, day, year) Dec. 25. 1842

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 30

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) 10

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Susie Waters

(Address) 2103 Oak St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date June 2 1936

19. UNDERTAKER J. L. Brooks

(Address) 1463 N. Carey St. Huntington Indiana, Ind.

20. FILED JUN 1 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1935 to May 28, 1936

I last saw him alive on May 28, 1936 Death is said to have occurred on the date stated above, at 6.15 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset
Oct 1935

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Phy. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) R. Garland Schmidt M. D.

(Address) 1534 Druid Hill Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F. 24485 ✓ F 24485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hpital St., 6-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 5 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mavis Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. 302 N. Ann St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) December 17, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	0	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto., ~~Md~~ Md.

FATHER

13. NAME Frank Jones

14. BIRTHPLACE (city or town) (State or country) Appomattox County Va.

MOTHER

15. MAIDEN NAME Ethel Rich

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Frank Jones

(Address) 302 N. Ann St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date June 1936

19. UNDERTAKER Edw Bryan

(Address) 1647 Fark Ave

20. FILED ..... 19 .....

Registrar

JUN 1 - 1936

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so specify .....

(Signed) Paul Schuyler M. D.

Coroner

(Address) 1919 E. North Ave.

F 21486 ✓ F 21486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 864 W. Fayette St St., 18-1 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Farley If U. S. Veteran specify WAR W. W.

(a) Residence: No. 864 W. Fayette St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) About 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT ... " "
(Address) " "

18. BURIAL, CREMATION, OR REMOVAL
Place U. S. National Date 6/1st, 1936

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Pratt Sts

20. FILED JUN 1 1936, 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.
Coroner

(Address) 8757 W. Lan[illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 24487

46-D

12800

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 1443 Ward 1895)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Sadie Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. 2003 McCulloh St., St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles J.

6. DATE OF BIRTH (month, day, year) 10-4-1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
.....	.....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Gibson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Maria Benton

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Ft Auburn Date 1-6- 1936

19. UNDERTAKER Jos. H. Holland Inc

(Address) 1631 Druid Hill Ave

20. [illegible] Huntington Williams, Registrar.

JUN 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-3, 1936 to 5-29, 1936

I last saw her alive on 5-29, 1936 Death is said to have occurred on the date stated above, at 8:50A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	?

Other contributory causes of importance:

—

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of —

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson M. D.

(Address) Balto. City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24488

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24488

CERTIFICATE OF DEATH

46-F

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 16-26 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Laura Diggs

(a) Residence: No. 829 Whitelock St. St., ... Ward. 30

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem.

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 70? Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

O.K. [illegible]

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date June 1 1936

19. UNDERTAKER

(Address)

20. FILED JUN 1 1936 Registrar

2349

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-24 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-1 1936 to 5-24 1936

Last saw her alive on 5-24 1936. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma - [redacted] head of pancreas & metastasis to gall bladder, liver, supraclavicular lymph nodes & peritoneum — Date of onset 1935 (?)

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. Pierman, M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THE MORGUE

M. D. B 1208-9

✓ F 24489

F 24489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

112

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 Bevan St. St. 22-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Barnes. (c) If U. S. Veteran specify WAR .....

(a) Residence: No. 813 Bevan St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	----	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT James T. Wise. (c)
(Address) 813 Bevan St.

18. BURIAL, CREMATION, OR REMOVAL
Place Impossible to tell Date June 1 1936

19. UNDERTAKER Commissioner Health
(Address)

20. UN 1 - 1936 Registrar

2300 THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry first that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic bronchial asthma.	
Other contributory causes of importance:	

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M. Steinhardt Coroner, M. D.

5/30/36 (Address) 1017 S. Charles St.

F 24489

I. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24490 ✓ F 24490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 89-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenhom Hospital St., 9-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Otis Ford Jr.

If U. S. Veteran specify WAR .....

(a) Residence: No. Chesapeake Ave. Crusfield St., Md Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6. DATE OF BIRTH (month, day, year) 1925

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crusfield, Md

FATHER

13. NAME Otis Ford

14. BIRTHPLACE (city or town) (State or country) Crusfield Md

MOTHER

15. MAIDEN NAME Effie Dix

16. BIRTHPLACE (city or town) (State or country) Crusfield Md

17. INFORMANT Father

(Address) Home

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem. - Crusfield Date June 2 1936

19. UNDERTAKER John F. Hoffman

(Address) 115 Eight St

19 .. Huntington Williams, Registrar

JUN 1 - 1936

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1936 to June 1, 1936

I last saw him alive on June 1, 1936. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis media	5-14-36
Streptococcus meningitis	5-26-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

N.D. Signed Irvin D. Schwentker M. D.

(Address) Lyndenhom Hospital

F 24491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 24491

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 14335 Ward) Registered No. 10-12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carole Dodge

If U. S. Veteran specify WAR

(a) Residence: No. 1260 Hadaway Rd. St., Ward Spanaway Pt. Wd.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-1-1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Ruth Byroade

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnstown, Pa Date June 2 1936

19. UNDERTAKER John C. Mitchell & Son
(Address) 1900 Eutaw Place

20. FILED JUN 1 - 1936 Clayton Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-31, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-25, 1936, to 5-31, 1936

I last saw her alive on 5-31 1936 Death is said to have occurred on the date stated above, at 9 AM p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5-18-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R B Dooley M. D.

(Address) Baltimore City Hospital

F 24492

24492 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. gen. Hosp St., 15-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where died occurred 32 yrs. 9 mos. 10 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Carroll M. Mackall (Carroll M. Mackall) If U. S. Veteran specify WAR .....

(a) Residence: No. 2500 Elsinore Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Madden

6. DATE OF BIRTH (month, day, year) August 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk - with

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Funeral Motors Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ernest Mackall

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Nellie McCarroll

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Ernest Mackall

(Address) 521 Lyndhurst Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date June 2 1936

19. UNDERTAKER John J. Mitchell Sons

(Address) 1300 Eutaw Place

Huntington Pittsman, Md

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-31 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-3-36, 19.. to 5-31-36, 19..

I last saw him alive on 5-31-36, 19.. Death is said to have occurred on the date stated above, at 12 06 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Omentum	

Other contributory causes of importance:

Bleeding Duodenal Ulcer

Was an operation performed? yes Date of 5-22-36

For what disease or injury?

Name of operation Exploratory Date of 5-22-36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. P. Stapleton, M. D.

(Address) Md. Gen. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 1 - 1936

M. D. B. 1263-9

F 24493

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24493

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Robert Dunn

If U. S. Veteran specify WAR .....

(a) Residence: No. 2719 Allendale Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 16, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pinter 63

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Reese Printing Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 2 Yrs.

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Dunn

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mildred Roberts

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT John Dunn

(Address) 2719 Allendale Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date June 3 19 36

19. UNDERTAKER Hughes & Jones

(Address) 714 N. Broadway

20. FILED ... 19 ... Registrar

JUN 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May, 31 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
(Adhesions)	
Other contributory causes of importance:	

Was an operation performed? Yes Date May 31, 1936

For what disease or injury? Disease

Name of operation To Remove the Obstruction Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. K. Oschner M. D. Coroner

(Address) 3757 E. Monument

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24494

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24494

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
CITY OF BALTIMORE: (No. ..... St. 6-1 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR World

2. FULL NAME George Buell

(a) Residence: No. 451 N. Curley St., Baltimore, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mamie Morris

6. DATE OF BIRTH (month, day, year) Sept. 1, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	8	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Window washer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sinai Hospital
10. Date deceased last worked at this occupation (month and year) Jan. 1934
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Penna

FATHER
13. NAME Harry Buell
14. BIRTHPLACE (city or town) (State or country) York Penna

MOTHER
15. MAIDEN NAME Anna Cane
16. BIRTHPLACE (city or town) (State or country) York Penna.

17. INFORMANT (Address) Records, U.S. Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date June 2, 1936

19. UNDERTAKER Hughes & Jones Inc
(Address) 424 N. Broadway
E. Clifton Williams, M.D.

20. FILED JUN 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1936 to May 30, 1936.
I last saw him alive on May 30, 1936. Death is said to have occurred on the date stated above, at 9:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor, malignant, right lower abdomen	Unknown

Other contributory causes of importance:

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Find. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, how?
(Signed) R. L. Worrell, M. D.
(Address) U.S. Marine Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 24495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 24495

× 131

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
CITY OF BALTIMORE: (No. ..... St., 12-6 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 47 yrs. mos. 6 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edward C. Morsberger
If U. S. Veteran specify WAR World
(a) Residence: No. 4 Glenwood Ave., Catonsville, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Evelyn Cromwell Morsberger

6. DATE OF BIRTH (month, day, year) September 27, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 0050

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House painter

10. Date deceased last worked at this occupation (month and year) April, 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles H. Morsberger

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Sarah K. Vernon Katie Vernon

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Records, U.S.Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date June 2 19 36

19. UNDERTAKER Edward H. Cook
(Address) 1003 W. Baltimore St.

20. Filed JUN 1 1936 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31 19 36

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1936 19 to May 31 19 36
I last saw him alive on May 31 19 36 Death is said to have occurred on the date stated above, at 12:05A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chronic, interstitial	Unknown
Aortic & mitral stenosis	
Other contributory causes of importance:	
Uremia	5 days

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) R. Laurence M. D.
(Address) U.S.Marine Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 24496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 24496 ✓

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital S. 20-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie L. Hessemer

If U. S. Veteran specify WAR .....

(a) Residence: No. 214 N. Monroe St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis W. Hessemer

6. DATE OF BIRTH (month, day, year): April 13, 1874

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	62	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H.W. 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Chas. Stephan

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Caroline Scheidt

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Norma C. Wette

(Address): 214 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Cemetery Date June 2 19 36

19. UNDERTAKER: Chas. P. Clark

(Address): 741 W. Fayette St.

20. FILED JUN 1 - 1936 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May, 29, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Caronary Thrombosis	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 2757 W. North Ave.

F 24497 # 13904 ✓ F 24497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. 27-17

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William J. Ormand

If U. S. Veteran specify WAR ...

(a) Residence: No. 3013 Belvedere Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-16-1903

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 0030

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Richard (Dead)

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Hunter

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 6/2 1936

19. UNDERTAKER C. Vernon Lemmon

(Address) 4611 Park Heights Av.

20. [illegible] Washington Funeral Home, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to May 31, 1936

I last saw him alive on May 31, 1936. Death is said to have occurred on the date stated above, at 10:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	14 years ago.

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 1 - 1936

F 24198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4922 Reisterstown Rd. 2 - 1 Ward) Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David H. White. If U. S. Veteran specify WAR

(a) Residence: No. 4922 Reisterstown Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia White

6. DATE OF BIRTH (month, day, year) Dec 10 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	5	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oysterman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Levin White.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Not Known.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Ruby Whiteri
(Address) 4922 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL
Dames Quarter Md. 6-2 19 36

19. UNDERTAKER Dale Dashiell
(Address) Princess Anne Md.

19. FILED Huntington Williams, M.D.

JUN 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1st 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1934 to June 1 1936

I last saw him alive on May 31 1936 Death is said to have occurred on the date stated above, at 1:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	[illegible]
Other contributory causes of importance: Nephritis	[illegible]
	[illegible]

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Edd. Jacobs M. D.

(Address) 2307 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24499

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24499

CERTIFICATE OF DEATH

T46-C

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., 12-16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ivor C. Stover

If U. S. Veteran specify WAR WWI

(a) Residence: No. Hinton, W.Va. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Grace Bowling

6. DATE OF BIRTH (month, day, year) Feb. 2, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teller in bank

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank clerk

10. Date deceased last worked at this occupation (month and year) 4-20-36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Raleigh W.Va.

FATHER

13. NAME Van V. Stover

14. BIRTHPLACE (city or town) (State or country) Raleigh W. Va.

MOTHER

15. MAIDEN NAME Lena B. Meadows

16. BIRTHPLACE (city or town) (State or country) Raleigh W. Va.

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Hinton W Va Date 6/1 1936

19. UNDERTAKER Robert Brooks Gibson (Address) Callon & Hopkins Huntington West Virginia

20. FILED JUN 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1936, to June 1, 1936

I last saw him alive on June 1, 1936. Death is said to have occurred on the date stated above, at 12:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of sigmoid colon	Unknown
Carcinoma of liver	"

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis: Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R. Laurell, M. D.

(Address) U.S. Marine Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24500

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24500

CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2029 Mura St., 8-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR No Record

2. FULL NAME William A. Guy

(a) Residence: No. 2029 Mura St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(Name of husband)~~ Catherine Guy

6. DATE OF BIRTH (month, day, year) Dec 29th 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Steel Frame Co
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Work Co
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER
13. NAME Michael Guy
14. BIRTHPLACE (city or town) (State or country) Unknown ?

MOTHER
15. MAIDEN NAME Mary
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Catherine Guy 2029 Mura St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date June 6th 1936

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

FILED 19 Registrar

JUN 2 - 1936

MEDICAL CERTIFICATE

21. DATE OF DEATH (month, day, year) Dec 29th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 13 1936 to June 1 1936
I last saw him alive on May 31 1936 Death is said to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	1 yr.
Other contributory causes of importance: Pulmonary Edema	4 Days

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward J. Cook M. D.
(Address) 4134 Washington

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24501

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24501

121

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hosp. Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry A. Jaeger If U. S. Veteran specify WAR No Record

(a) Residence: No. 4516 Arabia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~WIFE of~~ Mayme V. Jaeger

6. DATE OF BIRTH (month, day, year) May 23rd 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meats

10. Date deceased last worked at this occupation (month and year) May 1936

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Armin Jaeger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Hoffmeister

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mayme V. Jaeger
(Address) 4516 Arabia Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date June 3rd 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

20. FILED 19 [illegible]

JUN 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-1- 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-24-36, 19 to 6-1-36, 19

I last saw him alive on 6-1-36, 19 Death is said to have occurred on the date stated above, at 11:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause of Death: Peritonitis	
Due to: Appendicitis	
Other contributory causes of importance:	

Was an operation performed? yes Date of 5-26-36

For what disease or injury? Appendicitis

Name of operation Appendectomy Date of 5-26

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. P. Stephens M. D.

(Address) Md. Gen. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 24502

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24502

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2000 Hoffman ave St. 16-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify War Record

2. FULL NAME James Tippett Hardesty

(a) Residence: No. 2000 Hoffman ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 17 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. grocery store Cont'd

10. Date deceased last worked at this occupation (month and year) May 1-11 36

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Mechanicsville Md.

FATHER

13. NAME James Thaddeus Hardesty

14. BIRTHPLACE (city or town) (State or country) Charles Co Md.

MOTHER

15. MAIDEN NAME Martha Ellen Latham

16. BIRTHPLACE (city or town) (State or country) St. Marys Co Md

17. INFORMANT Martha E Hardesty

(Address) 2000 Hoffman ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date June 3rd 1936

19. UNDERTAKER Wm Cook & Paul A. Cook

(Address) 1217 E Pratt St

Registrar.

JUN 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-31, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-26-, 1936, to 5-31, 1936

I last saw h alive on 5-31, 1936. Death is said to have occurred on the date stated above, at 2:30 p m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage intestinal and Lung pneumonic T bacillosis — Date of onset 5-11-36

Other contributory causes of importance: none

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? no If so, specify

(Signed) Chester Riland. M. D.

(Address) 2032 Edmondson ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

16

24503 HEALTH DEPARTMENT—CITY OF BALTIMORE

B 24503

CERTIFICATE OF DEATH

7383

5-K 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ethel Skillman

If U. S. Veteran specify WAR No Record

(a) Residence: No. 302 N. Exeter St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) 11-16-1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife of 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Jason Kane

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Katherine Germain

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 6-3-36

19. UNDERTAKER The Cook Co
(Address) 1211 E Fond St

20. FILED JUN 2 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1936 to May 31, 1936

I last saw her alive on May 31, 1936. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	1934
Myocardial Insufficiency	1934

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

F 24504

F 24504 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital Ward 15-6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert S Davis

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3413 Piedmont Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leora S Davis

6. DATE OF BIRTH (month, day, year) Sept 12, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Lieutenant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto

10. Date deceased last worked at this occupation (month and year) April 1936

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md

FATHER

13. NAME Charles F Davis

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

MOTHER

15. MAIDEN NAME Elizabeth Herbert

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT (Address) Wife Same

18. BURIAL, CREMATION, OR REMOVAL Christ Church Cemetery

Place Chaptico Md Date June 3rd 1936

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

Huntington Mathews, M.D.

JUN 2 - 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) May 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1936 to May 31, 1936

I last saw him alive on May 31, 1936 Death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia right face	4-25-36
Erysipelas	5-2-36
Cardiac failure	5-31-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frances D'Schwartzber M. D.

(Address) Sydenham Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24505

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24505

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 Gorsuch Ave Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR 46 Record.

2. FULL NAME Baby Thomas Leroy O'Connor

(a) Residence: No. 1517 Gorsuch Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 1st 1936 a.m. 9

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				6

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — do

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME La Roy O'Connor

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Esther Sear

16. BIRTHPLACE (city or town) (State or country) Annapolis Md

17. INFORMANT La Roy O'Connor
(Address) 1514 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date June 2nd 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED JUN 2 - 1936 Huntington Ave Bureau of Records

MEDICAL CERTIFICATE OF DEATH 3 P.M.

21. DATE OF DEATH (month, day, year) June 1st, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936 to June 1, 1936

I last saw him alive on June 1, 1936 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	
Patent Foramen Ovale	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) 1518 Hampden Ave

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24506 14274 F 24506

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

16-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Theodore Brown

(a) Residence: No. 1702 W. Lafayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 1902 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 6/3 36

19. UNDERTAKER Wm. A Jackson's
(Address) 916 Penna ave

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1936, to May 31, 1936

I last saw him alive on May 31, 1936. Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	unknown
Other contributory causes of importance: Cerebral hemorrhage	several months ago

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H A De Sanctis M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

F 24507

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24507

46-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 Eldon Ave St. 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John C. Hopkins

If U. S. Veteran specify WAR —

(a) Residence: No. 1324 Eldon Ave. St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rhoda D. Hopkins

6. DATE OF BIRTH (month, day, year) Oct. 26-1884

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
51	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Mount Vernon Maryland

FATHER

13. NAME John Hopkins

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Julia Webster

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Rhoda D. Hopkins

(Address) 1324 Eldon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date June 2 1936

19. UNDERTAKER Horace F. Burgee

(Address) 3631 Falls Road

JUN 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30 1936

22. I HEREBY CERTIFY, That I attended deceased from April 6 1936 to May 30 1936

I last saw him alive on May 30 1936. Death is said to have occurred on the date stated above, at 9.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	several years

Other contributory causes of importance:

Empyema & Gall Bladder with cholelithiasis.	several years.

Was an operation performed? Yes. Date of April 8, 1936.

For what disease or injury? Carcinoma & Gall Bladder

Name of operation Gastro-enterostomy & cholecystectomy Date of 4/8/36

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. W. Locher M. D.

(Address) 31 E. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

IV

F 24508

F 24508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 1447 Decatur St. St. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ludwika Gac

If U. S. Veteran specify WAR .....

(a) Residence: No. 1447 Decatur St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Gac

6. DATE OF BIRTH (month, day, year) Unk.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

0037

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Theodore Sikora

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna Sirota

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT John Gac

(Address) 1447 Decatur St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Sepulchre Date June 3 1936

19. UNDERTAKER Fred W. Orzazewski

(Address) 1930 Eastern Ave.

20. FILED 19

JUN 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31 . 1936

22. I HEREBY CERTIFY, That I attended deceased from March 15. 1936. to May 31 . 1936.

I last saw her alive on May 31 . 1936 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	?

Other contributory causes of importance:

Myocardial Insufficiency	1 day

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical + fatal Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J H Zanarco M. D.

(Address) 436 E Fort Ave

F 24509

F 24509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-I

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2704 W. Fairmount Ave. St., 76-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Nora A. Stinnett

(a) Residence: No. 2704 W. Fairmount Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse E. Stinnett

6. DATE OF BIRTH (month, day, year) Oct. 1877.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware

FATHER

13. NAME Thomas W. Hudson

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Clemintine Morris

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Mr. Jesse E. Stinnett

(Address) 2704 W. Fairmount Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date June 2, 19 36

19. UNDERTAKER Hann & Smith

(Address) 4101 Edmondson Ave.

20. FILED JUN 2 - 1936, 19 Huntington Williams, MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 9 1936 to May 30 1936

I last saw h[illegible] alive on May 29 1936 Death is said to have occurred on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance were as follows:

	Duration
Acute Cardiac Dilatation	2 hrs
Cancer of Uterus	9 mos

Other contributory causes of importance:

Name of operation Curet Date of 4/36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. F. Stapleton M. D.

(Address) 6 Haddaway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

F 24510

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24510

115-a

CERTIFICATE OF DEATH

#14204 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 7b-2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Carl Fischer

If U. S. Veteran specify WAR

(a) Residence: No. 4305 Nicholas Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Fischer (dead)

6. DATE OF BIRTH (month, day, year) 10-13-80

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Franz Fischer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Stonas

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date June 2 1936

19. UNDERTAKER John Wenck
(Address) 2007 Eutaw

20. FILED JUN 2 - 1936 Huntington Pittman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-17, 1936 to 5-29, 1936

I last saw him alive on 5-29, 1936 Death is said to have occurred on the date stated above, at 11:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Retropharyngeal Abscess (organism unknown)	5-16-36

Other contributory causes of importance:

Was an operation performed? yes Date of 5-17-36

For what disease or injury? Retropharyngeal Abscess

Name of operation Incision & Drainage Date of 5-17-36

What test confirmed diagnosis Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Rev. 5-3

E 24511 HEALTH DEPARTMENT—CITY OF BALTIMORE E 24511

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Edgewood Sanitarium St. 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice Amelia Liedlic h

If U. S. Veteran specify WAR .....

(a) Residence: No. 3038 0? Donnell st St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of John H Liedlich

6. DATE OF BIRTH (month, day, year) June 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Thompson Ernest

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Amelia Long

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Edward L Wilson

(Address) 3038 O, Donnell st

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date June 3 1936

19. UNDERTAKER John Ellers

(Address) 1210 E Baltimore

20. FILED JUN 2 - 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15 1935 to May 31 1936

I last saw h. alive on May 30 1936 Death is said to have occurred on the date stated above, at 8 40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	9 yr

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J Weldon Thompson M. D.

(Address) 313 Cleveland Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

14 F 24512

313420

F 24512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.) St., 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Kozlowski

If U. S. Veteran specify WAR

(a) Residence: No. 405 S Wolfe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances

6. DATE OF BIRTH (month, day, year) 2-27-79

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Can Solderer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0686

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Barbara (?)

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records

(Address)

JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date June 4 - 1936

19. UNDERTAKER Selby & Zeiler Inc

(Address) 4038 Wolfe St

UN 2 - 1936 , 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1936 to June 1, 1936

I last saw him alive on June 1, 1936 Death is said to have occurred on the date stated above, at 2.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Duodenum with metastases to liver, lungs, etc.	1935
Other contributory causes of importance:	

Was an operation performed? yes Date of May 14th 25-3

For what disease or injury? Ascites

Name of operation Paracentesis Date of 5-14-25.

What test confirmed diagnosis? Clin Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley L. Kotz, M. D.

(Address) Johns Hopkins Hosp

F 24513

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24513

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. [illegible] Ward)

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] ds.

2. FULL NAME Charles Heidel

If U. S. Veteran specify WAR [illegible]

(a) Residence: No. 506 Lehigh St. St., [illegible] Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-2-30

7. AGE Years	Months	Days	If LESS than 1 day, [illegible] hrs. or [illegible] min.
5	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Heidel

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Ann Eggenhofer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 4. 1936

19. UNDERTAKER Kelly & Zeiler Inc

(Address) 2238 W. Pratt St.

JUN 2 - 1936 [illegible] Washington, D.C. 19 [illegible]

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-1, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-30, 1936 to 6-1, 1936

I last saw him alive on 6-1, 1936 Death is said to have occurred on the date stated above, at 12:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Perforated appendicitis	
c Generalized Peritonitis	1 wk.
Other contributory causes of importance:	

Was an operation performed? yes Date of 5-31-36

For what disease or injury? Perforated appendix c Peritonitis

Name of operation? Appendectomy c drainage Date of 5-31-36

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? [illegible] Date of Injury [illegible], 19[illegible]

Where did injury occur? [illegible]

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place [illegible]

Manner of injury [illegible]

Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased? No If so, specify [illegible]

(Signed) Frank Wilson Jr M. D.

(Address) Balto. City Hosp.

Ida Griffin ✓

F 24514 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24514

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2138 Dallas St. 3-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ida griffin

If U. S. Veteran specify WAR .....

(a) Residence: No. 213 South dallas St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colord	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A widow

6. DATE OF BIRTH (month, day, year)

7. AGE 51 Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) annundel co Md

FATHER

13. NAME James Johnson

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Sarah Smith

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mary Conway

(Address) ~~213~~ 106 N. dakes St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt calvery Date June 2 1936

19. UNDERTAKER { Chas Bryan

(Address) 1647 Orleans St

JUN 2 - 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May - 29 . 1936

22. I HEREBY CERTIFY, That I attended deceased from May. 27- . 1936 to May 29- 36 . 19 ....

I last saw her alive on May - 28 . 1936 Death is said to have occurred on the date stated above, at 12:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	?
acute Cardiac Decompensation	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) N. J. Davidson M. D.

(Address) 3128 Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

24515 HEALTH DEPARTMENT—CITY OF BALTIMORE 24515

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 E. Eager St. St., 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine E. Freshwater

(a) Residence: No. 920 E. Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry M. Freshwater

6. DATE OF BIRTH (month, day, year) June 16, 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
4 2 yrs.	11	16 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 5/36

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Patrick Celinton

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Wallace

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Harry M. Freshwater
(Address) 920 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL
Place Bur. Cathedral Cem. Date June 4, 1936

19. UNDERTAKER Edgar W. Conkling
(Address) 24 E. Eager St

JUN 2 - 1936 19 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1st. 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1936 to June 1, 1936

I last saw her alive on May 30, 1936 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma liver	2/29/36

Other contributory causes of importance:

Was an operation performed? Paracentesis abd. Date of 3/26/36

For what disease or injury? Ascites

Name of operation Paracent. abd. Date of 3/26/36

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Geo. B. Sybert, M. D.

(Address) 807 Harford Ave.

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3228 Eastern Ave F 24516

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24516

CERTIFICATE OF DEATH

94-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1905 Gorsuchfalls St. Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? 76 yrs. mos. ds.

2. FULL NAME Mary D. Schmaltz

If U. S. Veteran specify WAR

(a) Residence: No. 1905 Gorsuchfalls St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Schmaltz

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Artist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob Schmaltz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Elmer M. Schmaltz

(Address) 1626 Gorsuchfalls St. Ward

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 6-2 1936

19. UNDERTAKER Jacob Louis Jose

(Address) 1439 E. Baltimore St

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/1/36 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1927 to June 1 1936

I last saw him alive on June 1 1936 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1927

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. J. Founder M. D.

(Address) 3228 Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Hartz AK - Paul Schumacher, M.D.

24517

HEALTH DEPARTMENT—CITY OF BALTIMORE

24517

186-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Mary R. Hartz

If U. S. Veteran specify WAR .....

(a) Residence: No. 115 W. Front St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Enoch Hartz

6. DATE OF BIRTH (month, day, year) 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife 0-37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Levering Mem Park Date 6/2/36, 19

19. UNDERTAKER Wm. Penn Inc (Address) 1324 E. Baltimore St

Huntington Building

20. FILED JUN 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1936, to June 1, 1936

I last saw her alive on June 1, 1936. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Diabetic Gangrene	
Cardiac Failure	
Other contributory causes of importance:	
Diabetes	
Fracture - right femur	5/23/36
Arteriosclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Use Blood Trans. Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/23, 1936.

Where did injury occur? Sinai Hospital (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hospital

Manner of injury Fell while walking

Nature of injury Fracture neck of rt femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elliott Mendelson, M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 24518

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24518

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No.) Hebrew Home for Aged (St.) Registered No. 27617

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Toba Goodman

(a) Residence: No. Belvedere & Greenspring Aves. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Not Known

6. DATE OF BIRTH (month, day, year):

7. AGE: Years: 77; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Sig. Steinhardt, Supt.

(Address) Belvedere & Greenspring Aves.

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Hebrew Rum Date 6/2/36

19. UNDERTAKER: Jos. Levy Inc.

(Address) 1439 E. Baltimore St.

FILED JUN 2 - 1936 Huntington Ave. Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-3, 1930, to 6-2, 1936

I last saw h[illegible] alive on 6-1-, 1936. Death is said to have occurred on the date stated above, at 5:11 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertension — Date of onset

Mitral Insufficiency

Other contributory causes of importance:

Chr. Bronchitis

Name of operation: Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) P. Edmund Levin M. D.

(Address) Levindale

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24519

F 24519 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp) (Ward) 17-26

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Joseph Wilson Orr (Margaret) If U. S. Veteran specify WAR .....

(a) Residence: No. Rising Sun, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Orr

6. DATE OF BIRTH (month, day, year) Mar 17 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) May 25 1936

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Rising Sun Cecil Co Md

FATHER

13. NAME Walter Fisher

14. BIRTHPLACE (city or town) (State or country) Rising Sun Cecil Co Md

MOTHER

15. MAIDEN NAME Malvina Bird

16. BIRTHPLACE (city or town) (State or country) Rising Sun Cecil Co Md

17. INFORMANT Joseph Orr

(Address) Rising Sun Md

18. BURIAL, CREMATION, OR REMOVAL

Place Oxford Pa Date June 6 1936

19. UNDERTAKER E. Tyson

(Address) Rising Sun Md

20. FILED JUN 2 - 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1936 to June 2, 1936

I last saw her alive on June 2, 1936 Death is said to have occurred on the date stated above, at 7:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5/28
Furunculosis	5/26
Staphylococcus Saphicamia	5/28

Other contributory causes of importance:

Appendicitis

Was an operation performed? Appendectomy Date of 5/26/36

For what disease or injury? Appendicitis.

Name of operation appendectomy Date of 5/26/36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ——— Date of injury ——— 19 ——

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ———

Manner of injury ———

Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert [illegible] M. D.

(Address) Union Memorial Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 24520

F 24520 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 630 Carroll Ave St., (Ward) 16-1

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos.

2. FULL NAME Thomas P. Dougherty

(a) Residence: No. 630 Carroll Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Dougherty

6. DATE OF BIRTH (month, day, year) Oct 22 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lawrence S.C.

FATHER

13. NAME Marshall Dougherty

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Katie Dougherty (Address) 630 N. Carrollton

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date June 4 1936

19. UNDERTAKER Harry M. Clarke Son (Address) 638 N. Gilmor

20. FILED JUN 2- 1936 Washington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/31 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1936 to May 31 1936

I last saw h[illegible] alive on May 31 1936 Death is said to have occurred on the date stated above, at 1[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular-Renal	May 1936

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. J. Halpin M. D.

(Address) 1715 Eutaw Pl

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24521

✓ F 24521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals U-14037

CITY OF BALTIMORE: (No. Tuberculosis Division St., 2-3 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Boyle

(a) Residence: No. Seaman's Bethel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 25th, 1876?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Felix Boyle

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Patterson

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date June 2, 1936

19. UNDERTAKER [illegible]
(Address)

20. [illegible] 1936 [illegible] Registrar

2353

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 8th, 1936 to May 31st, 1936
I last saw him alive on May 31st, 1936 Death is said to have occurred on the date stated above, at 12.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	May 1935
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Arthur Karfgin M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 2-1936

F 24522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. [illegible] Ward)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S Veteran specify WAR

2. FULL NAME Louise Black

(a) Residence: No. 753 W. Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) 10-10-1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69	70	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John Fritter

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Eliz. Wilson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date June 2 1936

19. UNDERTAKER
(Address)

[illegible] Year

UN 2-1936 Huntington Williams, M.D.

2304

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/1/1936

22. I HEREBY CERTIFY, That I attended deceased from 4/28/1936 to 6/1/1936

I last saw her alive on 6/1/1936 Death is said to have occurred on the date stated above, at 7 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular disease	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24523

F 24523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 12-7 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nannie James

(a) Residence: No. 318 W. 28th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles

6. DATE OF BIRTH (month, day, year): 2-9-1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: Mary Anderson

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Calvary Cemetery Date: June 1936

19. UNDERTAKER: Jeremiah A. Yadkin
(Address) 2151 E. Eager St.

FILED JUN 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/1, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/31, 1936 to 6/1, 1936

I last saw her alive on 6/1, 1936 Death is said to have occurred on the date stated above, at 1:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular disease	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24524

F 24524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid Hill St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME James Jefferson

If U. S. Veteran specify WAR

(a) Residence: No. 2448 Druid Hill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Annie Jefferson

6. DATE OF BIRTH (month, day, year) 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ? ?

17. INFORMANT Annie Jefferson

(Address) 2448 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 6/5/ 1936

19. UNDERTAKER Mrs Chas H Bailey

(Address) 1421 Jefferson St Baltimore, Md.

20. FILED ... 19 ...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-1 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-20 1936 to 6-1 1936

I last saw him alive on 6-1 1936. Death is said to have occurred on the date stated above, at 6.27 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophied Prostate	5-20-36
Uremia	
Acute Retention of Urine	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) R. L. Jackson, M. D.

(Address) Provident Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

JUN 2 - 1936

Coroner Gurley 907 N. Chas St. 2

M. D. B 1268-9

✓ F 21525

F 21525 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X210-B

1. PLACE OF DEATH St Agnes Hospital 25-1 Registered No.

CITY OF BALTIMORE: (No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chambers G. Elder If U. S. Veteran specify WAR

(a) Residence: No. Dr Witt Va. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 2. 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	3	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Trucking

10. Date deceased last worked at this occupation (month and year) June 1936 Total time (years) spent in this occupation 1½ yrs

12. BIRTHPLACE (city or town) (State or country) Dr Witt Va

FATHER

13. NAME Wm P. Elder

14. BIRTHPLACE (city or town) (State or country) Dr Witt Va

MOTHER

15. MAIDEN NAME Mary T. Chambers

16. BIRTHPLACE (city or town) (State or country) Dr Witt Va.

17. INFORMANT Wm P. Elder (Father)
(Address) Dr Witt Va

18. BURIAL, CREMATION, OR REMOVAL Rocky Run Church Cemetery
Place Dr Witt Va Date June 3rd 1936

19. UNDERTAKER Wm Cook
(Address) 1217 E Baltimore St Baltimore

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH 12 am

21. DATE OF DEATH (month, day, year) June 2nd 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held the (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: Date of onset

Second Degree Burn of Body & Face

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 6/1 1936

Where did injury occur? Washington Boulevard
(Specify city or town, county, and State)

Was injury occurred in industry, in home, or in public place Highway

Manner of injury Gasoline truck caught fire

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed Hubert Hunter, Auto Coroner M. D.

(Address) 907 N. Charles

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 2 - 1936

F 24526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 24526

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 W. Saratoga St. 18-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? 31 yrs. -- mos. -- ds.

If U. S. Veteran specify WAR

2. FULL NAME William J. Goodwin

(a) Residence: No. 1116 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan T. Valentine

6. DATE OF BIRTH (month, day, year) July 1, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	10	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collector 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Exchange Furniture Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ------- Ireland

FATHER

13. NAME Unobtainable

14. BIRTHPLACE (city or town) (State or country) ------- Ireland

MOTHER

15. MAIDEN NAME Unobtainable

16. BIRTHPLACE (city or town) (State or country) -------- Ireland

17. INFORMANT Mrs. Susan T. Goodwin
(Address) 1116 W. Saratoga Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 6/3 1936

19. UNDERTAKER Henry Ulmers & Sons
(Address) 502 N. Calvert St.

N 2 - 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1935 to May 31, 1936

I last saw him alive on May 31, 1936 Death is said to have occurred on the date stated above, at 3.55 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	5/11/35
Other contributory causes of importance: Pulmonary hemorrhage	four hours

Was an operation performed? no Date of - - -

For what disease or injury? - - -

Name of operation - - - Date of

What test confirmed diagnosis? x-ray and sputum

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Harry Deibel M. D.

(Address) 1224-1226 Hanover St.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4317 Harford Rd St., Ward 27-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mollie Magill

If U. S. Veteran specify WAR .....

(a) Residence: No. 4317 Harford Rd St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year): July 27 1860

7. AGE: Years 75 | Months 10 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John Magill

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. Flora Miller

(Address) 4317 Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem. Date: June 3 1936

19. UNDERTAKER: Wm J Tschiner & Son

(Address) Forest & Vinna Aves

JUN 2 - 1936

Washington Metropolitan Funeral Parlor

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 1 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-26 1936 to June 1 - 1936

I last saw h[illegible] alive on May 31 - 1936 Death is said to have occurred on the date stated above, at 5-15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	2/26
Cerebral hemorrhage	1/36
Other contributory causes of importance:	
Chronic myocarditis	5/25
Myocardial insufficiency	36

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If [illegible]

(Signed) Florence Barden M. D.

323 Med Arts Bldg

(Address)

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

WF 24528

F 24528

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1914 Kennedy Ave. St., 9-8 Ward)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Foster Dahms

If U. S. Veteran specify WAR

(a) Residence: No. 1914 Kennedy Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 6 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	—	27 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lebanon (State or country) Pa.

FATHER

13. NAME George H. Dahms

14. BIRTHPLACE (city or town) Lebanon (State or country) Pa.

MOTHER

15. MAIDEN NAME Emma C. Foster

16. BIRTHPLACE (city or town) Lebanon (State or country) Pa.

17. INFORMANT George H. Dahms (Address) 1914 Kennedy Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Lebanon Cem. Date June 4 19 36

19. UNDERTAKER Wm. R. Hirschfeld (Address) [illegible]

20. PLACE OF DEATH [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 , 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy	

Other contributory causes of importance: Fractured Skull

Was an operation performed? No Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/1/ , 1936

Where did injury occur? Balto, Md Kennedy Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell against step

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schnepfer, M. D.
Coroner

(Address) 1919 E. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 2 - 1936

M. D. B 1768-9

F 24529

24529 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 1415 N. Central Ave St. 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georgia Doxen

If U. S. Vet. specify WAR No Record

(a) Residence: No. 1415 N. Central Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced (or) WIFE of John T. Doxen

6. DATE OF BIRTH (month, day, year) Nov. 2, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodberry Md

FATHER

13. NAME Jesse Kelley

14. BIRTHPLACE (city or town) (State or country) Baltimore County Md.

MOTHER

15. MAIDEN NAME Lemmuna Hall

16. BIRTHPLACE (city or town) (State or country) Balto. County Md.

17. INFORMANT John T. Doxen

(Address) 1415 N. Centralave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion M. E. Church Cemetery Harford Co Md Date June 4 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED JUN 3 - 1936 19 Eugene Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance: Cerebral Apoplexy

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker, M. D. Coroner

(Address) 1419 E. Madison Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 6

B 24530 F 24530

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH Hospital for Women of Maryland Registered No.

CITY OF BALTIMORE: (No. Lafayette & John St., 7th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Cora Nelson Dutton

(a) Residence: No. 4301 Furley Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Elmer E Dutton

6. DATE OF BIRTH (month, day, year) Apr 12-1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	1	19 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry A Nelson

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Nellie L Cavanaugh

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Elmer E Dutton

(Address) 4301 Furley ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date June 4 1936

19. UNDERTAKER John Ulrich

(Address) 2007 Aisquith St

FILED JUN 3 - 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1st 1936

22. I HEREBY CERTIFY, That I attended deceased from May 29 1936 to June 1st 1936

I last saw her alive on June 1st 1936 Death is said to have occurred on the date stated above, at 11 05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic ileus	5/31/36
Myocardial failure	6/1/36
Other contributory causes of importance:	
Hypertension	?

Name of operation Repair of ventral hernia, post op Date of 5/30/36

What test confirmed diagnosis? Post mortem Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Glenn Wilson Zeiler M. D.

(Address) Women's Hospital Baltimore, Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24531

F 24531 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3529 Claremount St., 46-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Andrew T. Hartnett

If U. S. Veteran specify WAR .....

(a) Residence: No. 3529 Claremount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rachael J. Hartnett

6. DATE OF BIRTH (month, day, year) Don't know

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 6061

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Andrew Hartnett

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Margaret Geis

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs Margaret Hartnett

(Address) 619 S Macon St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem June 3 1936

19. UNDERTAKER John Merrick

(Address) 2008 Orleans

20. FILED ..... 19 .....

Registrar

JUN 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to May 31 1936

I last saw him alive on May 31 1936 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ase: Pulm Oedema	
Chronic Myocarditis	Indefinite

Other contributory causes of importance:

Carcinoma of the Neck Indefinite
of Stomach

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Dwight L. Geller, M. D.

(Address) 3373 Baltimore

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24532

F 24532 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 73

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 W Lafayette ave St. 14-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Queen

If U. S. Veteran specify WAR .....

(a) Residence: No. 700 W Lafayette ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Queen

6. DATE OF BIRTH (month, day, year) Nov 28 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife (not 37)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) John Arch Harford Co Md

FATHER

13. NAME John Arch

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Marie Gray

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT John A. Queen

(Address) 700 W Lafayette ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peter Date June 3 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St.

20. FILED ... Registrar

JUN 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1935 to May 31 1936

I last saw her alive on May 31 1936. Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	5/31/36
Other contributory causes of importance: Pulmonary Tuberculosis	Feb 20-35

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, how?

(Signed) Fred Woolridge M. D.

(Address) 703 W Lafayette

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 24533

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24533

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1920 - McCulloh St. 14 - 3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anita Mitchell Ward

(a) Residence: No. 1920 - McCulloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

6. If married, widowed, or divorced (or) WIFE of Holden Ward

6. DATE OF BIRTH (month, day, year) Sept 7, 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore md.

FATHER

13. NAME John Thomas Mitchell

14. BIRTHPLACE (city or town) (State or country) Baltimore md.

MOTHER

15. MAIDEN NAME Virginia Madison

16. BIRTHPLACE (city or town) (State or country) Richmond Virginia

17. INFORMANT (Address) Holden Ward 1920 - McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date June 4, 1936

19. UNDERTAKER Mrs Kate R. Williams

(Address) 322 N. Appleton St. Lexington Building, Balto.

20. FILED JUN 3 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5. 31. 36. 19

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1936. to May 31, 1936

I last saw h[illegible] alive on May 30 . 1936 Death is said to have occurred on the date stated above, at 1:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5-23-36

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Phy. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James M. Lair M. D.

(Address) 865 W. Lexington St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 24534

F 24534 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24534

34-C-94-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 W. North ave St. 13-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME (Mrs.) Hattie Sugar

(a) Residence: No. 1314 W. North ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Jacob Sugar

6. DATE OF BIRTH (month, day, year) Dec 24 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Rudolph Sugar

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME R. Livingston

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Leon Sugar

(Address) 1314 W North ave

18. BURIAL, CREMATION, OR REMOVAL

Place Levine Rem Date 6/3/36 19

19. UNDERTAKER Jack Gutz Inc

(Address) 1429 E Baltimore St

20. FILED ... 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2 . 1936

22. I HEREBY CERTIFY, That I attended deceased from May 25 . 1936, to June 2 . 1936

I last saw her alive on June 2 . 1936 Death is said to have occurred on the date stated above, at 2 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis aortitis	?
	?
	?

Other contributory causes of importance:

Coronary Thrombosis and pulmonary edema	few months

Name of operation ... Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) B. Kadin M. D.

(Address) 2306 Eutaw Place

Tel 0950

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 24535

F 24535 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 Division St. St.) 14-26 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fannie B. Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 1614 Division St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Oct. 30, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 60 70

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Frederick Md. (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) " (State or country) "

MOTHER

15. MAIDEN NAME Lucy Roberts

16. BIRTHPLACE (city or town) Frederick Md. (State or country)

17. INFORMANT Harriett Douglas (Address) 1614 Division St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem. 6/3/ 1936

19. UNDERTAKER Francis A. Hemsley (Address) 528 W. Biddle St

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1 1936 to June 1 1936

I last saw h. alive on May 31 1936. Death is said to have occurred on the date stated above, at 1 30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Unknown
Other contributory causes of importance: Cardio vascular disease	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Urinalysis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. S. McCard M. D.

(Address) 2029 Druid Hill Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 3 - 1936

M. D. B. 1268-9

24536 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 24536

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — Registered No. ____

CITY OF BALTIMORE: (No. 554 Mosher Street. St., 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Boston.

(a) Residence: No. 554 Mosher Street. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Lennie Thurman Boston

6. DATE OF BIRTH (month, day, year): Dec 25-1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hotel

10. Date deceased last worked at this occupation (month and year): 5/25/36

11. Total time (years) spent in this occupation: 32y

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Dave Boston

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Louisa Turner

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Lennie Boston

(Address) 554 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place West River Md. Date 6/5/ 1936

19. UNDERTAKER: Frances A Wemsley

(Address) 3716 W Biddle St

20. FILED 6-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 2 1936.

22. I HEREBY CERTIFY, That I attended deceased from May 21 1936 19 . to June 2 1936 19

I last saw him alive on June 2 1936 19 Death is said to have occurred on the date stated above, at 10 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	5/21/36
Chronic Interstitial Nephritis	1936.
Other contributory causes of importance:	
Arteriol Sclerosis	1936

Name of operation None. Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. T. Claude M. D.

6/2/36 (Address) #3013 St Paul Street.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

24537

F 24537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

22-1

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore General Hospital

Length of residence in city or town where death occurred 24 yrs. ~~2 mos.~~ ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jennie LeCompte.

(a) Residence: No. 11 W. Hill St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 3 - 1936

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~XXXXXXXXXXXXXX~~ XXSXXXXXX (or) WIFE of Thomas LeCompte.

6. DATE OF BIRTH (month, day, year) March 17, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	2	16 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt Vernon Md.

FATHER

13. NAME Edward Scott.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Gordon O. Cole. (son)
(Address) 1114 William St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 6-5 36

19. UNDERTAKER Bernard C. Harle
(Address) 121 E. West St

FUNERAL DIRECTOR ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Other contributory causes of importance:	

Was an operation performed? None Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto F. Reinhardt M. D.
Coroner

6/2/36 Address 1017 S. Charles St.

F 24538

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24538

CERTIFICATE OF DEATH

1. PLACE OF DEATH: ST. JOSEPH'S HOSPITAL, BALTIMORE, MD

CITY OF BALTIMORE: (No. ..... St., 9-9 Ward) Registered No. 154

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard Irwin — If U. S. Veteran specify WAR .....

(a) Residence: No. Rising Sun, Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 2nd 1912.

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
24	I	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) May 15, 1936

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Cecil Co. Maryland

FATHER

13. NAME Ross E. Irwin

14. BIRTHPLACE (city or town) (State or country) Cecil Co. Maryland

MOTHER

15. MAIDEN NAME Lydia Saliks

16. BIRTHPLACE (city or town) (State or country) Cecil Co. Maryland

17. INFORMANT Miss. Eva Irwin (Sister)

(Address) Rising Sun Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Ebenezer Cemetery, Cecil County Date June 5th 1936

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED JUN 3 - 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1936, to June 1, 1936

I last saw him alive on June 1, 1936. Death is said to have occurred on the date stated above, at 10 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Osteomyelitis	
2 Nephritis	

Other contributory causes of importance:

Was an operation performed? yes Date of, 5-13-36

For what disease or injury? osteomyelitis tibia rt

Name of operation incision & drainage

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W M Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL, BALTIMORE, MD

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

24539

HEALTH DEPARTMENT—CITY OF BALTIMORE

24539

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Morris Weglein

(a) Residence: No. 2400 Linden Ave. Monterey Apts - apt. 1-B, City.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa E. Weglein

6. DATE OF BIRTH (month, day, year) Mch. 4 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME David Weglein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Klau

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT M. D. Weglein

(Address) Monterey Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Beth Shalom Cy. Date June 4 1936

19. UNDERTAKER David Schaffner & Son

(Address) 1903 Eutaw Pl.

20. FILED JUN 3 - 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1936 to June 2, 1936

I last saw him alive on June 2, 1936 Death is said to have occurred on the date stated above, at 2:35 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Myocardial Disease	5/26

Other contributory causes of importance:

Senility	
Urinary Retention	5/26

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Robert M. Silver M. D.

(Address) Union Memorial Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 24540

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24540

94B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 W Monument St., 11-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert Hammond Atwood

If U. S. Veteran specify WAR .....

(a) Residence: No. 115 W. Monument St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie E. Atwood

6. DATE OF BIRTH (month, day, year) Jan. 20-1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. R R. Co.

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME William O. Atwood

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Anna Hammond

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Mollie E. Atwood

(Address) 115 W. Monument St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date June 4 19 36

19. UNDERTAKER Chas. E. Franck

(Address) 807 Madison Ave

JUN 3 - 1936 19 [illegible]

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1934, 19 .. to June 1, 1936

I last saw him alive on June 1, 1936 Death is said to have occurred on the date stated above, at 11.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	6.1.36
Arterio-Sclerosis	1934
Arthritis deformans	

Other contributory causes of importance:

above.

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? laboratory Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. Ulysses Franck M. D.

(Address) 817 Park Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24541

F 24541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2907 Thorndale Ave Ward) 27-17

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clarence E. Paul.

(a) Residence: No. 2907 Thorndale Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabella Paul.

6. DATE OF BIRTH (month, day, year) Sept 19, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1936

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Floor Manager

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Samuel B. Paul

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Catherine Downey.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Isabella Paul.
(Address) 2907 Thorndale Ave.

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn Cem. Date June 4, 1936

19. UNDERTAKER Chenowith & Son.
(Address) 3615-17 Chestnut Ave.

FILED ... 19 ... [redacted]

UN 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 29 1936 to June 2 1936

I last saw h/m alive on June 1 1936 Death is said to have occurred on the date stated above, at 4.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis.	
Other contributory causes of importance: Chron. Nephritis.	

Was an operation performed? No Date of —

For what disease or injury?

Name of operation none Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. E. Hannon, M. D.

(Address) 700 N. Fulton Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24542 F 24542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2024 E. Pratt St. 2-1 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Craig

(a) Residence: No. 2024 E. Pratt St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel A. Craig

6. DATE OF BIRTH (month, day, year): July 31-1860

7. AGE: Years 75 | Months 10 | Days 10 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mr. Craig
(Address) 2024 E. Pratt St

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Cem. Date: June 4, 1936

19. UNDERTAKER: Chas. E. Traub Son
(Address) 110 W. Mt. Royal Ave.

20. FILED ... 19... Registrar.

JUN 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1936, to June 1, 1936

I last saw her alive on June 1, 1936. Death is said to have occurred on the date stated above, at 11:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Renal disease	1934
Pneumonia - Croupous	5-23-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Andrew F. Corddick M. D.

(Address) 1038 N. Eutaw

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 24543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-00

Registered No. 26-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4319 Hamilton Ave., St., 26th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Frances Brice

(a) Residence: No. 4319 Hamilton Ave., Balto., Md St., 26th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James T. Brice

6. DATE OF BIRTH (month, day, year) July 16, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In her own home

10. Date deceased last worked at this occupation (month and year) 2yrs. ago

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Lancaster Co.
(State or country) Va.

FATHER

13. NAME George Pitts

14. BIRTHPLACE (city or town) Lancaster Co.
(State or country) Virginia

MOTHER

15. MAIDEN NAME Dorothy Walker

16. BIRTHPLACE (city or town) Lancaster Co.
(State or country) Virginia

17. INFORMANT Mrs. Clifford Brice
(Address) 4319 Hamilton Ave., Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL
Parkwood Cemetery D June 4 1936

19. UNDERTAKER Frederick Leadmon Sons
(Address) 7401 Belair Road

Clayton Williams
Registrar.

FILED JUN 3 - 1936 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1936

22. I HEREBY CERTIFY That I attended deceased from March 27, 1936 to June 1, 1936

I last saw her alive on June 1, 1936 Death is said to have occurred on the date stated above, at 8:10 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Mch. 27, 1936
Chronic Endocarditis	1932
Cardiac Hypertrophy	1932
Hypertension	1926

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

A. L. Wilkinson, M. D.
(Signed) A.L. Wilkinson,
(Address) 5713 Belair Rd., Balto., Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24544

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24544

CERTIFICATE OF DEATH

✓ 121

1. PLACE OF DEATH Maryland General Hosp

CITY OF BALTIMORE: (No. Baltimore Md St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Brown

If U. S. Veteran specify WAR

(a) Residence: No. 2500 Clifton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Aug. 5, 1925

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10 yr	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Oscar Brown

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Blanche Hilgartner

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 6-4 1936

19. UNDERTAKER Martin Baker & Sons

(Address) 1827 W. North Ave.

20. FILED JUN 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-1, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-13, 1936 to 6-1, 1936

I last saw h[illegible] alive on 6-1, 1936. Death is said to have occurred on the date stated above, at 8:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendix	
Intestinal obstruction	
Peritonitis	

Other contributory causes of importance: Intestinal obstruction

Was an operation performed? yes Date of 4-13-36

For what disease or injury Appendicial abscess

Incision & Drainage

Name of operation & appendicial fistula Date of 4-13-36

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury , 19

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) E. Pitzvagé M. D.

(Address) Maryland General Hosp. Balto. Md

Information should be carefully supplied. All items must be answered. Professional terms should be avoided. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 24545

24545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 N. Vincient st. St., 16-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard V Talbott Jr.

(a) Residence: No. 616 N. Vincient st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Hattie Talbott

6. DATE OF BIRTH (month, day, year) Dec. 24th. 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Howard Talbott

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Hariette Hill

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hattie Talbott
(Address) 616 N. Viencient st .

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date June 5 . 1936

19. UNDERTAKER Joseph A Sisco
(Address) 1609 Mount St

20. FILED JUN 3 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1st. '36

22. I HEREBY CERTIFY, That I attended deceased from May 15th. 19 36 to June 1st. 19 36
I last saw h alive on May 30th. 19 36 Death is said to have occurred on the date stated above, at 12.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	May 1st. '36
Other contributory causes of importance: Mitral Ins.	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Walter J. Jackson M. D.

(Address) 1631 W. Franklin st

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24546

24546 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals U-1053 Registered No. 16-3
CITY OF BALTIMORE: (No. Tuberculosis Division St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence Anderson Carter If U. S. Veteran specify WAR .....

(a) Residence: No. 625 Mount st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert Carter
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary (Unknown)
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Calvary Cem Date June 6 1936

19. UNDERTAKER Joseph G Lisley
(Address) 406 N. Eutaw Street

20. FILED JUN 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 1936

22. I HEREBY CERTIFY, That I attended deceased from November 13 1935 to June 1 1936
I last saw her alive on June 1 1936 Death is said to have occurred on the date stated above, at 12.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	April 1935

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury?
Name of operation ..... Date of .....
What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur Karlson M. D.
(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

M. D. No. F 24347

F 24547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital 25-1210-3 Registered No.

CITY OF BALTIMORE: (No.) St. 2300 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marshall-James Sales If U. S. Veteran specify WAR

(a) Residence: No. 1716 Marshall St., Ward Leonard 2c

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — 1916

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William T Sales

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Josie Fay

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Geo Bellamy

(Address) Richmond Va

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond Va Date June 5" 1936

19. UNDERTAKER Cosby & Boyd Co

(Address) 1003 N Dolfe St

20. FILED JUN 3 - 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/2/36 4:30 P.M. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest Autopsy or Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2nd - 3rd Degree Burn of body & face	6/1/36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/1 19 36

Where did injury occur Rear Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

How did injury occur Overcome & burned by gasoline

Nature of injury Burns about face & body

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Gunby Ashe M. D. Coroner

(Address) 907 N Calvert

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 24548

F 24548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2702 Auchentoroly Ter St., 13-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret J. Rittase

(a) Residence: No. 2702 Auchentoroly Ter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Ephraim N. Rittase

6. DATE OF BIRTH (month, day, year) Nov. 28 - 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	6	4 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Granton Balto Co

FATHER

13. NAME Valentine Rittmiller

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT E. Ephraim N. Rittase

(Address) 2702 Auchentoroly Ter

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date June 4, 1936

19. UNDERTAKER Harry W. Eshleman

(Address) 1919 W. North Ave

20. [illegible] Huntington Williams

[illegible] Registrar.

N3-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/1/36

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1936 to June 1, 1936

I last saw h[illegible] alive on June 1, 1936. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gradual weakening Senile Dementia Refused medicine & food	
Other contributory causes of importance: Senile Dementia	2 mos.
	2 mos

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Ephraim N. Rittase M. D.

(Address) 1605 N. Howard St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 24549

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24549

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 W. North Ave St., 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel D. Kirwan

(a) Residence: No. 1810 W. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feby 4, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jas. N. Oasan

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Alfred Jackson

(Address) 3106 Devonshire St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem Date June 4 1936

19. UNDERTAKER Harry W. Ethen

(Address) 1944 W. North Ave

Fee Filed Huntington Williams

N 3-1536

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 36 to June 2 36

I last saw h[illegible] alive on June 2 36 Death is said to have occurred on the date stated above, at [illegible] a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Arteriosclerosis	1926
Other contributory causes of importance	
Cardiac Collapse	7 hrs

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Irving Handy M. D.

(Address) 99 W. Mt. Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268

F 24550

F 24550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hallie Handy

If U. S. Veteran specify WAR .....

(a) Residence: No. 1415 Argyle Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Handy

6. DATE OF BIRTH (month, day, year) June 14-1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Oxford N.C.

FATHER

13. NAME Lee Ragland

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Emeline ?

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Henry Handy

(Address) 1415 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date June 4 1936

19. UNDERTAKER Sam't H. Chase & Son

(Address) 638 N. Gilmor

20. FILED June 5 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon, and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	June 13 1936

Other contributory causes of importance: .....

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Hearsay Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Geo. F. Cullen, M. D. Coroner

(Address) 1 Courtenay St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24551 ✓ F 24551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-B

14380

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1933 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Woods — If U. S. Veteran specify WAR

(a) Residence: No. 45 E. Hughes St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) 3-30-1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Pinkett

14. BIRTHPLACE (city or town) (State or country) ? ?

MOTHER

15. MAIDEN NAME Martha Parker

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Salisbury Md. Date June 7 1936

19. UNDERTAKER James F. Stewart
(Address) Salisbury Md.

FILED JUN 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-3 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-27, 1936 to 6-3, 1936

I last saw her alive on 6-3, 1936 Death is said to have occurred on the date stated above, at 7:16 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Fibroids	?
Other contributory causes of importance: Myocardial Insufficiency	6-1-36

Was an operation performed? Yes Date of 5-28-36

For what disease or injury? Uterine Fibroids

Name of operation Hysterectomy Date of 5-28-36

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) Frank Wilson Jr., M. D.

(Address) Balto. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24552

24552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#14387 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 4-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matilda Griffin

If U. S. Veteran specify WAR

(a) Residence: No. 679 W. Fayette St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Griffin (deceased)

6. DATE OF BIRTH (month, day, year) 11-7-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Bernard Kuhlman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rose Heinecker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 6/3 36

19. UNDERTAKER J. J. Raby & Son

(Address) 1318 Eight St

JUN 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/31, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/28, 1936 to 5/31, 1936

I last saw her alive on 5/31, 1936 Death is said to have occurred on the date stated above, at 4.55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-2 days
Cerebral hemorrhage	?
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

24553

14369 ✓ F 24553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dorothy Flainey (Blockson)

If U. S. Veteran specify WAR .....

(a) Residence: No. 535 N. Lanvale St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Blockson

6. DATE OF BIRTH (month, day, year) 7-18-1919

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
16	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Melvin Flainey

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Margaret Johnson

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT B.C.H. Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Ft Auburn Date June 5, 36

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 E. Edwards St

19a. FILED JUN 3 - 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/1, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/27, 1936, to 6/1, 1936

I last saw her alive on 6/1, 1936 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia (?)	2 wk.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24554

24554 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd Hospital 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 N. Gilmor St. 18 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Woods

If U. S. Veteran specify WAR .....

(a) Residence: No. 1119 W. Mulberry St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Woods

6. DATE OF BIRTH (month, day, year) 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Cropper

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date June 4, 1936

19. UNDERTAKER Mrs Katie B. Williams
(Address) 322 S Edwards St

JUN 3 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/1 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-8 1936 to 6-1 1936

I last saw her alive on 6-1 1936 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Hypertension
Chronic Nephritis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis C. Hamm, M. D.

(Address) 2340 Madison Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

24555 F 24555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Willie White — If U. S. Veteran specify WAR

(a) Residence: No. 135 N. Hill St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Instructions: state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-25-07

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Sidney White

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Wall

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Portsmouth Va Date 6/5/36

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery St

JUN 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 — 2 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-23, 1936 to 6 — 2, 1936

I last saw him alive on 6 — 2, 1936 Death is said to have occurred on the date stated above, at 1.20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Abscess	1
Perirectal Abscess	1
Peritonitis, General	5-26-36

Other contributory causes of importance:

Acute Urinary Retention	5-23-36

Was an operation performed? Yes Date of 6 - 24 - 36

For what disease or injury? Prostatic + Perirectal Abscess

Name of operation Incision + Drainage Date of 6-24-36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. C. Brantigan, M. D.

(Address) Baltimore City Hosp.

M. D. B. 1268-9

F 24556

24556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

174

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1407 Orleans St. (5-1 Ward)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Calvin Brown

If U. S. Veteran, specify WAR World War 1917

(a) Residence: No. 1407 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lessie Brown

6. DATE OF BIRTH (month, day, year) Aug 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	9	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER

13. NAME Steven Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emaline Wheatley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Martenus Banks

(Address) 1233 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL Md

Place Dorchester Co Date 6/4/36 19

19. UNDERTAKER Peter J. Williams

(Address) 1515 McElderry St

20. FILED Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Autopsy on (Inquest, Autopsy or Inquiry) and from the evidence obtained by said Inquest & Autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab Wound of Chest left mid Axillary line in 7th Intercostal Space	May 30 1936

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury May 30 1936

Where did injury occur? 1407 Orleans St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Stab wound of Chest knife

Nature of injury Cut in left chest

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo. L. Allen M. D.
Coroner

(Address) 507 Augusta St.

JN 3-1936

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Schreiber) ✓ F 24557

F 24557 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 Hull St St. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 69 mos. — da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Amalia A Schreiber

(a) Residence: No. 1315 Hull St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem'l	W.	Widowed

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Herman Schreiber

6. DATE OF BIRTH (month, day, year) Mar. 26 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month And year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Herman Schultz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Anna Schreiber

(Address) 1315 Hull St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date June 6 1936

19. UNDERTAKER Chas L Stevens

(Address) 1501 E Fort Ave.

JUN 3-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1936 to June 3, 1936

I last saw him alive on June 1, 1936. Death is said to have occurred on the date stated above, at 11½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cerebral Hemorrhage	May 25
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

Signed R. T. Campbell M. D.

(Address) 1614 N Howard St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

F 24558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 24558

186-a

Registered No. 16-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2406 Lafayette ave St., (Ward) 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Fannie Augusta Unger

If U. S. Veteran specify WAR

(a) Residence: No. 2406 Lafayette ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of the late Oswald Unger

6. DATE OF BIRTH (month, day, year) Nov 15th 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

13. NAME Augusta Gathe

14. BIRTHPLACE (city or town) (State or country) Germany

FATHER

15. MAIDEN NAME Karoline Hartzow

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Freda Schenk

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hampstead Cem 6/4/36

Place

19. UNDERTAKER Geo. H. Lembert

(Address) 25 N. Eyelmont St

20. FILED JUN 3-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence

(Inquest, Autopsy or Inquiry)

obtained by said " (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 4-40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nervous shock and criminal condition	
Criminal Condition	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 2 1936

Where did injury occur? 2406 Lafayette ave City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Fell down stairs

Nature of injury Shock & bruises

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner M. D.

(Address) 1215 Hanover

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24559

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24559

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2108 E. Madison St. 7-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Beran

If U. S. Veteran specify WAR .....

(a) Residence: No. 2108 E. Madison St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Jos. M. Beran

6. DATE OF BIRTH (month, day, year) May 24 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jos. B. Figura

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Mary Fogale

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Mr Jos. Beran
(Address) 2108 E Madison

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 5 . 1936

19. UNDERTAKER Jerome E. McGrath
(Address) 1906 Eastern Ave

20. [illegible] Washington Williams, M.D.
Registrar.

JUN 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1935 to June 2 1936

I last saw h[illegible] alive on June 2 1936. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Trouble	8/1/35

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) William J. Reynolds M. D.
(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24560

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24560

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Gordon

If U. S. Veteran specify WAR .....

(a) Residence: No. 612 Vincent St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Gordon

6. DATE OF BIRTH (month, day, year): 9-7-70 ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65 ?	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Sandy Gordon

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Katherine Taylor

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 6/5 1936

19. UNDERTAKER: Chas A Jackson
(Address) 746 Pennsylvania Ave

20. FILED ... 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/29, 1936, to 6/2, 1936

I last saw him alive on 6/2 1936 Death is said to have occurred on the date stated above, at 2 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	7-8 mo.
Aortic insufficiency	?

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

N 4 - 1936

F 24561

F 24561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1218 E. Federal St., 9-9 Ward)

Length of residence in city or town where death occurred 72 yrs. 2 mon. dy How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Elizabeth Virginia Hassel

(a) Residence: No. 1218 E Federal St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Widow of Geo M Hassel

6. DATE OF BIRTH (month, day, year) April 2nd 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Hisam Kimble

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Maria Wells

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Mrs Rose Ludwig

(Address) Sparrows Point Md

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date June 6th 1936

19. UNDERTAKER Geo Sahlling & Son

(Address) Monument & Wolfe Sts

20. FILED ..... 19..... Registrar.

JUN 4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6.3 1936

22. I HEREBY CERTIFY That I attended deceased from 12.21 1934 to 6.3. 1936

I last saw her alive on 6.2 1936 Death is said to have occurred on the date stated above, at 5.40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular renal disease	12/21/34
Arteriosclerosis	? ?
Other contributory causes of importance:	
Uremia	6.20.36

Name of operation ..... Date of .....

What test confirmed diagnosis P.E. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph S. Blum M. D.

(Address) 1206 E. Preston St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24562

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24562

CERTIFICATE OF DEATH

72-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 3-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edwin Kanow

(a) Residence: No. 816 E Fombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ocean Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lincoln Nebraska.

FATHER

13. NAME Morris Kanow

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Wash. Blvd Date 6/4/36 19

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E. Baltimore St.

20. FILED JUN 4 - 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-4-36 19

22. I HEREBY CERTIFY, That I attended deceased from 3-1-36, 19, to 6-4-36, 19

I last saw him alive on 6-4-36, 19. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Leukemia	

Other contributory causes of importance:

Was an operation performed? Yes Date of 2-15-36

For what disease or injury? Biopsy.

Name of operation Date of 2-15-36

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. Farr M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

24563 1268-9

F 24563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... da. How long in U. S. If of foreign birth ... yrs. ... mos. ... da.

2. FULL NAME Hannah Borenstein

If U. S. Veteran specify WAR .....

(a) Residence: No. 101 N. Exeter St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

13. NAME Samuel

FATHER

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Ander

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Name of Cemetery Levi Date 6/4/36

19. UNDERTAKER Levi Funeral Home

(Address) 1532 E. Baltimore St.

20. FILED ... A. E. Austin Williams

UN 4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance.

Cardiac Failure - Pulmonary Edema

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenthal, M. D.

Coroner

(Address) 1919 E. Northern

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24564 HEALTH DEPARTMENT—CITY OF BALTIMORE F 24564

CERTIFICATE OF DEATH

✓ 130

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 Presstman St., 14-B Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds. If U. S. Veteran specify WAR .....

2. FULL NAME Susie W. Denton

(a) Residence: No. 403 Presstman St., ... Ward. ..... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence Denton

6. DATE OF BIRTH (month, day, year) June 12. 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C

FATHER

13. NAME Samuel Kelly

14. BIRTHPLACE (city or town) (State or country) D. C

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ct

17. INFORMANT Clarance Denton

(Address) 403 Presstman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 6/7 1936

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St.

JUN 4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-3-1936

22. I HEREBY CERTIFY, That I attended deceased from for May 31, 1936, to June 3, 1936

I last saw her alive on June 3, 1936. Death is said to have occurred on the date stated above, at 10-10 A.M.

The principal cause of death and related causes of importance were as follows:

Aorta Insufficiency. — Duration of onset Many yrs

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Womis Loaded at Hardwood Autopsy?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Harry Dye Coroner, M. D.

(Address) 37 W Preston St.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

Spec.—12-9-25—A Co.—200 Bks.

24565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 F 24565

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1206 Lawrence St. St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ben Baker

(a) RESIDENCE NO. 1206 Lawrence St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: -

6 DATE OF BIRTH (month, day, and year): 12-24-08

7 AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
27	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer Odd

(b) General nature of industry, business, or establishment in which employed (or employer): -

(c) Name of employer: -

9 BIRTHPLACE (city or town)

(State or country): Virginia

PARENTS

10 NAME OF FATHER: Louis Baker

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Va.

12 MAIDEN NAME OF MOTHER: Lillian Dover

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Va.

14 Informant: Sister

(Address): 1206 Lawrence St

Filed JUN 4 - 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 6-2-36

17 I HEREBY CERTIFY, That I attended deceased from 5-19-36 19 ..., to 6-2-36, 19 ...,

that I last saw him alive on 6-2-36, 19 ...,

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) ... yrs. ... mos. 12 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Baltimore, Md

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Ernest Walton, M. D.

, 19 (Address) 704 Penna. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial: 6/5 1936

20 UNDERTAKER: Roman C. Kelson — ADDRESS: 1303 Pennsylvania Ave

IMPORTANT. If DEATH is from VIOLENCE, or if there is any suspicion of violence, this certificate is very important. See instructions on back of certificate.

24566

F 24566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH — 13337

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 19-2 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR ____

2. FULL NAME Mary Brisco

(a) Residence: No. 1220 Division St. St., ____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: John

6. DATE OF BIRTH (month, day, year): 4- -1876

7. AGE — Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
60	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Samuel Davis

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Fannie Cox

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 6/4 1936

19. UNDERTAKER: Thomas E Pelson

(Address) 1303 Presstman St.

20. FILED ____ 19 ____ Huntington Williams

JUN 4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/1, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/31, 1936 to 6/1, 1936

I last saw her alive on 6/1, 1936 Death is said to have occurred on the date stated above, at 6:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Carcinoma of stomach	5 mo.
Other contributory causes of importance:	

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hospi

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 24567

F 24567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 Vincent St. Ward) 19-E

Length of residence in city or town where death occurred 30 yrs. ~~8~~ mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Anderson

If U. S. Veteran specify WAR .....

(a) Residence: No. 411 Vincent St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	col	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John Anderson

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (031)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Virginia (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Virginia (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown (State or country)

17. INFORMANT Eva Levi

(Address) 411 Vincent St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date June 4, 1936

19. UNDERTAKER Mrs Kate R. Williams

(Address) 322 N Eutaw St. Baltimore, Md

JUN 4 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above at 5:30 a m hr

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sudden
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos H Phillips M. D.

Coroner

(Address) 1939 Edmondson Ave

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hosp (a) 210-9 Registered No. F 24568

CITY OF BALTIMORE: (No. ..... St., 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR.

2. FULL NAME Robert Cordeus Walsh

(a) Residence: No. 511 Edna Ave St. ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/22/1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Cordeus Walsh

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Lydia C Sandsbee

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Cordeus Walsh (Address) 511 Edna ave

18. BURIAL, CREMATION OR REMOVAL Place Loudon Park Date 6/6 1936

19. UNDERTAKER Fred Redemer (Address) 5303 Harford Rd

20. FILED JUN 4 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/3 — 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Skull	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 6/3 1936

Where did injury occur? Edna Ave & Hamilton Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Highway

Manner of injury Run over by Auto Truck

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Herbert Bentley Culley M. D. Coroner

(Address) 937 N. Charles St

OCCUPATION is very important. See instructions on back of certificate.

F 24569 F 24569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 122-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. 22 (Ward) 7

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James B. Spence

(a) Residence: No. 2806 Kildaire Drive Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda E. Spence

6. DATE OF BIRTH (month, day, year) 7-14-1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	10	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O D & D
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ver.

FATHER
13. NAME [illegible]
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Amanda E. Spence
(Address) 2806 Kildaire Dr.

18. BURIAL, CREMATION, OR REMOVAL Morelands. Date 6/4 1936

19. UNDERTAKER Leonard J. Rusky
(Address) 503 Hamilton Ave Huntington Williamsport, Md.

20. FILED 19 Registrar

JUN 4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/2 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/31 1936 to 6/2 1936
I last saw him alive on 6/2 1936. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis [illegible]	6/1/36
Intestinal Obstruction	5/26/36
Other contributory causes of importance: Appendectomy	1925

Was an operation performed? Yes Date of 6/1/36
For what disease or injury? Intestinal obstruction
Name of operation Release of adhesions Date of 6/1/36
What test confirmed diagnosis? Was there an autopsy?

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C H Reen M. D.
(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

John Linz

F 24570

Spec—12-23-21—E.B.R.S.—400 Bks.

F 24570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95B

1-PLACE OF DEATH

City of BALTIMORE: (No. 3038 Elliott St., 1-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... John Linz

(a) Residence No... 3038 Elliott St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~Single, Married,~~ Widowed, ~~or Divorced~~ (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Hock Linz

6-DATE OF BIRTH (month, day and year) Jany. 1- 1857

7-AGE. 79 yrs. 5 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... None

(b) General nature of industry, business, or establishment in which employed (or employer)...

(c) Name of employer...

9-BIRTHPLACE (city or town) (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Do not Know

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. do not Know

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant) Son

(Address) 3038 Elliott St.

15- Filed JUN 4 - 1936

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 2-1936

17- I HEREBY CERTIFY, That I attended deceased from Jany. 1- 1936, to June 2, 1936, that I last saw h. alive on June 2, 1936, and that death occurred, on the date stated above, at 6.20 P. m.

The CAUSE OF DEATH* was as follows:

Hypertrophied and Enlarged Heart.

Several years

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) non-

(Duration) ...yrs. ...mos. ...ds.

18-Where was disease contracted if not at place of death? do not Know

Did an operation precede death? no Date of...

Was there an autopsy?...

What test confirmed diagnosis?...

(Signed) C. J. Costello, M. D.

, 19 (Address) 373 N. Paca St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Sacred Heart — DATE OF BURIAL. June 5, 1936

20-UNDERTAKER. Selby & Keller Inc. — ADDRESS 403 S Wolfe St

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24571 F 24571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH U-13653 80

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 14-13 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Casey

(a) Residence: No. 1805 Brunt St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Maggie

6. DATE OF BIRTH (month, day, year): 9-17-1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Tenn.

FATHER

13. NAME: Dan

14. BIRTHPLACE (city or town) (State or country): Tenn.

MOTHER

15. MAIDEN NAME: Liza ?

16. BIRTHPLACE (city or town) (State or country): Tenn.

17. INFORMANT: B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 6/6 36 19

19. UNDERTAKER: Wm H. Jackson Co
(Address) 1701 Pennsylvania Ave

CERTIFIED ..... 19 ..... Registrar

JUN 4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-3 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-11 1936 to 6-3 1936

I last saw him alive on 6-3 1936 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tabes Dorsalis	?

Other contributory causes of importance:

Neurological Bladder	?
Terminal Bronchopneumonia	?

Was an operation performed? no Date of —

For what disease or injury? none

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Frank Carlson Jr. M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 24572

31 0177
F 24572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 137 ✓

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 7-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. 2d ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George H. Kispert

If U. S. Veteran specify WAR

(a) Residence: No. Woodlawn Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida E. Kispert

6. DATE OF BIRTH (month, day, year) 12/9/74

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Winchester Mfg. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles Kispert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Kahline

16. BIRTHPLACE (city or town) (State or country) York Pa

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date June 5 19 36

19. UNDERTAKER Pat Kelly Co
(Address) 1005 W. Baltimore St.

20. FILED JUN 4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1936 to June 3, 1936.

I last saw him alive on June 3, 1936. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure } Coronary Thrombosis	
Generalized arteriosclerosis	
Pulmonary Embolism (?)	

Other contributory causes of importance:

Benign prostatic hypertrophy

Was an operation performed? Yes Date of 5/18/36

For what disease or injury? Benign prostatic hypertrophy

Name of operation Supra pubic prostatectomy Date of 5/18/36

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lloyd G. Lewis, M. D.

(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. L. 1938-9

F 24573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 45-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8640 W. Fayette St., 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel J. Conroy.

(a) Residence: No. 814 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Apr 7th 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired 1859
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Conroy

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Helen Conroy.
(Address) 814 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cathedral Date 6/5/ 1936

19. UNDERTAKER John J. Cowan & Son
(Address) 1911 Bolton St

20. [illegible] Huntington [illegible] Registrar.

4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/3/ 1936

22. I HEREBY CERTIFY, That I attended deceased from May. 25. 1936. to June 3. 1936.
I last saw him alive on June 2. 1936. Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lower lip (Infected)	3 mo.
Other contributory causes of importance: None.	

Name of operation None. Date of

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Norton, M. D.
(Address) 848 N. Eutaw St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 24574

24574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

16-8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 647 N. Augusta St., ... Ward)

Length of residence in city or town where death occurred 54 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Herman Gotsinger

(a) Residence: No. 647 N. Augusta Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan 28-1861

7. AGE: Years 75 | Months 3 4 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Grocer 604

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Christopher Kunz

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Rosa Kunz

(Address) 647 Augusta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Laraine Cem Date June 5 1936

19. UNDERTAKER: Harry A. Tholen

(Address) 1044 Fulton Ave

4-7-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 19. 1935 to June 3 1936

I last saw him alive on June 3 1936 Death is said to have occurred on the date stated above, at 7 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyloric Obstruction (Probably Carcinoma)	2 yrs
Other contributory causes of importance: Arterio-sclerosis	?

Name of operation None Date of —

What test confirmed diagnosis X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) George L. Wirsig M. D.

(Address) 4000 Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 24575

Registered No. 9

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. 12-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR.

2. FULL NAME Lillian Gunthrop

(a) Residence: No. 215 W. 23rd St. St., ... Ward Gunthrop
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 0 0 0
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER
13. NAME Edward Gunthrop
14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER
15. MAIDEN NAME Lillian
16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date June 4 1936

19. UNDERTAKER
(Address)

6-4-1936

2358

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 1936

22. I HEREBY CERTIFY, That I attended deceased from June 2 1936 to June 3 1936

I last saw her alive on June 3 1936 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5/31/36
Lobatus	5/25/36
Scarlatina	

Other contributory causes of importance:
Exhaustion
Malnutrition

Was an operation performed? — Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Schmidt M. D.
(Address) University Hospital

FOR INFORMATION is very important. See instructions on back of certificate.

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 23rd DAY Sept.
OF 1965 THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH #F 21041 Feb 24, 1936 AND
ENDING WITH #F 24575 June 4, 1936 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF Health
BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: D. McFaul

END OF REEL